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Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization  
UNITED PLANNING ORGANIZATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address)Room/suite

301 RHODE ISLAND AVENUE NW

City or town, state or country, and ZIP + 4  
WASHINGTON, DC 20001

F Name and address of principal officer  
DANA M JONES  
301 RHODE ISLAND AVENUE NW  
WASHINGTON,DC 20001

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.UPO.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1962

M State of legal domicile DC

Part I

Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities PLAN, COORDINATE & IMPLEMENT HUMAN SERVICES			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19	
Revenue	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	469	
	6 Total number of volunteers (estimate if necessary)	6	200	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year
		38,128,447		36,550,519
		600,382		209,442
		22,067		12,019
		114,011		118,975
Expenses	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38,864,907		36,890,955
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,558,668		9,802,413
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	18,859,095		18,015,994
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0		0
	7b Total fundraising expenses (Part IX, column (D), line 25) ▶0			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	9,646,309		9,043,620
Net Assets or Fund Balances	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	39,064,072		36,862,027
	19 Revenue less expenses Subtract line 18 from line 12	-199,165		28,928
	20 Total assets (Part X, line 16)	Beginning of Current Year		End of Year
		17,886,308		18,705,031
		14,797,113		15,282,585
		3,089,195		3,422,446

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

\*\*\*\*\*

Signature of officer

2013-05-15

Date

DANA M JONES PRESIDENT & CHIEF EXECUTIVE OFFICER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ MELISSA DYER CPA

Date

Check if self-employed ▶ ☐

Preparer's taxpayer identification number (see instructions)  
P01222987

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CLIFTONLARSONALLEN LLP  
9515 DEERECO RD - SUITE 500  
TIMONIUM, MD 210932184

EIN ▶ 41-0746749  
Phone no ▶ (410) 453-0900

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☐

☒

1

Briefly describe the organization's mission

UNITED PLANNING ORGANIZATION'S MISSION IS TO PLAN, COORDINATE & IMPLEMENT HUMAN SERVICES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 9,852,757 including grants of \$ 1,664,154 ) (Revenue \$ )

COMMUNITY SERVICES - PROVIDES ASSISTANCE TO LOW INCOME, POVERTY LEVEL RESIDENTS OF DC TO ADVANCE SELF-SUFFICIENCY AND REDUCE ECONOMIC DEPENDENCY

4b

(Code ) (Expenses \$ 15,921,041 including grants of \$ 8,082,985 ) (Revenue \$ )

HEAD START AND EARLY HEAD START PROVIDES FAMILY DEVELOPMENT SERVICES AS WELL AS CHILD DEVELOPMENT AND SCHOOL READINESS SERVICES, HEALTH/MENTAL HEALTH SERVICES, NUTRITION SERVICES, AND DISABILITIES SERVICES TO CHILDREN AGES ZERO TO FIVE. THE UNITED PLANNING ORGANIZATION IS REQUIRED TO PROVIDE SERVICES TO 1,652 CHILDREN AGES THREE TO FIVE AND THEIR FAMILIES, 377 INFANTS/TODDLERS AND THEIR FAMILIES, AND PREGNANT WOMEN. HEADSTART STIMULUS - FUNDING AWARDED BY DEPARTMENT OF HEALTH AND HUMAN SERVICES UNDER THE AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 FOR EARLY LEARNING MENTOR COACH PROGRAM.

4c

(Code ) (Expenses \$ 3,509,019 including grants of \$ ) (Revenue \$ )

SPECIAL EMPHASIS PROGRAMS: THE TEMPORARY ASSISTANCE FOR NEEDY FAMILIES PROGRAM (TANF)- IS A COMPREHENSIVE PROGRAM THAT ASSISTS INDIVIDUALS WHO RECEIVE PUBLIC ASSISTANCE TO MOVE TOWARD INDEPENDENCE BY PROVIDING CASE MANAGEMENT, JOB REFERRALS, WORK ASSISTANCE, EDUCATIONAL REFERRALS, AND OTHER TRANSITION TOOLS. FOSTER GRANDPARENTS PROGRAM IS A VOLUNTEER SERVICE PROGRAM FOR PERSONS 60 YEARS OF AGE AND OLDER. HUNDREDS OF PROGRAM VOLUNTEERS SERVE IN MORE THAN 35 EDUCATIONAL SETTINGS IN THE DISTRICT OF COLUMBIA. VOLUNTEERS WORK ONE-TO-ONE AND IN SMALL GROUPS WITH SPECIAL NEEDS CHILDREN FROM BIRTH TO 21 YEARS. SPECIAL EMPHASIS PROGRAMS CONTINUED: THE COMPREHENSIVE TREATMENT CENTER (CTC) IS AN OUTPATIENT OPIOID TREATMENT PROGRAM THAT PROVIDES MEDICALLY ORIENTED TREATMENT TO OPIATE DEPENDENT PERSONS SIX DAYS A WEEK. MEDICALLY ORIENTED TREATMENT INCLUDES ASSESSMENT AND TREATMENT PLANNING, MEDICATION MANAGEMENT, COUNSELING, MENTAL HEALTH THERAPY, CASE MANAGEMENT, AND LIFE SKILLS SERVICES. CTC PROVIDES MEDICATION MANAGEMENT SERVICES TO 767 DIFFERENT PATIENTS.

(Code ) (Expenses \$ 2,443,727 including grants of \$ ) (Revenue \$ )

HOMELESS PROGRAM (SHELTER HOTLINE)- THE SHELTER HOTLINE PROGRAM IS AN INTEGRAL PART OF THE CONTINUUM OF CARE FOR THE HOMELESS IN THE DISTRICT OF COLUMBIA, RENDERING YEAR-ROUND TRANSPORTATION, OUTREACH, AND INFORMATION AND REFERRAL SERVICES, UNDER A CONTRACT WITH THE COMMUNITY PARTNERSHIP FOR THE PREVENTION OF HOMELESSNESS. IT OPERATES SEVEN DAYS A WEEK, TWENTY-FOUR HOURS A DAY, DURING HYPOTHERMIA SEASON FROM NOVEMBER 1 TO MARCH 31, PROVIDING TRANSPORTATION TO SHELTERS, WARM CLOTHING, BLANKETS, SLEEPING BAGS, AS WELL AS HOT DRINKS, AND FOOD ITEMS WHEN AVAILABLE, TO THE HOMELESS TO HELP PREVENT DEATHS FROM FREEZING. DURING HYPERTHERMIA SEASON FROM APRIL 1 TO OCTOBER 31, THE HOTLINE PROVIDES TRANSPORTATION TO SHELTERS AND COOLING STATIONS, AND PROVIDES WATER, COLD DRINKS, AND CLOTHING APPAREL TO THE HOMELESS IN ORDER TO PREVENT DEHYDRATION, HEAT STROKE, AND THE ONSET OF HYPERTHERMIA.

(Code ) (Expenses \$ 79,680 including grants of \$ ) (Revenue \$ )

SHELTER PLUS CARE - THE SHELTER PLUS CARE PROGRAM IS AN INTEGRAL PART OF THE CONTINUUM OF CARE FOR THE HOMELESS IN THE DISTRICT OF COLUMBIA, OPERATING UNDER A CONTRACT WITH THE COMMUNITY PARTNERSHIP FOR THE PREVENTION OF HOMELESSNESS. THE PROGRAM PROVIDES CASE MANAGEMENT AND SUPPORTIVE SERVICES FIVE DAYS A WEEK TO SIXTEEN HOMELESS FAMILIES RECOVERING FROM SUBSTANCE ABUSE AND WHO MAY ALSO HAVE A DIAGNOSIS OF HIV/AIDS AND ARE RECEIVING RENTAL ASSISTANCE FOR PERMANENT HOUSING FROM THE PARTNERSHIP. CASE MANAGEMENT AND SUPPORTIVE SERVICES INCLUDE PROVIDING TO OR REFERRING FAMILIES FOR HEALTH AND MENTAL HEALTH SERVICES, SUBSTANCE ABUSE RECOVERY SERVICES, AND LIFE SKILLS TRAINING.

(Code ) (Expenses \$ 2,415,142 including grants of \$ ) (Revenue \$ 67,752 )

WEATHERIZATION - IMPLEMENT WEATHERIZATION ACTIVITIES AND PROVIDE FOR THE PURCHASE AND INSTALLATION OF ENERGY EFFICIENCY MEASURES IN LOW INCOME RESIDENCES AND ENERGY AUDITS UNDER THE RESIDENTIAL CONSERVATION ASSISTANCE SERVICES POWER - PROVIDING OPPORTUNITIES WITH EDUCATIONAL READINESS (POWER) IS A FIVE YEAR INITIATIVE INITIALLY DEVELOPED IN PARTNERSHIP WITH THE UNITED PLANNING ORGANIZATION AND AMERICAN UNIVERSITY. ENROLLED STUDENTS ARE TRACKED FROM 7TH GRADE THROUGH 12TH GRADE. THE MISSION IS TO ENCOURAGE AND MOTIVATE STUDENTS LIVING IN CONGRESS HEIGHTS TO PURSUE A COLLEGE OR POST-SECONDARY EDUCATION AND TO OFFER ACADEMIC, CULTURAL AND SOCIAL ENRICHMENT AS YOUTH MATRICULATE FROM MIDDLE SCHOOL THROUGH HIGH SCHOOL. THE PROGRAM IS FUNDED BY A GRANT FROM THE OFFICE OF JUSTICE GRANTS ADMINISTRATION UNDER THE AMERICAN RECOVERY AND REINVESTMENT ACT. CAPITAL HEALTH CAREERS PROGRAM ADDRESSES DUAL NEEDS IN THE DISTRICT OF COLUMBIA BY ALLEVIATING UNEMPLOYMENT AND FILLING HEALTHCARE WORKFORCE DEFICITS. THIS PROGRAM IS FUNDED BY A GRANT FROM THE US DEPARTMENT OF LABOR, EMPLOYMENT AND TRAINING ADMINISTRATION UNDER THE AMERICAN RECOVERY AND REINVESTMENT ACT.

(Code ) (Expenses \$ 1,495,911 including grants of \$ ) (Revenue \$ 128,724 )

PRESCHOOL AND DAYCARE - OTHER CHILD CARE SERVICES ARE PROVIDED TO 93 ADDITIONAL CHILDREN AGES 2 TO 5 YEARS AND 39 INFANTS.

(Code ) (Expenses \$ 868,480 including grants of \$ 55,274 ) (Revenue \$ 24,144 )

PRIVATE AND GENERAL PROGRAM SERVICES - INCLUDES ACTIVITIES OF THE MARTIN LUTHER KING JR. MEMORIAL BREAKFAST AND THE ELECTRONIC BENEFIT TRANSFER PROGRAM (EBT). UPO SPONSORS THE UPO/JOSEPH A. BEAVERS SCHOLARSHIP PROGRAM THAT AWARDS SCHOLARSHIPS TO DESERVING DISTRICT OF COLUMBIA HIGH SCHOOL GRADUATES NAMED FOR JOSEPH A. BEAVERS, THE LATE LABOR LEADER AND FORMER MEMBER OF UPO'S GOVERNING BOARD. THE SCHOLARSHIP PROGRAM IS MADE POSSIBLE WITH PROCEEDS RECEIVED FROM THE AGENCY'S ANNUAL MARTIN LUTHER KING JR. MEMORIAL BREAKFAST THAT IS HELD IN JANUARY OF EVERY YEAR. THE EBT PROGRAM PROVIDES NEW AND REPLACEMENT EBT CARDS FOR ALL ELIGIBLE DHS FOOD STAMP AND TANF RECIPIENTS. THE CARDS ARE DESIGNED TO PROVIDE A SAFE, CONVENIENT AND EASY WAY FOR PERSONS WHO RECEIVE CASH BENEFITS AND FOOD STAMPS TO GET CASH OR PAY FOR PURCHASES AT PARTICIPATING STORES AND MAKE WITHDRAWALS FROM ATMS.

4d

Other program services (Describe in Schedule O )
















(Expenses \$ 7,302,940 including grants of \$ 55,274 ) (Revenue \$ 220,620 )

4e

Total program service expenses \$ 36,585,757

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	Yes
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> . . . . .	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i> . . . . .	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i> . . . . .	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> . . . . .	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> . . . . .	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . .	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		<b>Yes</b>	<b>No</b>
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	<b>1a</b>	90
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	<b>2a</b>	469
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	<b>4a</b>	No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	Yes
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	Yes
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	<b>13a</b>	
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>	
<b>c</b>	Enter the aggregate amount of reserves on hand.	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>	

Part VI

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
1a	19		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	19
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	8a	Yes
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did the organization have a written document retention and destruction policy? . . . . .	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes
b	Other officers or key employees of the organization . . . . .	15b	Yes
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶DC
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MESERET DEGEFU 301 RHODE ISLAND AVENUE NW WASHINGTON, DC 20001 (202) 238-4600

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DIANE L HARTLEY DIRECTOR	4 00	X						0	0	0
(2) MONIQUE L POYDRAS JD DIRECTOR	4 00	X						0	0	0
(3) KAREN M BERNOLA DIRECTOR	4 00	X						0	0	0
(4) JOHN L OBERDORFER ESQ VICE CHAIR, DIRECTOR	4 00	X		X				0	0	0
(5) ALEXANDER M PADRO DIRECTOR	4 00	X						0	0	0
(6) MARLENA EDWARDS DIRECTOR	4 00	X						0	0	0
(7) LOIS E TIBBS DIRECTOR	4 00	X						0	0	0
(8) COURTNEY P DAVIS PH D DIRECTOR	4 00	X						0	0	0
(9) FALISHA JOHNSON DIRECTOR	4 00	X						0	0	0
(10) KEENAN R KELLER ESQ CHAIR, DIRECTOR	4 00	X		X				0	0	0
(11) MARIA T WILSON MED SECRETARY, DIRECTOR	4 00	X		X				0	0	0
(12) ELAINE A CRIDER DHSC TREASURER, DIRECTOR	4 00	X		X				0	0	0
(13) DONTAI L SMALLS DIRECTOR	4 00	X						0	0	0
(14) FRANKLIN GARCIA DIRECTOR	4 00	X						0	0	0
(15) FREDDIE T VAUGHNS DSW DIRECTOR	4 00	X						0	0	0
(16) MICHAEL J COBB CPA MBA DIRECTOR	4 00	X						0	0	0
(17) RONALD R COLLINS ESQ DIRECTOR	4 00	X						0	0	0



Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CLIFFORD E BARNES ESQ DIRECTOR	4 00	X						0	0	0
(19) LONNIE R WATSON DIRECTOR	4 00	X						0	0	0
(20) DANA M JONES PRESIDENT & CEO	37 50			X				168,237	0	9,253
(21) MESERET DEGEFU VP OF FINANCE & CFO	37 50			X				118,455	0	6,515
(22) MONICA SCOTT BECKHAM VP LEGAL AFFAIRS & GENERAL	37 50					X		109,950	0	6,047
(23) ANDREA D THOMAS VP OF ADMINISTRATION & CHI	37 50					X		107,200	0	5,896
(24) YVONNE R WALKER DIRECTOR OF HEAD START	37 50					X		109,842	0	3,732
(25) SUSAN BURNETT VP OF OPERATIONS & COO	37 50					X		106,672	0	6,604
(26) SHEWARK AKEBEREGN DIRECTOR OF ACCOUNTING	37 50					X		105,000	0	5,775
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								825,356	0	43,822

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶8

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
J & E ASSOCIATES 8757 GEORGIA AVENUE SUITE 400 SILVER SPRING, MD 20910	NURSING SERVICES	475,666
GOOD FOOD COMPANY 1523 N DANVILLE STREET ARLINGTON, VA 22201	CATERING	452,910
EDWIN CHAPMAN 1647 BENNING ROAD NE UNIT 200 WASHINGTON, DC 20002	MEDICAL SERVICES	304,215
JIFFY PLUMBING HEATING & AIR CONDITIONI 4623 BALTIMORE AVENUE HYATTSVILLE, MD 20781	CONSTRUCTION	210,670
TAURUS RENOVATION 1341 H ST NE WASHINGTON, DC 20002	CONSTRUCTION	159,112
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶6		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c	16,298				
	d	Related organizations . . . .	1d					
	e	Government grants (contributions)	1e	35,662,184				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	872,037				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f . . . . .		36,550,519				
Program Service Revenue			Business Code					
	2a	DAYCARE FEES	624410	128,724	128,724			
	b	WEATHERIZATION CONTRAC	900099	67,752	67,752			
	c	OTHER PROGRAM SERVICE	900099	12,966	12,966			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .		209,442				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		841			841	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties . . . . .						
	6a	(i) Real		(ii) Personal				
		Gross rents	118,975					
		b Less rental expenses	0					
		c Rental income or (loss)	118,975					
	d	Net rental income or (loss) . . . . .		118,975			118,975	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory		11,178				
		b Less cost or other basis and sales expenses		0				
		c Gain or (loss)		11,178				
	d	Net gain or (loss) . . . . .		11,178	11,178			
	8a	Gross income from fundraising events (not including \$ 16,298 of contributions reported on line 1c) See Part IV, line 18 . . . . .						
		a	88,682					
		b Less direct expenses . . . .	88,682					
	c	Net income or (loss) from fundraising events . .		0				
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .						
		a						
		b Less direct expenses . . . .						
c	Net income or (loss) from gaming activities . .							
10a	Gross sales of inventory, less returns and allowances . . . . .							
	a							
	b Less cost of goods sold . . .							
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .							
12	Total revenue. See Instructions . . . . .		36,890,955	220,620	0	119,816		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)  
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	9,747,139	9,747,139		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	55,274	55,274		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	302,460		302,460	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	14,421,596	11,474,721	2,946,875	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	804,865	654,775	150,090	
9	Other employee benefits	2,487,073	1,984,411	502,662	
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	1,944,484	2,035,196	-90,712	
17	Travel	722,001	676,109	45,892	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	444,987	409,621	35,366	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	PURCHASE OF SERVICES	3,137,849	2,933,078	204,771	
b	SUPPLIES AND CONSTRUCTI	1,025,242	949,978	75,264	
c	CLIENT RELATED COSTS	862,393	862,393		
d	UNALLOCATED DEPRECIATIO	555,475	408,336	147,139	
e					
f	All other expenses	351,189	4,394,726	-4,043,537	
25	Total functional expenses. Add lines 1 through 24f	36,862,027	36,585,757	276,270	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			835,696	1	1,270,005
	2	Savings and temporary cash investments . . . . .			91,182	2	91,638
	3	Pledges and grants receivable, net . . . . .			4,088,231	3	4,763,708
	4	Accounts receivable, net . . . . .				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			272,934	9	386,597
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	19,176,001			
	b	Less: accumulated depreciation . . . . .	10b	7,104,867	12,431,888	10c	12,071,134
	11	Investments—publicly traded securities . . . . .				11	
	12	Investments—other securities. See Part IV, line 11 . . . . .				12	
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			166,377	15	121,949
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .			17,886,308	16	18,705,031
Liabilities	17	Accounts payable and accrued expenses . . . . .			2,518,015	17	2,386,869
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			517,137	19	1,068,671
	20	Tax-exempt bond liabilities . . . . .			9,789,289	20	9,295,922
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			1,972,672	25	2,531,123
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .			14,797,113	26	15,282,585
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>						
	27	Unrestricted net assets . . . . .			841,752	27	933,615
	28	Temporarily restricted net assets . . . . .			2,247,443	28	2,488,831
	29	Permanently restricted net assets . . . . .				29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	<b>Total net assets or fund balances</b> . . . . .			3,089,195	33	3,422,446
	34	<b>Total liabilities and net assets/fund balances</b> . . . . .			17,886,308	34	18,705,031

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	36,890,955
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,862,027
3	Revenue less expenses Subtract line 2 from line 1	3	28,928
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,089,195
5	Other changes in net assets or fund balances (explain in Schedule O)	5	304,323
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,422,446

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization UNITED PLANNING ORGANIZATION	Employer identification number  52-0788987
--	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	40,038,695	41,263,993	51,140,522	38,128,447	36,550,519	207,122,176
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	40,038,695	41,263,993	51,140,522	38,128,447	36,550,519	207,122,176
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						207,122,176

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	40,038,695	41,263,993	51,140,522	38,128,447	36,550,519	207,122,176
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	51,073	104,957	109,498	81,564	119,816	466,908
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	135,581	18,863	4,145	33,553		192,142
11 Total support (Add lines 7 through 10)						207,781,226

12 Gross receipts from related activities, etc (See instructions )

121,460,395

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	99.680 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	99.660 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			



**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
UNITED PLANNING ORGANIZATION

Employer identification number  
52-0788987

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area  
☐ Protection of natural habitat☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
▶ \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	0
1d	0
1e	0
1f	0

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		1,578,661		1,578,661
b Buildings . . . . .		15,276,453	5,628,880	9,647,573
c Leasehold improvements . . . . .		463,783	426,158	37,625
d Equipment . . . . .		1,490,326	945,600	544,726
e Other . . . . .		366,778	104,229	262,549
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				12,071,134

Schedule D (Form 990) 2011



Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	136,890,955
2	Total expenses (Form 990, Part IX, column (A), line 25)	236,862,027
3	Excess or (deficit) for the year Subtract line 2 from line 1	328,928
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	8304,323
9	Total adjustments (net) Add lines 4 - 8	9304,323
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10333,251

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	136,979,637
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a	
b	Donated services and use of facilities . . . . .2b	
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d88,682	
e	Add lines 2a through 2d . . . . .	2e88,682
3	Subtract line 2e from line 1 . . . . .	336,890,955
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b	
c	Add lines 4a and 4b . . . . .	4c0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	536,890,955

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	136,950,709
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities . . . . .2a	
b	Prior year adjustments . . . . .2b	
c	Other losses . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d88,682	
e	Add lines 2a through 2d . . . . .	2e88,682
3	Subtract line 2e from line 1 . . . . .	336,862,027
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b	
c	Add lines 4a and 4b . . . . .	4c0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	536,862,027

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION FOLLOWS THE PROVISIONS OF FASB INTERPRETATION NO 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (FASB ASC 740-10) MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAS NO MATERIAL UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION UNDER FIN 48
PART XI, LINE 8 - OTHER ADJUSTMENTS		CAPITALIZATION OF PROGRAM EXPENSES 304,323
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES 88,682
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS EXPENSES 88,682

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
UNITED PLANNING ORGANIZATION

Employer identification number  
52-0788987

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2011

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		MLK JR. BREAKFAST (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	104,980		104,980
	2	Less Charitable contributions . . . .	16,298		16,298
	3	Gross income (line 1 minus line 2) . . . .	88,682		88,682
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .			
	7	Food and beverages . . . .	33,076		33,076
	8	Entertainment . . . .			
	9	Other direct expenses . . . .	55,606		55,606
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶			
					( 88,682 )
					0

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
Direct Expenses	2	Cash prizes . . . . .			
	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes ..... <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶			
					( )

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------



Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNITED PLANNING ORGANIZATION

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public  
Inspection

Employer identification number  
52-0788987

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

19

3

Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) EDUCATIONAL ASSISTANCE	5	53,470	1,804	FMV	COMPUTERS FOR GRANT RECIPIENTS

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 UPO COMPLIES WITH OMB A-110 (2 CFR 215), UNIFORM ADMINISTRATIVE REQUIREMENT FOR GRANTS AND AGREEMENTS WITH INSTITUTIONS OF HIGHER EDUCATION, HOSPITALS AND OTHER NON-PROFIT ORGANIZATIONS AND, OMB A-122 (2 CFR 230), COST PRINCIPLE FOR NON-PROFIT ORGANIZATIONS

Software ID:  
Software Version:  
EIN: 52-0788987  
Name: UNITED PLANNING ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DC PUBLIC SCHOOLS1200 12TH PLACE SE WASHINGTON, DC 20020	53-6001131	170(B)(1)(A)(II)	3,466,564				HEAD START PROGRAM
UNIVERSITY OF THE DISTRICT OF COLUMBIA1200 12TH PLACE SE WASHINGTON, DC 20020	53-6001131	170(B)(1)(A)(II)	54,307				HEAD START PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHT BEGINNINGS INC 128 M STREET NW SUITE 300 WASHINGTON, DC 20001	52-1697917	501(C)(3)	580,675				HEAD START PROGRAM
EDUCARE DC301 RHODE ISLAND AVE NW WASHINGTON, DC 20001	27-2481956	501(C)(3)	330,097				HEAD START PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EDWARD C MAZIQUE PARENT CHILD CENTER 1719 13TH STREET NW WASHINGTON, DC 20009	52- 0968193	501(C)(3)	1,806,084				HEAD START PROGRAM
ROSEMOUNT CENTER2000 ROSEMOUNT AVENUE NW WASHINGTON, DC 20010	52- 0954828	501(C)(3)	1,195,119				HEAD START PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATES FOR RENEWAL IN EDUCATION45 P ST NW WASHINGTON, DC 20001	52-0914949	501(C)(3)	82,890				HEAD START PROGRAM
EAGLE ACADEMY PUBLIC CHARTER SCHOOL770 M STREET SE WASHINGTON, DC 20003	76-0718215	501(C)(3)	406,248				HEAD START PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTER CITY COMMUNITY CORPORATION128 M STREET NW SUITE 300 WASHINGTON, DC 20001	52-0893883	501(C)(3)	279,690				CSBG - COMMUNITY SERVICES
MARSHALL HEIGHTS COMMUNITY DEVELOPMENT ORGANIZATION 3939 BENNING ROAD NE WASHINGTON, DC 20019	52-1165147	501(C)(3)	442,862				CSBG - COMMUNITY SERVICES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VIDA SENIOR CENTERS1842 CALVERT STREET NW WASHINGTON, DC 20009	23-7161537	501(C)(3)	114,447				CSBG - COMMUNITY SERVICES
VISITORS' SERVICES CENTER1422 MASSACHUSETTS AVENUE SE WASHINGTON, DC 20003	52-0906685	501(C)(3)	76,500				CSBG - COMMUNITY SERVICES



**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LUTHERAN SOCIAL SERVICES4406 GEORGIA AVENUE NW WASHINGTON, DC 20011	53-0207407	501(C)(3)	126,470				CSBG
SPANISH EDUCATION DEVELOPMENT CENTER4110 KANSAS AVENUE NW WASHINGTON, DC 20011	23-7147887	501(C)(3)	161,001				HEAD START

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARRIBA CENTER FOR INDEPENDENT LIVING 1010 VERMONT AVENUE NW SUITE 516 WASHINGTON, DC 20005	52-2156088	501(C)(3)	82,100				EMPLOYMENT/JOBS
EDGEWOODBROOKLAND FAMILY SUPPORT COLLABORATIVE 1345 SARATOGA AVENUE NE UNIT 2 WASHINGTON, DC 20018	52-2246995	501(C)(3)	284,365				CSBG - COMMUNITY SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							CSGB
SASHA BRUCE YOUTHWORk INC 745 8TH ST SE WASHINGTON,DC 20003	52-1006486	501(C)(3)	64,280				CSBG

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPANISH CATHOLIC CENTER DENTAL CARE EDUCATION AND ACCESS PROGRAM1618 MONROE STREET NW WASHINGTON, DC 20010	52-0980905	501(C)(3)	126,400				HEALTH
MARY'S CENTER FOR MATERNAL & CHILD CARE INC 2333 ONTARIO ROAD NW WASHINGTON, DC 20009	52-1594116	501(C)(3)	67,040				FAMILY PROGRAMS/PARENTING CLASS - CSBG

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
UNITED PLANNING ORGANIZATION

Employer identification number  
52-0788987

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		No
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

[illegible]

**Part III**   **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	HOUSING, TRANSPORTATION AND CELL PHONE ALLOWANCE PROVIDED PER EMPLOYMENT CONTRACT APPROVED BY THE BOARD OF DIRECTORS

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNITED PLANNING ORGANIZATION

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number  
52-0788987

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A DISTRICT OF COLUMBIA ENTERPRISE ZONE BOND	53-6001131		09-01-2005	11,500,000	PURCHASE ORGANIZATION'S HEAD QUARTERS AND BUILD TWO NEW COMMUNITY BUILDINGS		X		X		X

Part II

Proceeds

1		Amount of bonds retired	A		B		C		D	
			2,204,078							
2		Amount of bonds defeased								
3		Total proceeds of issue	11,500,000							
4		Gross proceeds in reserve funds								
5		Capitalized interest from proceeds								
6		Proceeds in refunding escrow								
7		Issuance costs from proceeds	230,000							
8		Credit enhancement from proceeds								
9		Working capital expenditures from proceeds								
10		Capital expenditures from proceeds	11,270,000							
11		Other spent proceeds								
12		Other unspent proceeds								
13		Year of substantial completion	2004							
			Yes	No						
14		Were the bonds issued as part of a current refunding issue?	X							
15		Were the bonds issued as part of an advance refunding issue?		X						
16		Has the final allocation of proceeds been made?	X							
17		Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III

Private Business Use

				A		B		C		D	
				Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X						



Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2	Is the bond issue a variable rate issue?	X							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?	X							

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☒ No

Part VI

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization UNITED PLANNING ORGANIZATION	Employer identification number 52-0788987
--	--

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION'S BYLAWS WERE AMENDED TO DECREASE THE HIATUS PERIOD FOR BOARD MEMBERS FROM SIX YEARS TO A MANDATORY ONE-YEAR HIATUS FROM SERVICE ON THE BOARD, ESTABLISH AN AUDIT COMMITTEE, CHANGE THE NAME OF AUDIT & FINANCE COMMITTEE TO FINANCE COMMITTEE, REVISED THE RESPONSIBILITES OF THE FINANCE COMMITTEE AND INCREASED THE NUMBER OF ADVISORY MEMBERS THAT MAY BE DESIGNATED TO A STANDING COMMITTE FROM ONE TO TWO
	FORM 990, PART VI, SECTION A, LINE 7A	THE DELEGATE, DISTRICT OF COLUMBIA, U S HOUSE OF REPRESENTATIVES SHALL DESIGNATE ONE (1) REPRESENTATIVE, THE MAYOR OF THE DISTRICT OF COLUMBIA SHALL DESIGNATE FOUR (4) REPRESENTATIVES, AND THE CHAIR OF THE COUNCIL OF THE DISTRICT OF COLUMBIA SHALL DESIGNATE TWO (2) REPRESENTATIVES
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WILL BE REVIEWED BY THE AUDIT COMMITTEE AND WILL BE RECOMMENDED BY THE COMMITTEE FOR APPROVAL BY THE EXECUTIVE COMMITTEE AND THE BOARD OF DIRECTORS ALL BOARD MEMBERS RECEIVE THE FORM 990 BEFORE FILING
	FORM 990, PART VI, SECTION B, LINE 12C	UPO HAS A CONFLICT OF INTEREST POLICY UPO'S BOARD OF DIRECTORS AND OFFICERS ARE REQUIRED TO FILL OUT A CONFLICT OF INTEREST FORM ANNUALLY EVERY EMPLOYEE IS PROVIDED WITH AN EMPLOYEE HANDBOOK, WHICH HAS THE CONFLICT OF INTEREST POLICY IN IT EVERY EMPLOYEE IS REQUIRED TO SIGN AN ACKNOWLEDGMENT FORM FOR THE RECEIPT OF THE HANDBOOK
	FORM 990, PART VI, SECTION B, LINE 15	UPO HAS A COMPENSATION COMPARABILITY SCALE TO DETERMINE APPROPRIATE SALARIES THE SCALE WAS PREPARED USING NATIONAL AND LOCAL DATA FOR NOT-FOR-PROFITS IN COMMUNITY SERVICES THE BOARD HIRES THE PRESIDENT & CEO, AND APPROVES THE HIRING OF OTHER OFFICERS AND KEY EMPLOYEES INCLUDING COMPENSATION
	FORM 990, PART VI, SECTION C, LINE 19	UPO WILL PROVIDE THESE DOCUMENTS ON ITS WEBSITE AND UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	CAPITALIZATION OF PROGRAM EXPENSES 304,323 TOTAL TO FORM 990, PART XI, LINE 5 304,323
	FORM 990, PART XII, QUESTION 2C	THE AUDIT COMMITTEE IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF THE AUDITORS

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
UNITED PLANNING ORGANIZATION

Employer identification number  
52-0788987

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) THE UPO INSPIRE FOUNDATION 301 RHODE ISLAND AVENUE NW WASHINGTON, DC 20001 90-0634570	FUNDRAISING FOR COLLEGE SCHOLARSHIP PROGRAM FOR LOW INCOME DC RESIDENTS	DC	501(C)(3)	LINE 7	UNITED PLANNING ORGANIZATION		No
(2) UPO COMMUNITY DEVELOPMENT CORPORATION 301 RHODE ISLAND AVENUE NW WASHINGTON, DC 20001 52-1145355	ADMIN MANAGER OF EDUCARE CENTER FOR POOR AND AT-RISK CHILDREN 0-5 YRS OF AGE	DC	501(C)(3)	LINE 9	UNITED PLANNING ORGANIZATION		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CHARLES YOUNG COMMUNITY VENTURES 301 RHODE ISLAND AVENUE NW WASHINGTON, DC 20001 45-1350113	REDEVELOP, IMPLEMENT & MANAGE A MULTI- SERVICE COMMUNITY CENTER	DC	UNITED PLANNING ORGANIZATION	C			50 000 %

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

Yes

No

Yes

Yes

No

Yes

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Additional Data

Software ID:  
Software Version:  
EIN: 52-0788987  
Name: UNITED PLANNING ORGANIZATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code	) (Expenses \$	2,443,727	including grants of \$	) (Revenue \$
HOMELESS PROGRAM (SHELTER HOTLINE)- THE SHELTER HOTLINE PROGRAM IS AN INTEGRAL PART OF THE CONTINUUM OF CARE FOR THE HOMELESS IN THE DISTRICT OF COLUMBIA, RENDERING YEAR-ROUND TRANSPORTATION, OUTREACH, AND INFORMATION AND REFERRAL SERVICES, UNDER A CONTRACT WITH THE COMMUNITY PARTNERSHIP FOR THE PREVENTION OF HOMELESSNESS IT OPERATES SEVEN DAYS A WEEK, TWENTY-FOUR HOURS A DAY, DURING HYPOTHERMIA SEASON FROM NOVEMBER 1 TO MARCH 31, PROVIDING TRANSPORTATION TO SHELTERS, WARM CLOTHING, BLANKETS, SLEEPING BAGS, AS WELL AS HOT DRINKS, AND FOOD ITEMS WHEN AVAILABLE, TO THE HOMELESS TO HELP PREVENT DEATHS FROM FREEZING DURING HYPERTHERMIA SEASON FROM APRIL 1 TO OCTOBER 31, THE HOTLINE PROVIDES TRANSPORTATION TO SHELTERS AND COOLING STATIONS, AND PROVIDES WATER, COLD DRINKS, AND CLOTHING APPAREL TO THE HOMELESS IN ORDER TO PREVENT DEHYDRATION, HEAT STROKE, AND THE ONSET OF HYPERTHERMIA				
(Code	) (Expenses \$	79,680	including grants of \$	) (Revenue \$
SHELTER PLUS CARE - THE SHELTER PLUS CARE PROGRAM IS AN INTEGRAL PART OF THE CONTINUUM OF CARE FOR THE HOMELESS IN THE DISTRICT OF COLUMBIA, OPERATING UNDER A CONTRACT WITH THE COMMUNITY PARTNERSHIP FOR THE PREVENTION OF HOMELESSNESS THE PROGRAM PROVIDES CASE MANAGEMENT AND SUPPORTIVE SERVICES FIVE DAYS A WEEK TO SIXTEEN HOMELESS FAMILIES RECOVERING FROM SUBSTANCE ABUSE AND WHO MAY ALSO HAVE A DIAGNOSIS OF HIV/AIDS AND ARE RECEIVING RENTAL ASSISTANCE FOR PERMANENT HOUSING FROM THE PARTNERSHIP CASE MANAGEMENT AND SUPPORTIVE SERVICES INCLUDE PROVIDING TO OR REFERRING FAMILIES FOR HEALTH AND MENTAL HEALTH SERVICES, SUBSTANCE ABUSE RECOVERY SERVICES, AND LIFE SKILLS TRAINING				



Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code	) (Expenses \$	2,415,142	) (Revenue \$ 67,752 )
including grants of \$			
WEATHERIZATION - IMPLEMENT WEATHERIZATION ACTIVITIES AND PROVIDE FOR THE PURCHASE AND INSTALLATION OF ENERGY EFFICIENCY MEASURES IN LOW INCOME RESIDENCES AND ENERGY AUDITS UNDER THE RESIDENTIAL CONSERVATION ASSISTANCE SERVICES POWER - PROVIDING OPPORTUNITIES WITH EDUCATIONAL READINESS (POWER) IS A FIVE YEAR INITIATIVE INITIALLY DEVELOPED IN PARTNERSHIP WITH THE UNITED PLANNING ORGANIZATION AND AMERICAN UNIVERSITY ENROLLED STUDENTS ARE TRACKED FROM 7TH GRADE THROUGH 12TH GRADE THE MISSION IS TO ENCOURAGE AND MOTIVATE STUDENTS LIVING IN CONGRESS HEIGHTS TO PURSUE A COLLEGE OR POST-SECONDARY EDUCATION AND TO OFFER ACADEMIC, CULTURAL AND SOCIAL ENRICHMENT AS YOUTH MATRICULATE FROM MIDDLE SCHOOL THROUGH HIGH SCHOOL THE PROGRAM IS FUNDED BY A GRANT FROM THE OFFICE OF JUSTICE GRANTS ADMINISTRATION UNDER THE AMERICAN RECOVERY AND REINVESTMENT ACT CAPITAL HEALTH CAREERS PROGRAM ADDRESSES DUAL NEEDS IN THE DISTRICT OF COLUMBIA BY ALLEVIATING UNEMPLOYMENT AND FILLING HEALTHCARE WORKFORCE DEFICITS THIS PROGRAM IS FUNDED BY A GRANT FROM THE US DEPARTMENT OF LABOR, EMPLOYMENT AND TRAINING ADMINISTRATION UNDER THE AMERICAN RECOVERY AND REINVESTMENT ACT			
(Code	) (Expenses \$	1,495,911	) (Revenue \$ 128,724 )
including grants of \$			
PRESCHOOL AND DAYCARE - OTHER CHILD CARE SERVICES ARE PROVIDED TO 93 ADDITIONAL CHILDREN AGES 2 TO 5 YEARS AND 39 INFANTS			

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code	) (Expenses \$	868,480	including grants of \$ 55,274 ) (Revenue \$ 24,144 )
PRIVATE AND GENERAL PROGRAM SERVICES - INCLUDES ACTIVITIES OF THE MARTIN LUTHER KING JR MEMORIAL BREAKFAST AND THE ELECTRONIC BENEFIT TRANSFER PROGRAM (EBT) UPO SPONSORS THE UPO/JOSEPH A BEAVERS SCHOLARSHIP PROGRAM THAT AWARDS SCHOLARSHIPS TO DESERVING DISTRICT OF COLUMBIA HIGH SCHOOL AND G E D GRADUATES NAMED FOR JOSEPH A BEAVERS, THE LATE LABOR LEADER AND FORMER MEMBER OF UPO'S GOVERNING BOARD, THE SCHOLARSHIP PROGRAM IS MADE POSSIBLE WITH PROCEEDS RECEIVED FROM THE AGENCY'S ANNUAL MARTIN LUTHER KING JR MEMORIAL BREAKFAST THAT IS HELD IN JANUARY OF EVERY YEAR THE EBT PROGRAM PROVIDES NEW AND REPLACEMENT EBT CARDS FOR ALL ELIGIBLE DHS FOOD STAMP AND TANF RECIPIENTS THE CARDS ARE DESIGNED TO PROVIDE A SAFE, CONVENIENT AND EASY WAY FOR PERSONS WHO RECEIVE CASH BENEFITS AND FOOD STAMPS TO GET CASH OR PAY FOR PURCHASES AT PARTICIPATING STORES AND MAKE WITHDRAWALS FROM ATMS			