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Department of the Treasury Internal Revenue Service

A For the 2012 calendar year, or tax year beginning

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)

2013

OMB No 1545-0047

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements. 2012

and ending JUN 30,

JUL 1,

C Name of organization Check if applicable D Employer identification number Address Ichange DONORS FORUM Name change 23-7376023 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-208 SOUTH LASALLE 1540 312-578-0090 Amended 3,473,086. City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-CHICAGO, IL 60604-1006 H(a) Is this a group return pendina F Name and address of principal officer: VALERIE S. LIES ∐Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? ⊥ Yes └─ No Tax-exempt status: X 501(c)(3) __ 501(c) ()◀ (insert no.) [4947(a)(1) or L If "No." attach a list, (see instructions) Website: WWW.DONORSFORUM.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1974 M State of legal domicile: IL Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Revenue SC|AMHVIIIES MARVeInDCE(Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 24 Number of voting members of the governing body (Part VI, line 1a) 24 Number of independent voting members of the governing body (Part VI, line 1b) 23 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 7b b Net unrelated business taxable income from Form 990-T, line 34. **Prior Year Current Year** 2,166,362 2,553,008. Contributions and grants (Part VIII, line 1h) 602,626. 664,538. Program service revenue (Part VIII, line 2g) 10 42,223 43,933. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,873,123. 3,199,567. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,500. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 14 Benefits paid to or for members (Part IX, column (A), line 4) Ω. Salaries, other compensation, employee benefits (Part IX, column A), lines 1,57<u>6,472.</u> 1,673,765. Ō. 16a Professional fundraising fees (Part IX, column (A), line (14) b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines (1a-11d, 111-24e) 1,185,648. 1,310,195. 2,859,413. 18 Total expenses. Add lines 13-17 (must equal Part X, columb (A), lin 2,888,167. Revenue less expenses. Subtract line 18 from ling 12 13,710. 311,400. Beginning of Current Year **End of Year** Ssets (Balanc 2,674,320. 3,075,079. 20 Total assets (Part X, line 16) 447,278 467,310. 21 Total liabilities (Part X, line 26) 2,227,042. 2,607,769. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of periury, 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. Signature of officer Sign VALERIE S. LIES, PRESIDENT AND CEO Here Type or print name and title PTIN Print/Type preparer's name Prepager's signature Paid JOHN HUSKINS P01081531 self-employed Firm's name JOHNSON LAMBERT Preparer 52-1446779 Firm's EIN Use Only Firm's address 700 SPRING FOREST ROAD, SUITE 115 RALEIGH, NC 27609 Phone no. (919) 719-6400 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

	1990 (2012) DONORS FORUM 23-7376023	Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	X_
1	Briefly describe the organization's mission:	
	DONORS FORUM IS THE PREMIER RESOURCE FOR NETWORKING AND EDUCATION,	
	INFORMATION AND KNOWLEDGE, AND LEADERSHIP AND ADVOCACY ON BEHALF OF	
	PHILANTHROPY IN ILLINOIS. AS A MEMBERSHIP ASSOCIATION OF GRANTMAKER	<u>s, </u>
	NONPROFITS, AND ADVISORS, DONORS FORUM SERVES ITS CONSTITUENTS BY	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	X 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?	X 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	S.
	Section 501(c)(3) and 501(c)(4) organizations 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		226.)
	DONORS FORUM LEVERAGES THE COLLECTIVE POWER OF PHILANTHROPY AND	
	NONPROFITS TO IMPROVE LIVES AND STRENGTHEN COMMUNITIES. FOUNDED IN	
	1974, DONORS FORUM IS THE ONLY MEMBERSHIP ASSOCIATION IN ILLINOIS F	OR
	FUNDERS AND NONPROFITS OF ALL KINDS, AS WELL AS THEIR ADVISORS AND	
	CONSULTANTS. SOME 1,200 INDIVIDUALS AND INSTITUTIONS BELONG TO DONO	RS
	FORUM, AND THOUSANDS MORE BENEFIT FROM ITS RESOURCES, SOME OF WHICH	ARE
	FREE. DONORS FORUM IS BASED IN CHICAGO BUT SERVES THE ENTIRE STATE.	<u> </u>
	IS A HUB FOR CONNECTION AND COLLABORATION AS WELL AS A SOURCE OF	
	RESEARCH, PROGRAMS, PUBLICATIONS, AND OTHER TOOLS INCLUDING A FR	EE
	LIBRARY AND FIVE PHILANTHROPY CENTERS THAT STRENGTHEN THE	
	EFFECTIVENESS OF PHILANTHROPY AND NONPROFITS. THROUGH PUBLIC POLIC	
	ADVOCACY AND MEDIA RELATIONS, DONORS FORUM ALSO SERVES AS A LEADER	
4b		<u>400.</u>)
	CHICAGO AFRICAN AMERICANS IN PHILANTHROPY (CAAIP) IS A SPONSORED	
	PROJECT OF DONORS FORUM. ITS MISSION IS TO IMPROVE DIVERSITY AND	
	INCLUSION IN PHILANTHROPY AND TO PROMOTE EFFECTIVE AND RESPONSIVE	
	PHILANTHROPY IN BLACK COMMUNITIES.	
4.		
4c	(Code) (Expenses \$)
		· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses \(\bigs\) 1,848,665.	

Form 990 (2012) DONORS FORUM 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)?		4	
_	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	^	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
•	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	sımılar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		v	
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			-
_	Part VI	11a	x	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	- 1.0		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	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? If "Yes," complete Schedule D, Part VIII	11c		Х
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? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	400	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	<u> </u>	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			<u>-</u> -
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
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? If "Yes," complete Schedule G, Part I			x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	 	┝ᢚ
10	1a and 0a0 if IVan I namelate Schoolule C. Dout II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u>ٿ</u>	\vdash	
_	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2012) DONORS FORUM Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	i		
	Schedule J	23	X	
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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? If "Yes," complete	:		
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	,	28b		X
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	_30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			₩.
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1			x
25-	Did the appropriation have a controlled antity within the appropriate of autitor 5400-9400	34	_	X
		35a		 ^
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	254		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule H, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	\vdash	┝╧
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	 3/		
-	Note: All Form 000 files are required to provide Cohodule O	38	x	
	Note. All Form 990 filers are required to complete Schedule O		990	(0040)

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Par	t V ⋅ Statements Regarding Other IRS Filings and Tax Compliance	023		age J
rai	Check if Schedule O contains a response to any question in this Part V			
		<u>··</u>	Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	i		
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1	İ	
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 23	3		İ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Ì	X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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, securities account, or other financial account)?	4a		X
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.	1]]
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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 as charitable contributions?	<u>6a</u>	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	İ	l	
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	$\overline{}$	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	├ ──	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	.		-
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	├ —	X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		├
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>h</u>		-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			- ~-
Δ.	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8		-
9	Did the organization make any taxable distributions under section 4966?	000		
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b	 	
ь 10	Section 501(c)(7) organizations. Enter:	130	t	
а	Initiation fees and capital contributions included on Part VIII, line 12			ļ
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1	1	1
11	Section 501(c)(12) organizations. Enter:	1		1
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a		12a	1	1
b	was a second of the second of			Ī
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1	1
	organization is licensed to issue qualified health plans		1	
С	Enter the amount of reserves on hand	1		

1<u>4a</u>

14b

Form 990 (2012) DONORS FORUM 23-7376023 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 24 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 24 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X **7**b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Яa Each committee with authority to act on behalf of the governing body? X 8b 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 X 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 b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe ın Schedule O how this was done X 12c X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 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 X 15a X **b** Other officers or key employees of the organization 15b 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 b If "Yes," did the organization follow a written policy or procedure requinng 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 List the states with which a copy of this Form 990 is required to be filed >IL

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Upon request X Own website X Another's website

- 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 during the tax year.
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ANDREASON BROWN - 312-578-0090**

208 SOUTH LASALLE, STE. 1540, CHICAGO, IL 60604-1006

23-7376023

DONORS FORUM

Page 7

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. 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, and 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.

(A)	(B)				C)			(D)	(E)	(F)	
Name and Title	Average	(do		Posi heck		l than	one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)				han	compensation	compensation	amount of	
	week	⊢		a all a directorius			100,	from	from related	other	
	(list any hours for	director		:				the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	5 5	stee		ŀ	ınsate		(W-2/1099-MISC)	(** 2 1000 111100)	organization	
	organizations	藍	nal tru		g e	E .		,		and related	
	below	individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) JAMES D. PARSONS	line) 4 • 0 0	틸	SE	통	<u>ş</u>	풀통	Ē				
CHAIR	4.00	\mathbf{x}		x]	1		0.	0.		
(2) DONALD A. COOKE	2.00	12	_	^	<u> </u>	H	Н	0.	<u> </u>	0	
VICE CHAIR	2.00	\mathbf{x}		x				0.	0.	_	
(3) CAREN YANIS	2.00	₽	\vdash	₽	-	-	Н	<u> </u>	0.	0	
VICE CHAIR	2.00	\mathbf{x}		x				0.	0.	0.	
(4) EVETTE CARDONA	2.00	<u> </u>	-	A				- 0.	0.	<u> </u>	
SECRETARY	2.00	\mathbf{x}		$ _{\mathbf{x}} $				0.	0.	0.	
(5) STUART J. MILLER	2.00	 		 ^	 	\vdash		<u> </u>	0.	0	
TREASURER	2.00	\mathbf{x}		$ \mathbf{x} $				0.	٥.	0	
(6) JOHN BOUMAN	1.00	 		ᢡ	<u> </u>	H	\vdash	<u> </u>			
BOARD MEMBER		x						0.	o.	0	
(7) BRUCE BOYD	1.00										
BOARD MEMBER		x						0.	٥.	0	
(8) EDITH H. FALK	1.00					Г					
BOARD MEMBER		X		l		l		0.	0.	0	
(9) PATRICIA GARZA	1.00										
BOARD MEMBER		X						0.	0.	0	
(10) DEBORAH GILLESPIE	1.00										
BOARD MEMBER		X						0.	0.	0	
(11) PAUL GOREN	1.00										
BOARD MEMBER		X	L.			L		0.	0.	0	
(12) GRAHAM GRADY	1.00										
BOARD MEMBER		X			<u> </u>	<u> </u>		0.	0.	0	
(13) GREGORY S. GROSS	1.00	┨						_		_	
BOARD MEMBER		X	Ļ	<u> </u>	L_	╙		0.	0.	0	
(14) REGINALD JONES	1.00	.		l				_		_	
BOARD MEMBER	1 00	X	<u> </u>	<u> </u>	ļ	L		0.	0.	0	
(15) BRUCE KARMAZIN	1.00	۱.,						_		_	
BOARD MEMBER	1 00	X	<u> </u>	<u> </u>	ļ	┡	_	0.	0.	0	
(16) IRIS J. KREIG	1.00	↓						_	_	_	
BOARD MEMBER	1.00	X	\vdash	<u> </u>	-			0.	0.	0	
(17) NGOAN LE	1.00	x						0.	0.	_	
BOARD MEMBER		14		<u> </u>	L	1			<u>U.</u>	0 Form 990 (201)	

Section A. Officers, Directors, Trus		ploy	ees/			ghe	st C	T	es (continued)				
, (A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable compensation		Es	tımate	:d
	hours per	box	unle cerar	ss pe	rson	ıs bot	h an	compensation				nount (of
	week	├	Cor a	I	I	T	100,	from	from related			other	
	(list any hours for	trustee or director				ı		the	organizations			pensa	
	related	9	[_e			ge		organization	(W-2/1099-MIS	C)		om the	
	organizations	ş	Ĭ			를		(W-2/1099-MISC)			_	anizatı	
	below	를	1		<u>\$</u>	8 8						d relate	
	line)	Individual	틡	Officer	Key employee	Highest compensated employee	Former			1	orga	anızatio	ons
(18) POUR MODOURITY TIT		Ĕ	Ĕ	통	<u>5</u>	Ξ5	윤						
(18) BOYD MCDOWELL III	1.00		ŀ										_
BOARD MEMBER	1 00	X	⊢	<u> </u>	ļ			0.		0.			0.
(19) NICOLE ROBINSON	1.00		l							_			_
BOARD MEMBER	1 00	X	<u> </u>	<u> </u>			L	0.		0.			0.
(20) UNMI SONG	1.00	l								_			_
BOARD MEMBER	1 00	X	_			_	<u> </u>	0.	-	0.			0.
(21) JUDITH M. STOCKDALE	1.00		-					_		_			
BOARD MEMBER		X					L	0.		0.			0.
(22) K. SUJATA	1.00	ļ											
BOARD MEMBER		X						0.		0.			0.
(23) ERNEST VASSEUR	1.00												
BOARD MEMBER		X						0.		0.			0.
(24) MARIA WYNNE	1.00		П										
BOARD MEMBER		X				1		0.		0.			0.
(25) VALERIE S. LIES	35.00		Г										
PRESIDENT, CEO		1	l	X		l		208,923.		0.	5	5,5	65.
(26) ROBIN BERKSON	35.00						┪			-			
SENIOR VICE PRESIDENT		1	l			x		105,951.		0.	1	4,4	42.
1b Sub-total			_		<u> </u>			314,874.		0.		$\frac{-7}{0,0}$	
c Total from continuation sheets to Part V	 Il Section A							0.		0.	_ ´	-,-	0.
				٠				314,874.	-	Ö.	7	0,0	
Total number of individuals (including but r	ot limited to th					2) 141			000 of reportable			0,0	
compensation from the organization	iot iiitiited to ti	1036	ıısıd	Ju a	UUV	G) WI	יו טוי	eceived more than \$100	,000 of reportable	3			2
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director or to	into	a ka					highest compensated a		ſ		.03	140
line 1a? If "Yes," complete Schedule J for s				-	•	•	•	•	•		~ -		X
·		-								•	3		
4 For any individual listed on line 1a, is the si and related organizations greater than \$15									tne organization			X	
	· ·		-								4	^	
5 Did any person listed on line 1a receive or					-			ed organization or indiv	dual for services		-	- [v
rendered to the organization? If "Yes," com	piete Scheaui	e J i	or s	ucn	pers	son	<u></u>				5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co										pens	ation f	from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	<u>rithır</u>	n the organization's tax	year.				
(A)		374	^ >	_				(B)		_	(C)	
Name and business	address	N	INC	<u> </u>			_	Description of s	ervices		ompe	nsatio	<u> </u>
							_						
							_						
							_						
							┪			_		_	
2 Total number of independent contractors (ot l	mıte	d to	tho	se l:	sted	above) who received n	nore than				
\$100,000 of compensation from the organ	zation				(<u>U</u>							

		Check if Schedule O con	tains a response	to any question	ın thıs Part VIII			
3					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 a	Federated campaigns	1a					
Gra	b	Membership dues	1b 1,	253,130.				
Am	С	Fundraising events	1c					
ia i	d	Related organizations	1d					
J.S.		Government grants (contribu]			
e ijo	f	All other contributions, gifts, grain						
듗		sımılar amounts not included abo	ove . 1f 1,	<u>299,878.</u>				
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in line	s 1a-1f \$		2 552 000			
O e	h	Total. Add lines 1a-1f			2,553,008.			
a	2 a	WORKSHOPS AND I	MEETINGS	Business Code 900099	520,498.	520,498.	=	-
Ş	b	CONCILL MENIO		900099	41,906.		· · · · · · · · · · · · · · · · · · ·	
Program Service Revenue	-	FORUM PARTNERS	-	900099	20,731.			
E a		PUBLICATIONS		900099	17,431.			*****
<u>P</u>	e	LIBRARY REVENUE	<u> </u>	900099	2,060.	2,060.		
ž	f	All other program service rev						····
		Total. Add lines 2a-2f			602,626.			
	3	Investment income (including	dıvıdends, intere	est, and	,			
ļ					42,955.			42,955.
	4	Income from investment of ta						
	5	Royalties		•				
			(i) Real	(ii) Personal			· · · ·	
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		🕨				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other	Į			
		assets other than inventory	274,497.					
	b	Less: cost or other basis	0.50	Ì				
		and sales expenses	273,519.					
		Gain or (loss)		<u> </u>				
		Net gain or (loss)		▶	978.		·····	978.
ige	ва	Gross income from fundraisir	•					
Other Reven		including \$	of					
æ		contributions reported on line	-					
ž	.	Part IV, line 18 Less: direct expenses	a		1			
8		Net income or (loss) from fun						ĺ
		Gross income from gaming a	-					
	a	Part IV, line 19						1
ĺ	ь	Less: direct expenses			1			
		Net income or (loss) from gar			-			
		Gross sales of inventory, less	_	<u> </u>		****		
			a					
l	ь		b					
		Net income or (loss) from sale		▶				-
		Miscellaneous Reveni		Business Code				
	11 a							
	ь							
	C							
		All other revenue		1				
	е	Total. Add lines 11a-11d			2 4 0 2 5 5 5			
23200	12	Total revenue. See instructions.	<u> </u>	🕨	3,199,567.	602,626.	0.	
12-10-	-12							Form 990 (2012)

	t IX Statement of Functional Expense				
ectio	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check if Schedule O contains a respon	(A)	S Part IX (B)	(C)	∟∡ (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundráising expenses
	Grants and other assistance to governments and		expenses	general expenses	expenses
	organizations in the United States. See Part IV, line 21				
	Grants and other assistance to individuals in		-		
	the United States. See Part IV. line 22	1,500.	1,500.		
	Grants and other assistance to governments,		= 7,0001		<u> </u>
•	organizations, and individuals outside the		1		
	United States. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	274,230.	170,420.	83,645.	20,16
	Compensation not included above, to disqualified		2,0,2200	- 00,0200	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	1,015,043.	651,432.	290,729.	72,88
	Pension plan accruals and contributions (include	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	UUI, IU	270,1270	, 2, 00
	section 401(k) and 403(b) employer contributions)	67,616.	34,714.	28,583.	4,31
		137,320.	87,766.	32,157.	17,39
	Other employee benefits	82,263.	56,521.	19,979.	5,76
	Payroll taxes	02,203.	50,521.	13,3/3.	5,70
ı	Fees for services (non-employees)			Į.	
	Management	0 670		0 670	
	Legal	9,679.		9,679.	-
С	Accounting	17,114.	0 500	17,114.	
	Lobbying	8,500.	8,500.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	7,650.		7,650.	
g	Other. (If line 11g amount exceeds 10% of line 25,			400 000	
	column (A) amount, list line 11g expenses on Sch O.)	521,693.	323,696.	193,959.	4,03
2	Advertising and promotion	6,484.	5,474.	810.	20
3	Office expenses	119,007.	67,037.	45,843.	6,12
\$	Information technology	5,700.		5,630.	7
5	Royalties				
3	Occupancy	289,560.	205,188.	64,543.	19,82
7	Travel	17,148.	11,153.	5,513.	48
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
•	Conferences, conventions, and meetings	176,426.	152,505.	22,529.	1,39
)	Interest				
1	Payments to affiliates				-
2	Depreciation, depletion, and amortization	8,227.		8,227.	
3	Insurance	18,558.	11,723.	5,702.	1,13
Ļ	Other expenses. Itemize expenses not covered				· · · · · · · · · · · · · · · · · · ·
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	DUES AND MEMBERSHIPS	44,312.	11,712.	32,600.	
	BOOK STORE & PROGRAM SU	40,559.	40,559.		
c	STAFF DEVELOPMENT	21,003.	8,573.	11,017.	1,41
d	ADMINISTRATIVE FEES	2,500.	2,500.	,,	-,
_	All other expenses	-3,925.	-2,308.	-1,983.	36
;	Total functional expenses. Add lines 1 through 24e	2,888,167.	1,848,665.	883,926.	155,57
<u>?</u>	Joint costs. Complete this line only if the organization	2,000,1078	2,010,003.	505,520.	100,07
•	reported in column (B) joint costs from a combined	1			
	educational campaign and fundraising solicitation.				
	check here if following SOP 98-2 (ASC 958-720)				

<u></u>		Check if Schedule O contains a response to any	quest	ion in this Part X			
_					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			722,655.	1	393,097.
	2	Savings and temporary cash investments			511,208.	2	809,553.
	3	Pledges and grants receivable, net			236,030.	3	724,096.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo	rmer c	officers, directors,			
		trustees, key employees, and highest compensation	ated er	nployees. Complete			
		Deat II of Coloradada I				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					ı
		employers and sponsoring organizations of sect					1
		employees' beneficiary organizations (see instr).			6		
ets	7	Notes and loans receivable, net	•	·		7	
Assets	8	Inventories for sale or use		····· · · · · · · · · · · · · · · · ·		8	
`	9	Prepaid expenses and deferred charges		····	12,028.	9	22,795.
	10a	Land, buildings, and equipment: cost or other	ı'' i				·
		basis. Complete Part VI of Schedule D	10a	141,339.			,
	ь	· · · · · · · · · · · · · · · · · · ·	10b	110,976.	32,546.	10c	30,363.
	11				1,159,853.	11	1,085,425.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line			,	13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			0.	15	9,750.
	16	Total assets. Add lines 1 through 15 (must equi	al line :	34)	2,674,320.	16	3,075,079.
	17	Accounts payable and accrued expenses			207,933.	17	189,688.
	18	Grants payable	· · · · · · · -		18		
	19	Deferred revenue		150,294.	19	162,504.	
	20	Tax-exempt bond liabilities		· · · · · · · · · · · · · · · - ·		20	
_{so}	21	Escrow or custodial account liability. Complete	 Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former					
<u>.</u>		key employees, highest compensated employee					
Ë	ļ	Occasional Devia III of Och and do I		· · · · · · · · · · · · · · · · · · ·		22	
	23	Secured mortgages and notes payable to unrela		ırd parties		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa		· · · · · · · · -			
	~	parties, and other liabilities not included on lines	-				
		Cohodulo D		· · ·	89,051.	25	115,118.
	26	Total liabilities. Add lines 17 through 25			447,278.	26	467,310.
		Organizations that follow SFAS 117 (ASC 958) che	k here X and	22.72.00		
ဟ		complete lines 27 through 29, and lines 33 and		ok nore P LEE and			l ;
ည်	27	Unrestricted net assets	u 07.		1,765,679.	27	1,817,030.
<u>a</u>	28	Temporarly restricted not assets			460,863.	28	790,239.
ĕ	29	Permanently restricted net assets		· · · · · · · · · · · · · · · · · · ·	500.	29	500.
Ĕ	23	Organizations that do not follow SFAS 117 (A	 SC 05	8) shock here		25	300.
Ē			SC 53	b), check here			1
ts o	20	and complete lines 30 through 34.				30	
Se.	30	Capital stock or trust principal, or current funds		· · · · · ·		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed				32	
Š	32	Retained earnings, endowment, accumulated in		Г	2,227,042.		2,607,769.
	33	Total liabilities and not assets fined belonges		··	2,674,320.	33	3,075,079.
	34_	Total liabilities and net assets/fund balances			4,014,340.	34	5,075,079.

	990 (2012) DONORS FORUM	23-73	<u>76023</u>	Pag	ge 12
Pa	rt 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	3,199		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,888		
3	Revenue less expenses. Subtract line 2 from line 1	3			00.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,22		
5	Net unrealized gains (losses) on investments	5	69	7,3	27.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8	•		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,607	7,7	69.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>	<u> </u>		<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual 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?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	$\widetilde{\mathbf{X}}$	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				ļ
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a	-	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2012)

SCHEDULE A (Form 990'or 990-EZ)

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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

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

Employer identification number

		DONORS							2	3-7376	023	
Part I			ity Status (All organiz					ructions.				
The organ	nization is not a	a private foundation	because it is: (For lines 1	through	11, check	only one b	ox.)					
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2			'0(b)(1)(A)(ii). (Attach Sc	-								
3 📙	A hospital or	a cooperative hospi	tal service organization o	described	in section	170(b)(1)((A)(iii).					
4 📖	A medical res	search organization	operated in conjunction	with a hos	prtal desci	ribed ın se	ction 170	(b)(1)(A)(ii	i). Enter	the hospita	l's name	٠,
	city, and stat											
5 🗀	section 170	(b)(1)(A)(iv). (Comple	•					mental uni	t describ	ped in		
6 H		_	ent or governmental und									
7 X			eives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general	public des	ribed in	
		b)(1)(A)(vi). (Comple										
8 ⊢			section 170(b)(1)(A)(vi).	-	=							
9 📖			eives: (1) more than 33						-	-	•	
			nctions - subject to certa									
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon	after June	30, 1975) .
		509(a)(2). (Complete	·									
10 -			perated exclusively to te		=			-			_	
11 📖			perated exclusively for the		-				-			r
			ations described in section				2). See se c	eue noire	a)(3). Cn	eck the bo	(that	
		· · · · · · · · · · · · · · · · · · ·	organization and comple		_		_		_ 111		D	
<u> </u>	- 71	•	ype II	ype III - Fu	-	•				n-functiona	-	
e 🗀	-		-		-	-	-		•	-		
f			han one or more publicly iten determination from t		_				5(a)(1) Or	Section 50	5(a)(Z).	
•		rganization, check tl			_	pe i, Type	ii, or Type	# (III				\Box
~		•	nis box organization accepted ar			from one	of the fell	· · · · · ·				ш
g			lirectly controls, either al			_				,	Yes	No
			upported organization?	one or tog				iri (ii) ai iu (iii) below	, 11g(i)		140
	_		n described in (i) above?							. 11g(ii)		
			person described in (i) o						•	. 11g(iii		
h			about the supported or							<u>[1 19(iii</u>	ш	
••	1 TOVIGE THE I	Chowing information	about the supported of	gariization	(3).							
(i) Name	of supported	(::\ EIN	(iii) Type of organization	(iv) Is the (organization	(v) Did voi	ı notify the	(yi) Is	the	() A		 -
	e of supported anization	(ii) EIN	(described on lines 1-9		sted in your		on in col	organizátio (i) organiz	on in coL	(vii) Amour	n or mone pport	alary
V. 9	41112411011		above or IRC section	governing	document?	(i) of you	support?	U.S	.?	""	,port	
			(see instructions))	Yes	No	Yes	No	Yes	No	1		
		Ī										
								1				
						1						
				l	Į.							
-												
					ļ							
				ļ	ļ							
Total			:									

Part II Support Schedule for Organizations Described in Sections 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and				•	`	
	membership fees received. (Do not						
	include any "unusual grants.")	2,695,928.	2,402,910.	2,694,132.	2,166,362.	2,553,008.	12,512,340.
2	Tax revenues levied for the organ-						<u> </u>
	ization'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	2,695,928.	2,402,910.	2,694,132.	2,166,362.	2,553,008.	12,512,340.
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,						
	(A						2 227 260
_	Public support. Subtract line 5 from line 4						3,337,268. 9,175,072.
	etion B. Total Support			<u></u>			3,113,012.
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(a) 2010	(4) 2011	(=) 2010	/D Total
	Amounts from line 4	2,695,928.	2,402,910.	(c) 2010 2,694,132.	(d) 2011 2,166,362.	(e) 2012 2,553,008.	(f) Total 12,512,340.
_	Gross income from interest,	2,055,520.	2,402,510.	2,034,132.	2,100,502.	2,333,000.	12,312,340.
8	·						
	dividends, payments received on						
	securities loans, rents, royalties	49,791.	43,308.	46,907.	41,738.	42,955.	224,699.
_	and income from similar sources	43,131.	43,300.	40,307.	41,730.	42,333.	224,033.
9							
	activities, whether or not the		1				
40	business is regularly carried on					<u> </u>	·
10	Other income. Do not include gain					•	
	or loss from the sale of capital	29,066.					20 066
	assets (Explain in Part IV.)	29,000.	<u> </u>				29,066.
	Total support. Add lines 7 through 10					* I	12,766,105.
	Gross receipts from related activities,	•					,992,490.
13	First five years. If the Form 990 is for		first, second, third	d, fourth, or tifth tax	x year as a sectio	n 501(c)(3)	. ┌┐
Sec	organization, check this box and stop ction C. Computation of Publ	nere ic Support Per	rcentage	·····		• •	
	Public support percentage for 2012 (olumn (fl)		14	71.87 %
	Public support percentage from 2011	= =	•			15	75.01 %
	33 1/3% support test - 2012. If the c			 Nac 12 and line 1			
104	stop here. The organization qualifies	=				nore, check this bo	x and ►X
	•		_				•
_	33 1/3% support test - 2011. If the c				iine 15 is 33 1/370	or more, check ti	IIS DOX
17-	and stop here. The organization qual	• •			10 16 10-		. •
17a	10% -facts-and-circumstances tes	_					•
	and if the organization meets the "factoring and arranged the "factoring and arranged the "factoring and arranged the "factoring and arranged the "factoring and arranged the "factoring and arranged the "factoring and arranged the "factoring and arranged the "factoring and arranged the "factoring and arranged the "factoring and arranged the "factoring and arranged the "factoring and arranged the "factoring and arranged the "factoring and arranged the "factoring and arranged the "factoring and arranged the "factoring and arranged the "factoring and arranged the "factoring arranged the "factoring and arranged the "factoring a			•	•	π IV now the organ	nization
	meets the "facts-and-circumstances"	_	•	• • •	•		▶□
b	10% -facts-and-circumstances tes	-				-	
	more, and if the organization meets the				•		,
	organization meets the "facts-and-circ		=	·		• • • • • • • • • • • • • • • • • • • •	▶⊨
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	ı, 16b, 17a, or 17b	, check this box a	ınd see instruction	s DL

Part III | Support Schedule for Organizations Described in Section 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.)

Se	ction A. Public Support	- <u>-</u>	-				
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")						
2	Gross receipts from admissions,	·			-		
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the		İ			į.	
	organization's tax-exempt purpose						
3	Gross receipts from activities that		-			<u> </u>	
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	zation's benefit and either paid to					Ì	
	or expended on its behalf					1	
5	The value of services or facilities	-				-	
9	furnished by a governmental unit to						
	the organization without charge						
_	• • •				 		
	Total. Add lines 1 through 5		<u>-</u> -		<u> </u>	-	
/ 6	Amounts included on lines 1, 2, and						•
	3 received from disqualified persons Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						1
	exceed the greater of \$5,000 or 1% of the						1
	amount on line 13 for the year						
	Add lines 7a and 7b						
<u>_8</u>	Public support (Subtract line 7c from line 6.)	<u> </u>					
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6				- <u>-</u>	<u> </u>	
108	Gross income from interest, dividends, payments received on					j	
	securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income]		
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is						
	regularly carned 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, thu	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here			<u> </u>			<u></u> ▶□
<u>Se</u>	ction C. Computation of Publ	<u>ic Support Pe</u>	rcentage				
15	Public support percentage for 2012 (ine 8, column (f) d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2011					16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	12 (line 10c, colui	mn (f) divided by lii	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2012. If the		-	on line 14, and lin	e 15 is more than		
	more than 33 1/3%, check this box a					•	▶□
t	33 1/3% support tests - 2011. If the				_		and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization					_	

SCHEDULE C (Form 990'or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• ;	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nam	ne of organization	-		Emp	loyer identification number
	DONORS	FORUM			23-7376023
Pa	rt I-A Complete if the org	janization is exempt und	er section 501(c)	or is a section 527 o	organization.
2 3	Volunteer hours				
		janization is exempt und			<u></u>
	Enter the amount of any excise tax	-	•		S
	Enter the amount of any excise tax			5 > \$	\$
	If the organization incurred a section		for this year?		. Yes No
	Was a correction made?		• •		Yes L No
	If "Yes," describe in Part IV. Int I-C Complete if the org	anization is exempt und	or coation 501/a	expont section E01	/a\/3\
		·		·	
	Enter the amount directly expended		•	• • •	<u> </u>
2	Enter the amount of the filing organ exempt function activities		•		
3	Total exempt function expenditures	Add lines 1 and 2 Enter here a			P
	,			•	
4	Did the filing organization file Form				Yes No
5	Enter the names, addresses and er				. — … — …
	made payments. For each organiza				
	contributions received that were pr				ate segregated fund or a
	political action committee (PAC). If	additional space is needed, prov	ide information in Par	t IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and promptly and directly
				funds. If none, enter -0	delivered to a separate
					political organization.
					If none, enter -0
			+		
		<u> </u>			
				_	
				-	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 Part II-A Complete if the org	janization is exer	M npt under section	n 501(c)(3) and fil	23-7 ed Form 5768	376023 Page 2
A Check if the filing organiza expenses, and sha	ition belongs to an affil re of excess lobbying e tion checked box A an	expenditures).		group member's nam	e, address, EIN,
Limi	ts on Lobbying Exper ditures means amou	nditures		(a) Filing organization's totals	(b) Affiliated group totals
 1a Total lobbying expenditures to infl b Total lobbying expenditures to infl c Total lobbying expenditures (add l d Other exempt purpose expenditure e Total exempt purpose expenditure 	uence a legislative bod ines 1a and 1b) es (add lines 1c and 1d	y (direct lobbying)		13,506. 13,506. 2,874,661. 2,888,167.	
f Lobbying nontaxable amount. Enter If the amount on line 1e, column (a) of Not over \$500,000 Over \$500,000 but not over \$1,000 Over \$1,000,000 but not over \$1,500 over \$1,500,000 but not over \$17 Over \$17,000,000	or (b) is: The lobi 20% of 1 0,000 \$100,00 500,000 \$175,00	bying nontaxable amount on line 1e. O plus 15% of the exc O plus 10% of the exc O plus 5% of the exce	ess over \$500,000. ess over \$1,000,000.	294,408.	
 g Grassroots nontaxable amount (er h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this 	o or less, enter -0- o or less, enter -0- ero on either line 1h or l		ation file Form 4720	73,602. 0. 0.	☐ Yes ☐ No
(Some organia	4-Year Ave zations that made a so dumns below. See the	e instructions for line	do not have to comp s 2a through 2f on pa		165
	Lobbying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))	299,718.	299,518.	292,971.	294,408.	1,186,615. 1,779,923.
c Total lobbying expenditures	2,593.	1,265.	10,951.	13,506.	28,315.
d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))	74,930.	74,880.	73,243.	73,602.	296,655. 444,983.

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2012 DONORS FORUM 23-737602 Part II-B: Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or ea	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
of the	lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or			•	
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:]	-		
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i		·		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
þ	If "Yes," enter the amount of any tax incurred under section 4912		·		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>			
Par	till-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ction	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Diddle and the second of the s		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section		(5), or se	ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," OF	R (b) Par	t III-A, lir	ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
c	Total		2c		,
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and i				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		. 5		
Par	t IV Supplemental Information				
Comp	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part I-C,	art II-A (affilia	ated group	list). Part II	-A. line 2:
	Part II-B, line 1. Also, complete this part for any additional information.	•		••	
				-	
					

SCHEDULE D

(Form 990)

Part I

1

2

3

6

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

(a) Donor advised funds

OMB No 1545-0047 Open to Public Inspection

Name of the organization

DONORS FORUM

are the organization's property, subject to the organization's exclusive legal control?

Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education)

c Number of conservation easements on a certified historic structure included in (a)

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Number of states where property subject to conservation easement is located

Total acreage restricted by conservation easements

listed in the National Register

violations, and enforcement of the conservation easements it holds?

organization answered "Yes" to Form 990, Part IV, line 6.

Aggregate contributions to (during year)

Aggregate value at end of year

Aggregate grants from (during year)

impermissible private benefit?

day of the tax year.

and section 170(h)(4)(B)(ii)?

conservation easements.

Protection of natural habitat

Preservation of open space

a Total number of conservation easements

Employer identification number 23-7376023 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the (b) Funds and other accounts Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Preservation of an historically important land area Preservation of a certified historic structure 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year 2a 2b 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year

Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

In Part XIII, 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

.....

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items.

a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	dule D (Form 990) 2012 DONORS		·			-7376023 Page 2
Pai	t III · Organizations Maintaining C					
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant use	of its collection items
	(check all that apply)					
а	Public exhibition	d		hange programs		
b	Scholarly research	e	U Other			
C	Preservation for future generations					
4	Provide a description of the organization's co					n Part XIII.
5	During the year, did the organization solicit of				ar assets	
_	to be sold to raise funds rather than to be m					Yes No
Pai	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" t	o Form 990, Pa	rt IV, line 9, or
	reported an amount on Form 990, Pa				<u> </u>	
1a	Is the organization an agent, trustee, custod		=	ns or other assets no	ot included	
_						. Yes No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			
						Amount
					1c	
		• • • • • • • • • • • • • • • • • • • •			1d	
е					1e	
					<u>If</u>	T-1 1 1
	Did the organization include an amount on F					☐ Yes ☐ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in	Check here if the ex	planation has been	provided in Part XII	10	<u> L</u>
T al	t Tendownient Funds. Complete				1	hadi I a N Farra reas hadi.
4.	Posingues of year balance	(a) Current year 500.	(b) Prior year 500.	10,500	+	back (e) Four years back 500. 10.500.
	Beginning of year balance	300.		10,500	+	500. 10,500.
b	Contributions				 	
C	Net investment earnings, gains, and losses					·
	Grants or scholarships Other expenditures for facilities				-	
•	and programs			10,000		
				10,000	•	
g	Administrative expenses End of year balance	500.	500.	500	10	500. 10,500.
2	Provide the estimated percentage of the cur					10,500
	Board designated or quasi-endowment	rent year end balanc	%	ajj rielu as.		
	Permanent endowment > 100.00	%				
	Temporarily restricted endowment	% %				
•	The percentages in lines 2a, 2b, and 2c short					
За	Are there endowment funds not in the posse	•	ation that are held a	nd administered for	the organization	nn
	by:	ocion or the organiza			ano organizatio	Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations					3a(ii) X
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	n Schedule R?	•		3b
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.			
Pai	t VI Land, Buildings, and Equipn			-		
	Description of property	(a) Cost or o	1 , ,	, ,	Accumulated	(d) Book value
		basis (investr	nent) basis	(other) d	epreciation	
1a	Land					
b	Buildings					
C	Leasehold improvements			1,144.	1,096	
	Equipment			7,455.	28,356	
	Other			2,740.	81,524	
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	10(c).)	.	30,363.

(b)
(7)
(8)
(9)
(10)
(11)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

2. FIN 48 (ASC 740) Footnote in Part XIII provide the text of the footnote to the green statements that reports the available.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2012 DONORS FORUM			23-	7376023	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	nts W	ith Revenue per F	letun	<u> </u>	
1	Total revenue, gains, and other support per audited financial statements			1	_ 3,268,	,894.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a	<u>69,327.</u>			
þ	Donated services and use of facilities	2b				
C	Recoveries of prior year grants	2c]		
d	Other (Describe in Part XIII.)	2d]		
е	Add lines 2a through 2d			2e		,327.
3	Subtract line 2e from line 1			3	3,199	,567.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b]		
C	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,199	,567.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expenses per	Retu	ım	•
1	Total expenses and losses per audited financial statements			1	2,888	,167.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b		1 1		
C	Other losses	2c		1		
d	Other (Describe in Part XIII.)	2d		1		
е	Add lines 2a through 2d		·	2e		0.
3	Subtract line 2e from line 1		• • • • •	3	2,888,	,167.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	•			-	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	-		1		
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,888	
	t XIII Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines '	a and 4: Part IV. lines 1	b and	2b: Part V. line	4: Part
	e 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p				,	.,
PAI	RT X, LINE 2: MANAGEMENT DOES NOT BELIEVE I	TS	FINANCIAL SI	ATE	MENTS	
					-	
INC	CLUDE UNCERTAIN TAX POSITIONS.					
						
	· · · · · · · · · · · · · · · · · · ·		<u> </u>			
		_				

Schedule D (Form 990) 2012

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990. ➤ See separate instructions.

DONORS FORUM

Employer identification number

23-7376023

Pá	art 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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
				ŀ
Đ	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		-	
^	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
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?	2		-
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	ļ	l	
	establish compensation of the CEO/Executive Director, but explain in Part III.		1	
	X Compensation committee X Written employment contract		1	
	Independent compensation consultant Compensation survey or study		l	
	Form 990 of other organizations Approval by the board or compensation committee			
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:			l
а	Receive a severance payment or change-of-control payment?	4a	i -	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			:
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			ļ
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:			ļ
	The organization?	5a	-	X
b	Any related organization?	5b	<u> </u>	
_	If "Yes" to line 5a or 5b, describe in Part III.			1
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	l		
	contingent on the net earnings of:			-
	The organization?	6a		X
b	Any related organization?	6b		<u> </u>
_	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			7.7
_	not described in lines 5 and 6? If "Yes," describe in Part III	7	<u> </u>	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the]	77
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<u> </u>	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Domilations seation E2 ADEC C/s\7		•	

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	흥	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)·(b)(a)	reported as deferred in pnor Form 990
(1) VALERIE S. LIES	ε	208,923.	0	0	41,714.	13,851.	264,48	
PRESIDENT, CEO	: 🖹	0	0			0.	0.	
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Schedule J (Form 990) 2012

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

DONORS FORUM

DONOR-ADVISOR TO A DONOR-ADVISED FUND

Employer identification number 23-7376023

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DONORS FORUM IS THE PREMIER RESOURCE FOR NETWORKING AND EDUCATION,
INFORMATION AND KNOWLEDGE, AND LEADERSHIP AND ADVOCACY ON BEHALF OF
PHILANTHROPY AND NONPROFITS IN ILLINOIS. AS A MEMBERSHIP ASSOCIATION OF
GRANTMAKERS, NONPROFITS, AND ADVISORS, DONORS FORUM SERVES ITS
CONSTITUENTS BY PROMOTING AN EFFECTIVE AND INFORMED PHILANTHROPIC AND
NONPROFIT SECTOR.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROMOTING AN EFFECTIVE AND INFORMED PHILANTHROPIC AND NONPROFIT SECTOR.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
VOICE FOR PHILANTHROPY AND NONPROFITS, PROTECTING AND PROMOTING THEIR
CRITICAL MISSIONS AND WORK.
FORM 990, PART VI, SECTION A, LINE 6: MEMBERSHIP IS OPEN TO (A) ANY
ORGANIZATION THAT MAKES GRANTS FOR CHARITABLE PURPOSES, ANY DONOR-ADVISOR
TO A DONOR-ADVISED FUND WITHIN SUCH AN ORGANIZATION, OR ANY ORGANIZATION
THAT IS A
1) PRIVATE FOUNDATION, INCLUDING A PRIVATE OPERATING FOUNDATION,
2) COMMUNITY FOUNDATION,
3) CORPORATE FOUNDATION OR COMPANY WITH A CHARITABLE CONTRIBUTIONS PROGRAM,

6) CHARITABLE TRUST, DIVISION, OR OTHER ORGANIZATION, AND (I) WHICH HAS AS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)

INDIVIDUAL DONOR WITH MULTIPLE CHARITABLE BENEFICIARY ORGANIZATIONS

Name of the organization

DONORS FORUM

Employer identification number 23-7376023

ITS PRIMARY CHARITABLE ACTIVITY THE MAKING OF GRANTS FOR CHARITABLE,

RELIGIOUS, EDUCATIONAL, OR SCIENTIFIC PURPOSES, AND (II) AT LEAST 60% OF

THE BUDGET OF WHICH IS DEVOTED TO GRANT PROGRAMS (GRANTS, RELATED PROGRAM

COSTS, AND ADMINISTRATIVE COSTS FOR ADMINISTERING GRANTS),

- 7) SUPPORTING ORGANIZATION THAT SUPPORTS ONE OR MORE GRANTMAKING
 ORGANIZATIONS OR HAS A GRANTMAKING PROGRAM WITH MULTIPLE BENEFICIARIES,
- 8) FEDERATED FUND.
- 9) GOVERNMENT-FUNDED GRANTMAKER WITH MULTIPLE BENEFICIARY ORGANIZATIONS,
- 10) RELIGIOUS GRANTMAKING INSTITUTION; OR
- (B) ANY INDIVIDUAL WHO REGULARLY ENGAGES IN ADVISING INDIVIDUALS ABOUT
 THEIR PHILANTHROPIC GOALS AND VEHICLES OR IN ADVISING FOUNDATIONS, TRUSTS,
 OR CORPORATE GIVING PROGRAMS ABOUT THEIR PHILANTHROPIC GOALS AND VEHICLES,
 TO THE EXTENT THE INDIVIDUAL FITS ELIGIBILITY CRITERIA DETERMINED FROM TIME
 TO TIME BY RESOLUTION OF THE BOARD OF DIRECTORS; AND WHICH SUBSCRIBES TO
 THE PURPOSES AND BASIC POLICIES AND CONTRIBUTES ANNUAL FINANCIAL SUPPORT TO
 THE CONTINUING OPERATION OF THIS CORPORATION IN THE AMOUNT DETERMINED FROM
 TIME TO TIME BY THE BOARD OF DIRECTORS, MAY BECOME A MEMBER OF THIS
 CORPORATION.

MEMBERS DESCRIBED IN PARAGRAPH (B) ABOVE MAY BE DENOMINATED "ASSOCIATE

MEMBERS" OR SOME SIMILAR TITLE IF SO SPECIFIED BY RESOLUTION OF THE BOARD

OF DIRECTORS AND SHALL BE ENTITLED TO THE RIGHTS OF MEMBERSHIP TO THE

EXTENT PROVIDED BY RESOLUTION OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A: EACH MEMBER SHALL BE ENTITLED TO ONE VOTE ON EACH MATTER SUBMITTED TO A VOTE OF THE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11: WITH THE ASSISTANCE OF THE THE VICE PRESIDENT OF FINANCE AND ADMINISTRATION, OUTSIDE ACCOUNTANTS PREPARE THE 990. THE VICE PRESIDENT REVIEWS A DRAFT OF THE 990 AND COMPARES NUMBERS TO AUDITED FINANCIAL STATEMENTS. THE DONORS FORUM PRESIDENT & CEO AND THE VICE PRESIDENT OF FINANCE AND ADMINISTRATION REVIEW THE DRAFT WITH THE AUDIT/FINANCE COMMITTEE MEMBERS AT A SCHEDULED MEETING. THE DRAFT IS PROVIDED TO THE ENTIRE BOARD FOR REVIEW. THE BOARD IS INVITED TO A CONFERENCE CALL TO ASK QUESTIONS AND OFFER COMMENTS TO THE PRESIDENT AND CEO AND THE VICE PRESIDENT OF FINANCE AND ADMINISTRATION.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION IDENTIFIES EACH
BOARD MEMBER AND EMPLOYEE WITH A STATED CONFLICT OF INTEREST OR POTENTIAL
AND MAINTAINS A LIST OF THE STATED CONFLICTS / POTENTIAL CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15: CEO: PRESIDENT'S PERFORMANCE REVIEW COMMITTEE: CONSISTS OF THE FOLLOWING BOARD MEMBERS - BOARD CHAIR, COMPENSATION AND BENEFITS COMMITTEE CHAIR, AND TREASURER. COMPARABILITY DATA OBTAINED FROM OTHER REGIONAL ASSOCIATIONS OF GRANTMAKERS AND FROM OTHER NONPROFIT ORGANIZATIONS. ANNUAL DECISION PROCESS IS SUBSTANTIATED IN WRITING. COMMITTEE MAKES RECOMMENDATION TO BOARD.

TOP MANAGEMENT AND ALL OTHER EMPLOYEES: CEO AND VICE PRESIDENT FINANCE AND ADMINISTRATION PRESENT SALARY POOL RECOMMENDATION TO COMPENSATION & BENEFITS COMMITTEE BASED ON CHANGE IN CPI, ORGANIZATION'S FINANCIAL SITUATION, AND OTHER RELEVANT INFORMATION. COMPENSATION AND BENEFITS COMMITTEE REVIEWS AND EITHER APPROVES AND RECOMMENDS TO AUDIT/FINANCE COMMITTEE.

PROGRAM SERVICE EXPENSES	54.
MANAGEMENT AND GENERAL EXPENSES	17,079.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	17,133.

PROGRAM CONSULTANTS:

Form **8868**

(Rev. January 2013) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

 $\triangleright X$

Form 8868 (Rev. 1-2013)

• If you a	are filing for an Automatic 3-Month Extension, complete	e only Par	rt I and check this box		1	ightharpoons		
• If you	are filing for an Additional (Not Automatic) 3-Month Ext	ension, c	omplete only Part II (on page 2 of	this form).				
	omplete Part II unless you have already been granted a ic filing _(e-file) . You can electronically file Form 8868 if yo					poration		
required	to file Form 990-T), or an additional (not automatic) 3-mon	ith extensi	ion of time. You can electronically f	ile Form 886	68 to request an	extension		
of time to	ofile any of the forms listed in Part I or Part II with the exc	eption of I	Form 8870, Information Return for ⁻	Transfers As	ssociated With C	:ertain		
Personal	Benefit Contracts, which must be sent to the IRS in paper	er format (see instructions). For more details o	on the electi	ronic filing of this	s form,		
visit www	v.irs gov/efile and click on e-file for Charities & Nonprofits.							
Part I	Automatic 3-Month Extension of Time	Only s	ubmit original (no copies nee	eded).				
A corpor	ation required to file Form 990-T and requesting an autom	natic 6-mo	nth extension - check this box and	complete				
Part I on	y	_			!	▶ □		
	corporations (including 1120-C filers), partnerships, REMI come tax returns.	ICs, and tr	rusts must use Form 7004 to reques	st an extens	ion of time			
Type or print	Name of exempt organization or other filer, see instruc	ctions.		Employer i	dentification nur	nber (EIN) or		
File by the	DONORS FORUM		· · · · · · · · · · · · · · · · · · ·		23-73760	123		
due date for filing your return See	Number, street, and room or suite no. If a P.O. box, se 208 SOUTH LASALLE, NO. 1540		tions.	Social sec	urity number (SS	3N)		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60604-1006							
Enter the	e Return code for the return that this application is for (file	a separa	te application for each return)			0 1		
Applicat	tion	Return	Application		-	Return		
Is For		Code	ls For			Code		
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 99	Form 990-BL 02 Form 1041-A 08							
Form 47	20 (ındıvıdual)	03	Form 4720			09		
Form 99	0-PF	04	Form 5227			10		
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 99	0-T (trust other than above)	06	Form 8870			12		
Telep	ANDREASON BROWN blooks are in the care of 208 SOUTH LASAN bloone No. 312-578-0090	LLE,	FAX No. >	30, IL	60604-1	006		
	organization does not have an office or place of business			٠		P		
	s is for a Group Return, enter the organization's four digit	•						
box	. If it is for part of the group, check this box				ers the extension	1 is for.		
_	equest an automatic 3-month (6 months for a corporation FEBRUARY 17, 2014 , to file the exemp				The extension			
is	for the organization's return for:							
	calendar year or		TID: 20 004	1				
	X tax year beginning JUL 1, 2012	, ar	nd ending JUN 30, 2013	3	_·			
2 lf	the tax year entered in line 1 is for less than 12 months, o	check reas	son: Initial return .	Final retun	n			
	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any	За	\$	0.		
_	onrefundable credits. See instructions. this application is for Form 990-PF, 990-T, 4720, or 6069,	enter ac	refundable credits and	34				
	stimated tax payments made. Include any prior year over			3ь	\$	0.		
_	alance due. Subtract line 3b from line 3a. Include your p			1 55				
	y using EFTPS (Electronic Federal Tax Payment System).	-	·	3с	s	0.		
	a If you are going to make an electronic fund withdrawal							

For Privacy Act and Paperwork Reduction Act Notice, see instructions.