

Form **990**

Department of the Treasury

Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2018

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u> </u>	Or u	le 2017 calendar year, or tax year beginning	and ending							
В	heck if	C Name of organization		P	Employer identifi	cation number				
	Addr chan	UNITED PHILANTHROPY FORUM								
	Nam- chan				52-2	1-2122029				
	Initia	1	Room/s	uite E	Telephone numbe	r				
	Final	1020 19TH CTREET NW	360		•	391-3235				
	termi	n-		G	Gross receipts \$	1,743,564.				
	Amer	nded WACUTNOMON DC 20036			a) Is this a group re					
	Appl		RFER	 ''`	for subordinates					
_	tion pend	SAME AS C ABOVE	\mathcal{O} :	> ни	Are all subordinates in					
	22-01		947(a)(1)(or	327	•	list (see instructions)				
		ite: WWW.UNITEDPHILFORUM.ORG	547 (a)(1) 45 1	H(4) Group exemption	•				
		of organization X Corporation Trust Association Other	/			M State of legal domicile DC				
	rt I	Summary	<i>I</i>	cai oi ioi	mation. 2330[]	of clate of legal conficile 20				
<u></u>		Briefly describe the organization's mission or most significant activities	<u>/</u> MAXTMTZR	тик	COLLECTI	VE POWER OF				
ė	1	PHILANTHROPY'S INFRASTRUCTURE TO SUPP								
ě	٦	Check this box If the organization discontinued its operations								
Governance	2	Number of voting members of the governing body (Part VI, line 1a)	or disposed of fi	iore mar		17				
Š	3		l 4 h)		3	17				
≪	4	Number of independent voting members of the governing body (Part VI, I	•		4	8				
ies	5	Total number of individuals employed in calendar year 2017 (Part V, line 2	2a)		5	50				
ctivities &	6	Total number of volunteers (estimate if necessary)			6	0.				
Act		Total unrelated business revenue from Part VIII, column (C), line 12			7 <u>a</u>	0.				
	ь	Net unrelated business taxable income from Form 990-T, line 34				 -				
		, , , , , , , , , , , , , , , , , , , ,			Prior Year , 824 , 721 .	Current Year 998,771.				
စ္	8	Contributions and grants (Part VIII, line 1h)			489,152.	741,538.				
Ē	9	Program service revenue (Part VIII, line 2g)				603.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			2,516.	2,652.				
_	11	Other revenue (Part VIII, column (A), lines 5, 6d_8c_9c_10c_and 11e)		_	3,834.					
	12	Total revenue - add lines 8 through 11 (must equal Part VII) column (A) Ti	ne 12)		,320,223.	1,743,564.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>		110,000.	122,000.				
	14	Benefits paid to or for members (Part IX, column (A), hipe (A)	 		0.	0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (x), line	es 5,70)		716,298.	974,354.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_ <u></u>		0.	0.				
χ	b	Total fundraising expenses (Part IX, column D). line 25 DEN UT	25,425.		000 010	4 222 622				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			930,313.	1,332,608.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1	,756,611.	2,428,962.				
	19	Revenue less expenses Subtract line 18 from line 12			563,612.	-685,398.				
its or					ng of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)		1	,760,310.	1,135,727.				
t As	21	Total liabilities (Part X, line 26)			200,050.	260,865.				
	22	Net assets or fund balances Subtract line 21 from line 20		1	<u>,560,260.</u>	874,862.				
	irt II					. .				
		alties of perjury, I declare that I have examined this return, including accompanying				/ knowledge and belief, it is				
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all informa	ation of which prep	arer has a	iny knowledge.	-1,,,				
					1 ////5	//8				
Sıgr	1	Sugnature et officer			Date /	,				
Her	e	DAVID BIEMESDERFER, PRESIDENT & CH	30							
		Type or print name and title		I Data		DTIN .				
		Print/Type preparer's name Preparer's signature		Date	Check L	PTIN				
Paid		NATOSHA DILLEY NATOSHA DIL		_Д0/	08/18 self-employ	P01225377				
Prep	arer	Firm's name CLARK, SCHAEFER, HACKETT & C	<u>co.</u>		Firm's EIN ▶	31-0800053				
Use	Only	Firm's address 4449 EASTON WAY, SUITE 400			_					
		COLUMBUS, OH 43219			Phone no. 61	4-885-2208				
May	the I	RS discuss this return with the preparer shown above? (see instructions)				X Yes No				

Form 990 (2017)

	· · · · · · · · · · · · · · · · · · ·			-
				
4d	Other program services (Describe in	Schedule O)		
	(Expenses \$	including grants of \$) (Revenue \$	
1e	Total program service expenses	1,835,206.		

TECHNICAL ASSISTANCE; A POLICYWORKS INITIATIVE TO BUILD THE CAPACITY OF OUR MEMBERS TO ENGAGE IN PUBLIC POLICY; AND OTHER CAPACITY-BUILDING

EFFORTS.

Form 990 (2017)

Page 3

Yes No

Form 990 (2017) UNITED PHILANTHROPY FORUM
Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
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	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	1		,,
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	-	X
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,	l _		
	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	١.		x
9	Schedule D, Part III	8		
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?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	<u> </u>		^
.0	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, VIII, IX, or X	···		
•	as applicable			ł
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	Х	
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? 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 167 If "Yes," complete Schedule D, Part VIII	11c		X
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		X
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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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			v
45	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 other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	4.5		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		21
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''-		
. •	1c and 8a? If "Yes," complete Schedule G, Part 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."			
	complete Schedule G. Part III	19		X
	MATHEMATIC DESCRIPTION OF THE ITEMS		990	

	1114 Oneckilst of Nedalised Concodies (continued)			,
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		├
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	┼
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			₩.
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_		X
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			
	Schedule J	23	Х	├
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			۱
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		—
С	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		ļ
d	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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "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)			l
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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		Х
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?			
٠.	If "Yes," complete Schedule N, Part I	31		Х
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		х
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? 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			
5 4		34		x
252	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
D		35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	333		t
36		36		Х
~	If "Yes," complete Schedule R, Part V, line 2	30_		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		 ^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	x	
	Note. All Form 990 filers are required to complete Schedule O	38_	_^_	Щ_

Form **990** (2017)

Pai				
	Check if Schedule O contains a response or note to any line in this Part V	_		
		Charlesons.	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		10	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		36	
	(gambling) winnings to prize winners?	1c	X	ANA . *
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 2a 2		<i></i>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	. 1865
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		۔۔گُن	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	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	-72.	X
b	If "Yes," enter the name of the foreign country			444
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		70000	v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			·x
	any contributions that were not tax deductible as charitable contributions?	6a		- Λ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	C.L		
_	were not tax deductible?	6b	úži.	
7	Organizations that may receive deductible contributions under section 170(c).	1		X
a	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?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		
С	- ·	7c		Х
_	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year			bk8
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	42500000	X
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	X
ġ	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	Š.	Yak K	
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter		3.88	
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a		***	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			* 72.4 ************************************
а	Gross income from members or shareholders N/A 11a		7,7 9	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	376 A	740	
	amounts due or received from them)	S. Salle	<u> </u>	- 44
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	3%	^ ~143/32
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			45.4
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	2777888	377 827	*,4 1 %#
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	**************************************	1282
•	Note. See the instructions for additional information the organization must report on Schedule O			, হন্দ ্লুনু
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans		8 S82	
	Enter the amount of reserves on hand	44-	_ *85 \$\$	X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Ves." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14a 14b		A
-				

Form **990** (2017)

Form 990 (2017) UNITED PHILANTHROPY FORUM 52-2122029 Pag
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 or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	177	1 83	Yes	No 32 - No
1a	Enter the number of voting members of the governing body at the end of the tax year 13 17	養/療		
	If there are material differences in voting rights among members of the governing body, or if the governing		· 🐞	變
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	46.7 B	****	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17	- A		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1/2 1/2		
	officer, director, trustee, or key employee?	2		<u> </u>
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		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
	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	X	
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	Se orași	£399	
_	The governing body?	8a	X	37
	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	<u> </u>		
9	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 9 1		
000	tion B. 1 Offices (This Section B requests information about policies not required by the internal nevenue Code.)		Yes	No
40-	Did the expension have local chapters branches or efficience	10a	100	X
	Did the organization have local chapters, branches, or affiliates?	100		
D	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?	11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	ii.		èsai
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		X	<u> Righ</u>
12a	· · · · · · · · · · · · · · · · · · ·	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	3841, 389
15	Did the process for determining compensation of the following persons include a review and approval by independent	\$ 1 m		3
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<u> </u>	موا _ط ور بر	
	The organization's CEO, Executive Director, or top management official	15a	. X	<u> </u>
b	Other officers or key employees of the organization	15b	116	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	***	s, <i>1</i>	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			<u> </u>
,	taxable entity during the year?	16a	S., 2000.	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	# 0		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	3 1	- A- (M)	<u> </u>
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailable	!	
	for public inspection. Indicate how you made these available. Check all that apply			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financi	al	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DAVID BIEMESDERFER - 888-391-3235			
	1020 19TH STREET NW, STE 360, WASHINGTON, DC 20036			
	24.0.12	Form	990	(2017)

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

Check if Schedule O contains a response or note to any line 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

Check this box if neither the organization n	or any related	orga	nıza	tion	con	npen	sat	ed any current officer, d	rector, or trustee	
(A)	(B)			(C Pos	C)			(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per		box, unless person is both ar officer and a director/trustee			compensation	compensation	amount of		
	week	<u> </u>					T	from the	from related	other compensation
	(list any hours for	Individual trustee or director				_		organization	organizations (W-2/1099-MISC)	from the
	related	36 07 0	age (Highest compensated employee		(W-2/1099-MISC)	(** 27 1000 141100)	organization
	organizations	truste	al trus		yee	mper.		(and related
	below	lanp	Institutional trustee	ير ا	e e	st co	, a	}		organizations
	line)	Indiv	Instit	Officer	Key employee	Hgha	Former			
(1) AMANDA MISIKO ANDERE	1.00									
DIRECTOR		X	L					0.	0.	0.
(2) LESLIE BOISSIERE	1.00									
DIRECTOR		X				L		0.	0.	0.
(3) DAVID LINDBERG	1.00		!							
DIRECTOR	ļ	X				<u> </u>	_	0.	0.	0.
(4) ANDREASON L. BROWN	1.00									_
DIRECTOR		X						0.	0.	0.
(5) JOANNE KELLEY	1.00							_		_
DIRECTOR		X				_	<u> </u>	0.	0.	0.
(6) JANINE LEE	1.00						l			_
SECRETARY		X		Х			<u> </u>	0.	0.	0.
(7) MIRIAM SHARK	1.00									_
DIRECTOR		X			<u> </u>			0.	0.	0.
(8) CLAUDIA HERROLD	1.00							1	•	•
DIRECTOR	1 2 2	X				<u> </u>	<u> </u>	0.	0.	0.
(9) TAMIR NOVOTNY	1.00					ļ			0	•
DIRECTOR	1 20	X					_	0.	0.	0.
(10) JEFF POULOS	1.00								•	
CHAIR		X		Х			<u> </u>	0.	0.	0.
(11) RONNA BROWN	1.00								•	•
VICE CHAIR	1 00	X		X	_	Щ		0.	0.	0.
(12) KAREN FREEMAN	1.00	_						1	0	•
TREASURER	1 00	X		X		\vdash		0.	0.	0.
(13) SUSAN TAYLOR BATTEN	1.00								0	•
DIRECTOR	1 00	X				<u> </u>	_	0.	0.	0.
(14) PAUL D. DAUGHERTY	1.00								_	•
DIRECTOR	1 00	X				-	-	0.	0.	0.
(15) NICK DEYCHAKIWSKY	1.00	,,						ا م	0	0
DIRECTOR	1 00	X	_					0.	0.	0.
(16) ELLEN LAPOINTE	1.00	x						0.	0.	0.
01RECTOR (17) DARANEE PETSOD	1.00		\vdash	\vdash		\vdash	<u> </u>	- 0.	<u>U.</u>	<u> </u>
DIRECTOR	1.00	x						0.	0.	0.
732007 11-28-17	l	<u> </u>							<u> </u>	Form 990 (2017)

732007 11-28-17

Form 990 (2017)

Form 990 (2017) UNITED PE	ILANTHE	OF	Y	FO	RU	M			52-21	52-2122029 Page 8					
Part VII Section A. Officers, Directors, Trus	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
(A)	(B) (C) (D) (E)									(F	;)				
Name and title	Average	Position (do not check more than one box, unless person is both an officer and a director/trustee)				Reportable	Reportable compensation		Estim	ated					
	hours per			box, unless person is both		compensation		י	amou	int of					
	week	offi	cer an	nd a di	recto	r/trust	ee)	from	from related		oth	er			
	(list any	cto		1				the	organizations		comper				
	hours for	ğ	ا ا	ΙI		ted		organization	(W-2/1099-MIS	C)	from				
	related	stee	ruste	ΙI	_	Suac		(W-2/1099-MISC)			organı				
	organizations below	al tru	l la	ΙI	loye	S 8					and re				
	line)	Individual trustee or director	Institutional trustes	Officer	Key employee	Highest compensated emptoyee	rmer				organiz	ations			
		트	프	Ē	Χe	푸	೭	<u> </u>			-				
(18) MARISSA MANLOVE	1.00	,,								0.		0			
DIRECTOR	F0 00	X	-	\vdash				0.		••		0.			
(19) DAVID BIEMESDERFER	50.00	ł		ا پ				220 500		0.	10	396.			
PRESIDENT & CEO	45 00	_	_	X		\vdash		220,500.		٠.	19,	330.			
(20) VAL ROZANSKY	45.00	ł				, l		144 204		0.	12	007			
VICE PRESIDENT OF KNOWLEDGE SERVICES	45 00	-	⊢	Н		X		144,294.		0.	12,	087.			
(21) MARY O'NEILL	45.00	1				,,		117 150		,	1.0	41 E			
DIRECTOR OF PROGRAMS	45 00	-		Ш		Х		117,150.		0.	10,	415.			
(22) MARY ANN OSBORN	45.00	ļ		ΙÌ		_		456 500		_	4 -	6 F F			
SENIOR VICE PRESIDENT AND CHIEF STRA		_		Щ		Х		156,500.		0.	15,	<u>655.</u>			
										İ					
															
	ļ	_		Ш		Ш		<u> </u>	_						
		ļ													
								500 444		$\overline{}$					
1b Sub-total							>	638,444.		0.	57,	553.			
c Total from continuation sheets to Part VI	I, Section A						>	0.		0.		0.			
d Total (add lines 1b and 1c)							<u> </u>	638,444.		0.	57,	553.			
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable						
compensation from the organization									<u> </u>			4			
											Y	s No			
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y en	nplo	yee,	or	highest compensated en	nployee on		_	_			
line 1a? If "Yes," complete Schedule J for s											3	X			
4 For any individual listed on line 1a, is the su									ne organization						
and related organizations greater than \$150										ļ	4 }				
5 Did any person listed on line 1a receive or a	ccrue comper	ısatı	on fi	rom :	any	unre	late	ed organization or individ	lual for services			_			
rendered to the organization? If "Yes." com	plete Schedul	e <i>J f</i> i	or st	ıch r	oers	on					5	X			
Section B. Independent Contractors															
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	ion from				
the organization Report compensation for	the calendar ye	ear e	ndır	ng w	ith c	or wi	thin	the organization's tax y	ear						
(A)								(B)			(C)				
Name and business	address							Description of s	ervices		ompensa	ition			
SHEER DESIGN															
24 HIBISCUS COURT, GAITHE	RSBURG,	M	D	20	<u>87</u>	8		WEB DESIGN			<u> 181,</u>	226.			
	_														
								·	T						
2 Total number of independent contractors (ii	ncluding but n	ot lır	nited	d to t	thos	e lis	ted	above) who received mo	ore than						
\$100,000 of compensation from the organiz					1										
											00	0 (2017)			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections
, 512 - 514 (C) Unrelated Total revenue Related or exempt function business revenue Federated campaigns 426,071 1b Membership ducs Fundraising events 1d d Related organizations 1e Government grants (contributions) All other contributions, gifts, grants, and 572,700. similar amounts not included above Noncash contributions included in lines 1a-1f \$ 998,771 h Total. Add lines 1a-1f **Business Code** 900099 435,503. 435,503. 2 a USER FEES 900099 306,035. 306,035 **MEETINGS** All other program service revenue 741,538. Total. Add lines 2a-2f Investment income (including dividends, interest, and 603. 603. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real 6 a Gross rents Less 'rental expenses Rental income or (loss) Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 Less direct expenses Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** -Less direct expenses c Net income or (loss) from gaming activities Gross sales of inventory, less returns 10 a and allowances b Less cost of goods sold c. Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 900099 2,652. 2,652. MISCELLANEOUS All other revenue 2,652. Total. Add lines 11a-11d 743,564. 3,255. Total revenue. See instructions Form 990 (2017)

	501(a)(b) and 501(a)(d) are sent to a sent to	ninte all naturens. All ath		molete column (A)					
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 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 domestic organizations		400 000						
	and domestic governments. See Part IV, line 21	122,000.	122,000.						
2	Grants and other assistance to domestic								
_	individuals See Part IV, line 22			1.04 m (2.00 m) (2.00					
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		'						
4	•	-							
5	Compensation of current officers, directors,			1 + 25 year 1					
	trustees, and key employees	239,896.	131,418.	103,397.	5,081.				
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	579,590.	317,506.	249,809.	12,275.				
8	Pension plan accruals and contributions (include				<u></u>				
٠,	section 401(k) and 403(b) employer contributions)	36,782.	20,150.	; 15,853.	779.				
, 9	Other employee benefits	67,047.		28,898.	1,420.				
10	Payroll taxes	51,039.	27,960.	21,998.	1,081.				
11	Fees for services (non-employees)								
a	Management	6,861.	4,551:	2,310.	<u> </u>				
b	Legal	31,200.	4,331.	31,200.					
ر د	Accounting Lobbying '	7 31,200		31,200.					
d e	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other (If line 11g amount exceeds 10% of line 25,	-							
Ŭ	column (A) amount, list line 11g expenses on Sch O.)	525,064.	517,003.	7,901.	160.				
12	Advertising and promotion								
13	Office expenses .	126,994.	85,57 <u>4</u> .	41,348.	72.				
14	Information technology	3,755.		3,755.					
15	Royalties		55.000		0.000				
16	Occupancy	79,838.	57,020.	20,798.	2,020.				
17	Travel	400,944.	365,303.	33,170.	2,471.				
18	Payments of travel or entertainment expenses		-						
	for any federal, state, or local public officials								
•	Conferences, conventions, and meetings								
20	Interest Payments to affiliates								
21 _, 22	Depreciation, depletion, and amortization	154,847.	148,291.	6,556.					
. 23	Insurance								
24	Other expenses Itemize expenses not covered	7. 4. L							
	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.)	articles to market in including			Carlo de de la companya de la compan				
а	PAYROLL PROCESSING FEES	3,105.	1,701.	1,338.	66.				
b		· · · · · · · · · · · · · · · · · · ·			, , ,				
,c					<u> </u>				
. d									
	All other expenses	2,428,962.	1,835,206.	568,331.	25,425.				
<u>25</u>	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	4,440,302.	1,033,200.	300,331.	43,443.				
26	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.			,					
	Check here from if following SOP 98-2 (ASC 958-720)								
				• • • • • • • • • • • • • • • • • • • •	Fa 990 (0017)				

Form 990 (2			
Part X	Ba	ance	Shee

ar	ĽXŠ	Balance Sheet					
		Check if Schedule O contains a response or note	e to an	y line in this Part X			, ,
•					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1_	
	2	Savings and temporary cash investments	960,132.	_2	741,258		
	3	Pledges and grants receivable, net			475,000.	3	105,000
- 1	4	Accounts receivable, net	30,029.	4	63,024		
- 1	5	Loans and other receivables from current and for					
-	•	trustees, key employees, and highest compensa					
-		Part II of Schedule L		5			
- 1	6	Loans and other receivables from other disqualif					
	,	section 4958(f)(1)), persons described in section					
-		employers and sponsoring organizations of secti					
,	t	employees' beneficiary organizations (see instr).				6	
Classe	7	Notes and loans receivable, net	٦٠			7	
έl	8	Inventories for sale or use				8	
-	9	Prepaid expenses and deferred charges			14,017.	9	22,392
-		Land, buildings, and equipment cost or other	ı			7 T T	
1	iva	basis. Complete Part VI of Schedule D	10a	842,672.			
1	ь	Less accumulated depreciation	10b	645,188.	274,563.	10c	197,484
-	11	Investments - publicly traded securities	100	013/1000		1.1	
-	12	Investments - other securities See Part IV, line 1	1			12	
1	13	Investments - program-related See Part IV, line 1				13	
	14	Intangible assets			14		
		Other assets See Part IV, line 11			6,569.	15	6,569
-	15	Total assets. Add lines 1 through 15 (must equa	عصاله	24)	1,760,310.	16	1,135,727
+	16		ıı ıırıe .)4)	101,329.	17	132,830
-	17	Accounts payable and accrued expenses				18	
-	18 19	Grants payable Deferred revenue	-		98,721.	19	128,035
-	20	Tax-exempt bond liabilities		•	30,,,,,	20	
-		Escrow or custodial account liability Complete F	Dart I\/	of Schadula D		21	
-	21	Loans and other payables to current and former				3000	
	22	key employees, highest compensated employees					
			s, and	disqualified persons,		22	
		Complete Part II of Schedule L	. حاد ام مد	ud markaa		23	
	23	Secured mortgages and notes payable to unrela				24	
-	24 àc	Unsecured notes and loans payable to unrelated				24	
-	25	Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines					
-		•	17-24	Complete Fart X of		25	
	00	Schedule D			200,050.	26	260,865
+	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958)		k here ▶ X and	# 2 # 2 # 2 # 2 # 2 # 2 # 2 # 2 # 2 # 2	20	Forta skala
				k nere . 21 and		្រំ	
į		complete lines 27 through 29, and lines 33 and	u 34.		592,812.	27	558,242
	27	Unrestricted net assets Temporarily restricted net assets	,	•	967,448.	28	316,620
5	28	Permanently restricted net assets			,	29	320,320
2	29	Organizations that do not follow SFAS 117 (AS	20 05	2) shock hore	WALTER TRACTORY	Listaics	
ואפן שפפוני כון בחוות המומוורבי		and complete lines 30 through 34.	3C 93	oj, check liefe			A DAMES OF
;	20				3 1000	30	Control of the second of the s
	30	Capital stock or trust principal, or current funds		nt fund	``	31	-
!	31	Paid-in or capital surplus, or land, building, or eq			· · · · ·	32	<u> </u>
:	32	Retained earnings, endowment, accumulated inc	.ome,	or other lunus	1,560,260.	33	874,862
١.	33	Total net assets or fund balances Total liabilities and net assets/fund balances			1,760,310.		1,135,727
- 4	34	Later vehiller and not accord fried halaneas			1 T,/00,3T0.	34	1 1,100,141

Form	990 (2017) UNITED PHILANTHROPY FORUM	<u>52-2</u>	122029	Page 12
Pa	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	`		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,564.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,428	
3	Revenue less expenses. Subtract line 2 from line 1	3		,398.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,560	,260.
5	Net unrealized gains (losses) on investments	5		
· 6	Donated services and use of facilities	6		
7	Investment expenses	7	•	
8	Prior 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	<u>874</u>	<u>,862.</u>
¿ <u>Ra</u> i	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
				Yes No
1	Accounting method used to prepare the Form 990 CashX Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	э.		
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	on a	24.3	
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			لسات
b	, , , , , , , , , , , , , , , , , , ,		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		
	consolidated basis, or both		3. 5	
	X Separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	<u> </u>	
	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 Sche] . [P	3
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		X X
	Act and OMB Circular A-133?		3a	- ^ -
b	if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	200 (224=)
	,		· Form	990 (2017)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

UNITED PHILANTHROPY FORUM 52-2122029

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 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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) An organization organized and operated exclusively to test for public safety. See 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 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. ____ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d _____ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other (i) Name of supported (iii) Type of organization in your gove rnina document' (described on lines 1-10 support (see instructions) support (see instructions) organization Nο above (see instructions) Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 UNITED PHILANTHROPY FORUM 52-2122029 Page 2 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 test's listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and		1				٠
	membership fees received. (Do not		•				
	include any "unusual grants.")	952,635.	336,241.	1499466.	1824721.	998,771.	561183 <u>4</u> .
2	Tax revenues levied for the organ-					,	×
	ızatıon'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	952,635.	336,241.	1499466.	1824721.	998,771.	5611834.
5	The portion of total contributions						
	by each person (other than a	12 10 10 10 10 10 10 10 10 10 10 10 10 10		CAN CHARLES THE CONTRACT OF STREET			
	governmental unit or publicly				to a second	46-25	
	supported organization) included		1 44 4 4 4 4 A			and the second	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2610155.
6	Public support. Subtract line 5 from line 4	然便是不要某个					3001679.
	ction B. Total Support	,			· -		
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	952,635.	336,241.	1499466.	1824721.	998,771.	5611834.
8	Gross income from interest,						-
	dividends, payments received on						
	securities loans, rents, royalties,				0.546	603	4 505
	and income from similar sources	296.	161.	949.	2,516.	603.	4,525.
9	Net income from unrelated business						
	activities, whether or not the						
,	business is regularly carried on						
10	Other income Do not include gain				<i>.</i>		
. •	or loss from the sale of capital	- 444	2 200	4 440	1 2 024	2 (52	1 6 0 2 1
	assets (Explain in Part VI)	5,411.	3,022.	1,112.	3,834.	2,652.	16,031.
11			to the second		According to the control of the		5632390.
12	· •						<u>,910,980.</u>
13	First five years. If the Form 990 is fo		s first, second, thir	d, fourth, or fifth ta	ix year as a section	1 501(c)(3)	<u>,</u> —
Sec	organization, check this box and storection C. Computation of Public	<u>p here</u> ic Support Per	centage		**		<u> </u>
14	Public support percentage for 2017 (ine 6, column (f) di	vided by line 11, c	olumn (f))		14'	53.29 %
	Public support percentage from 2016					15	48.31 %
	33 1/3% support test - 2017. If the			n line 13, and line	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies				•	,	►X
b	33 1/3% support test - 2016. If the			ine 13 or 16a, and	line 15 is 33 1/3%	or more, check the	s box
	and stop here. The organization qual		*				ightharpoons
17a	10% -facts-and-circumstances test				e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						ightharpoons
b	10% -facts-and-circumstances test					7a, and line 15 is	10% or
	more, and if the organization meets the		• •				
	organization meets the "facts-and-circ	cumstances" test	The organization q	ualifies as a public	ly supported organ	nization	ightharpoons
18	Private foundation. If the organization						<u> </u>
						edule A (Form 990	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

	qualify under the tests listed be	elow, please comp	lete Part II)				
Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f)√otal
	Gifts, grants, contributions, and						
•	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,					7	
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that				-		
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-					/	
•	ization's benefit and either paid to				/	ĺ	
	or expended on its behalf				/		
_	The value of services or facilities				/		
3	furnished by a governmental unit to				/		
	the organization without charge				/		
e	Total. Add lines 1 through 5	·			/		
	Amounts included on lines 1, 2, and						· -
72	3 received from disqualified persons				/		
ь	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			/			
_	amount on line 13 for the year Add lines 7a and 7b		-	/		_	·
	Public support. (Subtract line 7c from line 6)	······································					
	etion B. Total Support			/			<u></u>
	· · · · · · · · · · · · · · · · · · ·	(a) 2013	(b) 2014	(c)/2015	(d) 2016	(e) 2017_	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2015	(6) 2014	(6)/2015	(0) 2010	(6) 2017	(i) rotar
-	Gross income from interest,						
102	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources			/			
L	Unrelated business taxable income		/				
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
			/			-	
	Add lines 10a and 10b Net income from unrelated business		/				· -
• •	activities not included in line 10b,					1	
	whether or not the business is						
12	regularly carried on Other income Do not include gain		/	_	 		· — · —
12	or loss from the sale of capital		/				
40	assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for	the organization's	first second the	d fourth or fifth to	y vear as a section	501(c)(3) organiza	ation.
14		une organization s	s mar, second, triir	u, routur, or mui ta	in year as a scottor	. co (c)(c) organize	▶ □
Ser	check this box and stop here ction C. Computation of Publi	c Support Per	centage			· ·	<u> </u>
	Public support percentage for 2017 (I			olumn (ft)		15	%
	Public support percentage for 2017 (iii Public support percentage from 2016	/	=	Cidilii (i))		16	<u>%</u>
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13. column (fl)		17	%
	Investment income percentage for 20	,		io 70, ooidiiii (i))		18	
	33 1/3% support tests - 2017. If the			on line 14 and line	15 is more than 3		
198	more than 33 1/3%, check this box ar						▶ □
1-	more than 33 1/3%, check this box ar 33 1/3% support tests - 2016. If the						nd -
	line 18 is not more than 33 1/3%, che						▶□
20	Private foundation. If the organization						
	23 10-06-17	in did flot Check a	DOX OF BILL 14, 130	a, or roo, check th			or 990-EZ) 2017
32U 2	:3 IUTUUT 1/				JUI1		, · ·

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes." and *if you checked 12a or 12b in Part I, answer (b) and (c) below*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yés," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	Yes	
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instructions)

Schedule A (Form 990 or 990-EZ) 2017

a Excess from 2013b Excess from 2014

c Excess from 2015

d Excess from 2016e Excess from 2017

Schedule A	(Form 990 or 990-EZ) 2017 UNITED PHILANTHROPY	FORUM	52-2122029 Page
Part VI	Supplemental Information. Provide the explanations require Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 1 line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2	ed by Part II, line 10, Part II, line 17a	or 17b, Part III, line 12.
•	line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 3 Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 (See instructions.)	2a, 2b, 3a, and 3b, Part V, line 1, Par Also complete this part for any addit	t V, Section B, line 1e, Part V, cional information
	(Gee manuchons.)		
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· · · · · · · · · · · · · · · · · · ·			
			
			
		<u>-</u>	

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

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

•	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III			
Nan	ne of organization			Empl	oyer identification number
	UNITED	PHILANTHROPY FOR	UM		52-2122029
Pa	rt I-A Complete if the org	ganization is exempt und	der section 501(c)	or is a section 527 org	ganization.
2	Provide a description of the organic Political campaign activity expendi	tures	cal campaign activities i		
3	Volunteer hours for political campa	igri activities			
ΓPε	art I-B Complete if the ord	ganization is exempt und	ler section 501(c)(3).	
1	Enter the amount of any excise tax			▶\$	
2	Enter the amount of any excise tax	incurred by organization manag	gers under section 4955	i i i i i i i i i i i i i i i i i i i	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720) for this year?		Yes No
4 a	Was a correction made?				Yes No
_ <u>k</u>	If "Yes," describe in Part IV				(0)
$\overline{}$	ort I-C Complete if the org				
	Enter the amount directly expende				
2	Enter the amount of the filing organ	nization's funds contributed to o	ther organizations for se		
	exempt function activities			▶\$	
3	Total exempt function expenditures	s Add lines 1 and 2 Enter here	and on Form 1120-POL		
	line 17b	1400 DOL (> 3	Yes No
	Did the filing organization file Form		IAI) - f - II t 507		
5	Enter the names, addresses and er made payments. For each organization				
	contributions received that were pr				
	political action committee (PAC) If				5 5
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly 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) 2017

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Schedule C (Form 990 or 990-EZ) 2017 Partill A Complete if the org	UNITED PHIL panization is exen	ANTHROPY FOR npt under section	RUM 501(c)(3) and file	52-2 d Form 5768 (ele	122029 Page 2 ction under
section 501(h)).					
•	ation belongs to an affil		Part IV each affiliated	group member's name	, address, EIN,
. — ' '	re of excess lobbying e	•	viciono anniu		
Lim	ation checked box A ar its on Lobbying Exper ditures" means amou	nditures	,	(a) Filing organization's	(b) Affiliated group totals
				totals	
1a Total lobbying expenditures to infl					
b Total lobbying expenditures to infl		y (direct lobbying)			<u> </u>
c Total lobbying expenditures (add I			•		
 d Other exempt purpose expenditure e Total exempt purpose expenditure 		1			·
f Lobbying nontaxable amount Ent			columns		
If the amount on line 1e, column (a)	1	bying nontaxable ame			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,00	0,000 \$100,00	0 plus 15% of the exce	ess over \$500,000		
Over \$1,000,000 but not over \$1,5	500,000 \$175,00	0 plus 10% of the exce	ess over \$1,000,000		
Over \$1,500,000 but not over \$17		0 plus 5% of the exces	ss over \$1,500,000		
Over \$17,000,000	\$1,000,0	000			
g Grassroots nontaxable amount (er	ater 25% of line 1ft	····	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	se turne et amerikanen bature 11 ea
h Subtract line 1g from line 1a If zer					
i Subtract line 1f from line 1c If zero	,				
If there is an amount other than ze	· ·	ine 1i, did the organiza	ition file Form 4720	<u> </u>	
reporting section 4911 tax for this					Yes No
10		eraging Period Under		of the five columns he	laur
(Some organizations t		on to the instruction of the instructions for line		or the five columns be	iow.
· · · · · · · · · · · · · · · · · · ·		nditures During 4-Yea		··	
Calandar year					
. Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	, (c) 2016	(d) 2017	, (e) Total
		,			·
O - Labbana a santanable assent		•		•	
Lobbying nontaxable amount b Lobbying ceiling amount		25 % (2.5 2 5 2 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2	MARKAN SIN SAN		-
(150% of line 2a, column(e))					
	1				
c Total lobbying expenditures					
d Grassroots nontaxable amount	PET CONTENT AND COLLEGE STREET CONTENTS A	TENEROLOGICA CON LA CONTRACTOR CO	MILLION COMPANY VARY BOX 1.00		
e Grassroots ceiling amount					
(150% of line 2d, column (e))	ALVAL FAVERENCES	ACARONAS CONTRA		78 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>, </u>
		l i	l	I	
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017 UNITED PHILANTHROPY FORUM 52-2122029 Page 3 Page 11-B: Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

— <u> </u>	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	7 (a)	(t	o)
	e lobbying activity	Yes	No		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?		Х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<u> </u>	 		CATAMON OF
С	Media advertisements?		X		
d		ļ	X	ļ	
е	Publications, or published or broadcast statements?		X		
f	, , , ,		<u> </u>		200
9	-	X	х		300.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	-	
	Other activities?				,300.
ا _	Total Add lines 1c through 1:	SEEDER LONGING	X		
∠a ⊾	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912	25 to 10	MIT LA	' - 1, #5280150°	*****
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
		SERVICE VIEW	CONTROL OF 1925		~(%#K)
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? **III*A Complete if the organization is exempt under section 501(c)(4),	on 501(c)(5), or sec		7/4 M
	501(c)(6).	J. J. (J)	-,,		
	7-7-7-7-	<u></u> -		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		· 1	_	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from t	the prior year			
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	on 501(c)(5), or sec		e 3, is
	answered "Yes."			_	
1	Dues, assessments and similar amounts from members		1		•
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	tical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
, p	Carryover from last year		2b		
. с	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 ex				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5_		
Provi	TIVE Supplemental Information de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground part II-B, line 1. Also, complete this part for any additional information	p list), Part II	-A, lines 1 ar	nd 2 (see	
	·				
	,				
		Schedu	ıle C (Form	990 or 990)-EZ) 2017

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

UNITED PHILANTHROPY FORUM

Employer identification number 52-2122029

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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 advise	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose c	onferring
	ımpermissible private benefit?	<u> </u>	Yes No
Pa	T II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a histo	rically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stra	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structur	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		. Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes th	ne organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	<u> </u>
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publ	ic service, provide the following amounts
	relating to these items		
	(i) Revenue included on 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 treating	asures, or other similar assets for financial	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

732051 10-09-17

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Schedule D (Form 990) 2017

Sche		PHILANTHROI							<u> 22029</u>	
Pai	t III. Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	Other :	<u>Simila</u>	r Assets	(continu	ed)
3	Using the organization's acquisition, accessi	on, and other records	s, check a	ıny of the f	ollowing that	are a sign	ificant u	se of its c	ollection it	ems
	(check all that apply)									
а	Public exhibition	d	ı 🗀 Le	oan or excl	hange prograr	ns				
b	Scholarly research	е	. 🗆 o	ther						
С	Preservation for future generations				•					
4	Provide a description of the organization's co	llections and explain	n how they	y further th	e organization	n's exemp	t purpo	se in Part	XIII	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma								Yes	No_
Pai	t IV Escrow and Custodial Arran					es" on F	orm 990), Part IV, I	ine 9, or	
	reported an amount on Form 990, Pai	t X, line 21		_						
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for co	ntributions	or other asse	ets not inc	cluded			
	on Form 990, Part X?		•						Yes	☐ No
b	if "Yes," explain the arrangement in Part XIII	and complete the fol	lowing tab	ole						
	. ,	·	-						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e	_		
f	Ending balance	•					1f			
	Did the organization include an amount on Fe	orm 990, Part X, line	21, for es	crow or cu	stodial accou	nt liability	n		Yes	□ No
	If "Yes," explain the arrangement in Part XIII									
Pai										
		(a) Current year		or year	(c) Two years			ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains, and losses					1				
d	Grants or scholarships									
e	Other expenditures for facilities									
•	and programs									
f	Administrative expenses								-	
g g	End of year balance			•						
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1a.	column (a)) held as					
a	Board designated or quasi-endowment	,	%		•					
b	Permanent endowment	%	— ''							
	Temporarily restricted endowment	^~								
·	The percentages on lines 2a, 2b, and 2c short									
32	Are there endowment funds not in the posse		ition that a	are held an	id administere	d for the	organiza	ation		
<u>~</u>	by						- 3		[v	'es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sch	nedule R?					3b	
Α.	Describe in Part XIII the intended uses of the	•								
Par	t VI Land, Buildings, and Equipm									*
	Complete if the organization answere		, Part IV.	line 11a S	ee Form 990.	Part X, Iır	ne 10			
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Book	value
	Seed spice of property	basis (investr			(other)		eciation		,	-
10	Land	, , , , , ,			 		-			
	Buildings		$\overline{}$							
	Leasehold improvements		1					<u> </u>		
	Equipment		- 	3	6,192.		15,4	12.	20	<u>,780.</u>
	Other				6,480.		29,7			,704.
	Add lines 1a through 1e. (Column (d) must e	aual Form 990 Part	Y column					ightharpoonup		,484.

Schedule D (Form 990) 2017

Part VII					
(a) Decorio	Complete if the organization answered "Yes" or of one of security or category (including name of security)	n Form 990, Part IV, III (b) Book value			nd-of-year market value
		(b) Book value	, (c) Metriod C	or valuation Cost or en	id-or-year market value
	al derivatives	.			<u> </u>
(2) Closely (3) Other	-held equity interests	 ,			
(A)			 		
(B)					<u> </u>
(C)					
(D)		-			<u> </u>
(E)					······································
(F)			,		,
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			Kirk Trainesse	A CHANGE COMPANY
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes" or				
	(a) Description of investment	(b) Book value	(c) Method o	of valuation Cost or en	d-of-year market value
(1)					
(2)					
(3)			<u> </u>		<u> </u>
<u>(4)</u>					
(5)				. <u></u>	
<u>(6)</u>			- 		
<u>(7)</u> (8)		· <u></u>			
<u>(9)</u> (9)		·	`		
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.		1703	G. G. 24 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200 C (100 C) (100 C)
	Complete if the organization answered "Yes" or	n Form 990, Part IV, III	ne 11d See Form 99	0, Part X, line 15	
	(a) D	escription			(b) Book value
(1)		· <u></u> -			
(2)					
(3)					<u> </u>
(4)	11.		· · ·		
(5)					ļ
(6)					<u> </u>
(7)					
<u>, (8)</u>					
(9) Total (0.4					
Part X	ımn (b) must equal Form 990. Part X, col. (B) line 1 Other Liabilities.	(5.)			1
Angelonia de la Contra de la Co	Complete if the organization answered "Yes" or	n Form 990. Part IV. lir	ne 11e or 11f See Fo	orm 990. Part X. line 25	5
1.	(a) Description of liability	17 01111 000; 1 417 111	(b) Book value	D-1862 (#13)	
	leral income taxes		· 		
(2)	,		· · · · · · · · · · · · · · · · · · ·		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	ımn (b) must equal Form 990. Part X. col. (B) line 2	25.)			

732053 10-09-17

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 2017

SCHEDULE I (Form 990)

Department of the Treesury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete of the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2017	Open to Public	Inspection

OMB No 1545-0047

► Go to www.irs.gov/Form990 for the latest information.

Employer identification number 52-2122029 UNITED PHILANTHROPY FORUM

Part General Information on Grants and Assistance	irants and Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	ecords to substantiate the	amount of the grants	or assistance, the g	grantees' eligibility	for the grants or assis	tance, and the selectio	
criteria used to award the grants or assistance?	or assistance?						☐ Yes 🔀 №
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ion's procedures for moni	toring the use of grant f	funds in the United	States			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Cor	ince to Domestic Organi	zations and Domestic	Governments. Consultants	omplete if the orga ما	nization answered "Ye	and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any incated if additional enacted in peopled.	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
FOREFRONT 208 SOUTH LASALLE STREET, SUI'CHICAGO, IL 60604	SUITE 154 23-7376023	501(c)(3)	20,000.	.0			TO ENGAGE REGIONAL FUNDERS IN 2020 CENSUS REPORT
PHILANTHROPY NORTHWEST 2101 FOURTH AVENUE SUITE 650 SEATTLE, WA 98121	91-1110995	501(C)(3)	20,000.	.0			FUND FOR SHARED INSIGHT FOUNDATION OPENNESS FUNDER COHORT
IOWA COUNCIL OF FOUNDATIONS 6919 VISTA DRIVE WDM, IA 50266	42-1476116 501(C)	501(c)(3)	20,000.	.0			SUPPORT OF FUND FOR SHARED INSIGHT FOUNDATION OPENNESS FUNDER COHORT
COLORADO ASSOCIATION OF FUNDERS PO BOX 48149 DENVER, CO 80204	.RS 71-0947313	501(C)(3)	20,000.	.0			FUND FOR SHARED INSIGHT FOUNDATION OPENNESS FUNDER COHORT
PHILANTHROPY WEST VIRGINIA PO BOX 1584 MORGANTOWN, WV 26507	55-0721553	501(¢)(3)	20,000.	0			FUND FOR SHARED INSIGHT FOUNDATION OPENNESS FUNDER COHORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2. Enter total number of other communications listed in the line 1 table.	1(c)(3) and government or	ganizations listed in the	e line 1 table				5.
1,	Notice, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2017)

Page 2 Schedule I (Form 990) (2017) (f) Description of noncash assistance 52-2122029 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance (c) Amount of cash grant 35 UNITED PHILANTHROPY FORUM (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2017) 732102 11-01-17 Part III

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

Employer identification number 52-2122029

Internal Revenue Service Name of the organization

Department of the Treasury

UNITED PHILANTHROPY FORUM

Pε	artis Questions Regarding Compensation			
		Company V	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		355	233
	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	Ş.,		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
			1,5% Q.1	5.8.X
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		<u> 27,633</u>	3 5 5 5
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	1/ . 5	F2.5.1
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		الأشيدة	£
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
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	3		
	establish compensation of the CEO/Executive Director, but explain in Part III	2		30.2
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			E . 34
	Form 990 of other organizations Approval by the board or compensation committee			3 / 9
				8 5
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		**	-4.89
	organization or a related organization		W.	أستحة
а	Receive a severance payment or change-of-control payment?	4a	X	<u> </u>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	115.1	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
			34 A. E. 37 38 38 38	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		, 1	1,20
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			2323
	contingent on the revenues of		<u> </u>	<u>}</u>
а	The organization?	5a		X
b	Any related organization?	5b	way diverse	X
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	7		
	contingent on the net earnings of		- 2002	22.5
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			3. 1
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		28.A	أعتيت
	not described on lines 5 and 6? If "Yes," describe in Part III	7	2000 200 mg/	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	200	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		36,49	- 2.0 ()
	Regulations section 53 4958-6(c)?	9		<u> </u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

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 on 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 aren't 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

	\vdash	(B) Breakdown of	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Trtle	<u> </u>	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(j)(a)	in column (B) reported as deferred on prior Form 990
(1) DAVID BIEMESDERFER	Ξ	205,500.	15,000.	0.	10,300.	9,096.	239,896.	0
PRESIDENT & CEO	(ii)	0	0	0	0	0	0	0
(2) VAL ROZANSKY	(<u>:</u>)	141,794.	2,500.	0	7,090.	4,997.	156,381.	0
VICE PRESIDENT OF KNOWLEDGE SERVICES ((ii)	• 0	0	0	0	0	0	0
(3) MARY ANN OSBORN	ε	154,000.	2,500.	0	7,775.	7,880.	172,155.	0
SENIOR VICE PRESIDENT AND CHIEF STRA ((ii)	0.	0	0.	0	0	0	0
	(i)							
9)								
	(<u>s</u>)							
1)	(ii)							
	(E)							
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Schedule J (Form 990) 2017

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 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2017
Open to Public Inspection

Name of the organization

Employer identification number 52-2122029

52-2122029 UNITED PHILANTHROPY FORUM FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PHILANTHROPY FOR THE GREATER GOOD. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EOUITABLE SOCIETY WHERE ALL CAN PARTICIPATE AND PROSPER. FORUM MEMBERS REPRESENT MORE THAN 7,000 PHILANTHROPIC ORGANIZATIONS, MAKING US THE LARGEST NETWORK SERVING PHILANTHROPY IN AMERICA. THE FORUM IS CREATING A NEW KIND OF PHILANTHROPIC NETWORK THAT BRINGS TOGETHER REGIONAL PSOS' DEEP REGIONAL ROOTS AND CONNECTIONS WITH NATIONAL PSOS' DEEP CONTENT KNOWLEDGE AND REACH. GIVEN OUR NETWORK'S SCALE AND SCOPE, WE CAN LEAD CHANGE AND INCREASE IMPACT IN PHILANTHROPY IN A DEEPER AND BROADER WAY THAN ANY OTHER ORGANIZATION. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: SPECIAL PROJECTS: IN 2016 THE FORUM INITIATED TWO SPECIAL PROJECTS THAT LEVERAGE THE POWER OF THE FORUM'S NETWORK TO ADVANCE CRITICAL ISSUES FOR PHILANTHROPY. THE FORUM LAUNCHED A 2020 CENSUS INITIATIVE, IN PARTNERSHIP WITH THE JOYCE FOUNDATION, TO ENGAGE PHILANTHROPY IN HELPING TO ENSURE A FAIR AND ACCURATE CENSUS COUNT IN 2020. THE FORUM ALSO LAUNCHED A FOUNDATION OPENNESS INITIATIVE, IN PARTNERSHIP WITH THE FUND FOR SHARED INSIGHT, TO ENGAGE FUNDERS IN LEARNING FROM FAILURE; USING FEEDBACK EFFECTIVELY TO GUIDE FOUNDATION STRATEGY; AND ENGAGING WITH NONPROFITS TO CATALYZE MORE OPENNESS.

FORM 990, PART VI, SECTION A, LINE 6:

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

Schedule O (Form 990 or 990-EZ) (2017)

Page 2 Schedule O (Form 990 or 990-EZ) (2017) **Employer identification number** Name of the organization UNITED PHILANTHROPY FORUM 52-2122029 FORUM MEMBERSHIP IS OPEN TO REGIONAL AND NATIONAL PHILANTHROPY INFRASTRUCTURE ORGANIZATIONS THAT MEET ALL OF THE FOLLOWING CRITERIA: 1. ITS PRIMARY MISSION IS TO SERVE, STRENGTHEN AND ADVANCE THE FIELD OF PHILANTHROPY. 2. IT IS A NONPROFIT ORGANIZATION, A SUPPORTING ORGANIZATION OR A PROJECT OF A NONPROFIT ORGANIZATION. 3. IT IS STAFFED BY AT LEAST ONE PART-TIME PAID PROFESSIONAL. 4. IT HAS A DEFINED ORGANIZATIONAL, FINANCIAL AND GOVERNANCE STRUCTURE. 5. IT IS WILLING AND ABLE TO COMMIT TIME TO FORUM ACTIVITIES AND TO RESPOND TO REQUESTS FOR INFORMATION FROM FORUM STAFF AND COLLEAGUES. FORM 990, PART VI, SECTION A, LINE 7A: FORUM MEMBERS HAVE THE EXCLUSIVE RIGHT TO ELECT THE DIRECTORS OF THE CORPORATION AND THE EXCLUSIVE RIGHT TO VOTE ON ALL MATTERS PERTAINING TO THE AFFAIRS OF THE CORPORATION ON WHICH A VOTE OF THE MEMBERS IS REQUIRED OR IS DEEMED DESIRABLE BY THE BOARD OF DIRECTORS. EACH MEMBER IS ENTITLED TO ONE VOTE ON ALL MATTERS SUBMITTED TO A VOTE OF THE MEMBERSHIP. EACH MEMBER WILL ANNUALLY APPOINT A REPRESENTATIVE OF THE ORGANIZATION WHO WILL REPRESENT, VOTE FOR AND ACT FOR THAT MEMBER IN ALL AFFAIRS OF THE FORUM. THAT REPRESENTATIVE WILL USUALLY BE THE MEMBER'S CHIEF EXECUTIVE OFFICER. FORM 990, PART VI, SECTION A, LINE 7B: MEMBERS APPROVE CHANGES TO THE FORUM'S BYLAWS. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 WAS PREPARED BY AN OUTSIDE ACCOUNTANT AND PRESENTED TO THE EXECUTIVE COMMITTEE FOR REVIEW AND APPROVAL. THE EXECUTIVE COMMITTEE PRESENTED THE FORM 990 TO THE ENTIRE BOARD FOR REVIEW AND COMMENT PRIOR TO

732212 09-07-17

Name of the organization

UNITED PHILANTHROPY FORUM

Employer identification number 52-2122029

FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

A DIRECTOR DISCLOSES TO THE BOARD OF DIRECTORS ANY MATERIAL INTEREST, WHICH
THE DIRECTOR DIRECTLY OR INDIRECTLY HAS IN ANY PERSON OR ENTITY, WHICH IS A
PARTY TO A TRANSACTION OR MATTER UNDER CONSIDERATION BY THE BOARD OF
DIRECTORS. THE INTERESTED DIRECTOR ABSTAINS FROM VOTING, DISCUSSING, AND
LOBBYING ON SUCH TRANSACTIONS AND LEAVES THE ROOM WHILE SUCH ACTIVITES ARE
IN PROGRESS; PROVIDED, HOWEVER, THAT SUCH INTERESTED DIRECTOR'S PRESENCE
MAY BE COUNTED IN DETERMINING WHETHER A QUORUM IS PRESENT. MINUTES OF
MEETINGS RECORD ALL INTEREST DISCLOSURES, AND ABSTENTIONS DUE TO CONFLICT
OF INTEREST.

DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT INFORMS THE MEMBER OF
THE BASIS AND AFFORDS THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED
FAILURE TO DISCLOSE. IF AFTER HEARING THE MEMBER'S RESPONSE AND AFTER
MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE BOARD
DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT
OF INTEREST, IT TAKES APPROPRIATE ACTION.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD REVIEWS THE CEO'S PERFORMANCE AND DOCUMENTS ITS REVIEW IN THE
BOARD MEETING MINUTES. THE BOARD BENCHMARKS THE CEO'S COMPENSATION WITH
THOSE OF EXECUTIVES AT OTHER ASSOCIATIONS WITH SIMILAR MISSIONS AND
COMPARABLE ORGANIZATIONS IN THE REGION. THE CEO'S LAST REVIEW WAS PERFORMED
IN DECEMBER 2016.

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization UNITED PHILANTHROPY FORUM	Employer identification number 52-2122029
THE CEO USES A SIMILAR PROCEDURE FOR OTHER EMPLOYEES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	EST POLICY,
WHISTLEBLOWER POLICY, AND FINANCIAL STATEMENTS ARE AVAILA	BLE ON THE FORUM'S
WEBSITE AND BY REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
HUMAN RESOURCES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,950.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,950.
CONSULTING:	
PROGRAM SERVICE EXPENSES	517,003.
MANAGEMENT AND GENERAL EXPENSES	5,951.
FUNDRAISING EXPENSES	160.
TOTAL EXPENSES	523,114.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	525,064.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	