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#### CHANGE OF ACCOUNTING PERIOD

## **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047 Open to Public

Department of the Treasury

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

Inspection

<u>A</u>	For the	2008 calendar year, or tax year beginning FEB 1, 2009 and ending	<u>MAY 31, 2009</u>				
В	Check if applicable	Please use IRS C Name of organization	D Employer identification number				
Г	Addres	s label or tractal and the same same same same same same same sam					
F	Name change	type Doing Business As	57-1031173				
下	Initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/st					
F	Termin	[Constitution   Constitution   Const	864-949-5700				
F	ation Amend		G Gross receipts \$ 3,619,804.				
F	return Applica		H(a) Is this a group return				
_	Ition pendin		for affiliates? Yes X No				
		SAME AS C ABOVE	H(b) Are all affiliates included? Yes No				
$\overline{}$	Tax-exe	mpt status: X 501(c) ( 3	If "No," attach a list. (see instructions)				
_		e: ► WWW.UPWARD.ORG	H(c) Group exemption number				
			ear of formation: 1995 M State of legal domicile: SC				
		Summary					
	1.	Briefly describe the organization's mission or most significant activities: UPWARD I	S A NON-DENOMINATIONAL				
Activities & Governance		CHRISTIAN SPORTS MINISTRY FOR CHILDREN					
'na	2	Check this box   If the organization discontinued its operations or disposed of m	nore than 25% of its assets.				
Ş	3	Number of voting members of the governing body (Part VI, line 1a)	3 5				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 4				
90	5	Fotal number of employees (Part V, line 2a)	5 105				
itie	6	Fotal number of volunteers (estimate if necessary)	6 0				
Ę;	7a	Fotal gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.				
4	b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.				
			Prior Year Current Year				
•	8 8	Contributions and grants (Part VIII, line 1h)	8,273.				
Ž	9	Program service revenue (Part VIII, line 2g)	315,730. 137,130.				
Revenue	10	investment income (Part VIII, column (A), Unes 3, 4, and VIIVED	91,892. 6,419.				
ã	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,522,682. 1,896,300.				
		Total revenue add lines 8 through 11 (must equal Part VIII), column (A) (6e 12)	17,938,577. 2,039,849.				
_		Greate and similar amounts and (Part IV astrona (A) lines 1.3)	273,279. 144,094.				
		Benefits paid to or for members (Part IX column A) metal					
~		Salaries, other compensation, employee benefits (Part IX column (A), lines 5-10)	6,559,123. 2,459,277.				
£ 2010	162	Professional fundraising fees (Part IX, column (A), line 11e)	3/33/1231				
7	100	Total fundraising expenses (Part IX, column (D), line 25)					
প্	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	8,104,416. 2,183,884.				
0	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,936,818. 4,787,255.				
Z		Revenue less expenses. Subtract line 18 from line 12	3,001,759. <2,747,406.				
र्हे	8 -19	nevende less expenses. Odbirder inte 16 from into 12	Beginning of Year End of Year				
ets or	20 20	Total assets (Part X, line 16)	32,669,361. 28,552,650.				
ധഗ	@I	Total liabilities (Part X, line 26)	2,631,479. 1,262,174.				
Set As	22	Net assets or fund balances Subtract line 21 from line 20	30,037,882. 27,290,476.				
F	Part II	Signature Block					
٥		Under penalties afperary, I declare that I have examined this return, including accompanying schedules and statement	ents, and to the best of my knowledge and belief, it is true, correct,				
		and complete pedaration of preparer (other than officer) is based on all information of which preparer has any knowled	edge . /				
Q;	gn	W W HILLEN	1 12/11/09				
	ere	Signature of officer	Date				
• • • •	516	PAMELA WESTBROOKS, SR VP	, ,				
		Type or print name and title					
_		Preparer's Date	Check if Preparer's identifying number				
Pa	id	signature Steven K. Mable CPA 12.13-09	Self- employed ▶ (see instructions)				
Pr	eparer's	Firm's name (or CAPIN CROUSE LIP	EIN ►				
Us	e Only	yours if CAPTIN CROOSE HIP self-employed). 972 EMERSON PARKWAY-STE A	LIII F				
		address, and ZIP+4 GREENWOOD, IN 46143	Phone no. ► (317) 885-2620				
<u> </u>	av the II	RS discuss this return with the preparer shown above? (see instructions)	X Yes No				
_	2001 12-1		***				

4d	Other program services.	(Describe in Schedule O.)

including grants of \$

) (Revenue \$

4e Total program service expenses ►\$

3,093,627. (Must equal Part IX, Line 25, column (B).)

	$\cdot$		Yes	No
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? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any accounts where 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_		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	!		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		_X_
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
14a		14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity	1 1		
	located outside the United States? If "Yes," complete Schedule F, Part II	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			7.7
	located outside the United States? If "Yes," complete Schedule F, Part III	16		_ <u>X</u> _
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Х	X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Λ	v
22	Did the organization report more than \$5,000 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, questions 3, 4, or 5? If "Yes," complete Schedule J	23		
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 questions 24b-24d and complete Schedule K			
		240		X
_	If "No", go to question 25  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception.  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	270		_
LJa	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
U	prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		х
			<u>aan //</u>	

Form 990 (2008) UPWARD UNLIMITED
Part IV Checklist of Required Schedules (continued)

			_Yes	No_
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	_28b		_X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		<u>X</u> _
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
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		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
		_	വവ വ	~~~

Form **990** (2008)

_	990 (2008) UPWARD UNLIMITED		<u> 57-1031</u>	<u> 173</u>	P	age 5				
.Pai	t V Statements Regarding Other IRS Filings and Tax Compliance					,				
		ı	I		Yes	No				
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of									
	U.S. Information Returns. Enter -0- if not applicable	1a_	38	ļ						
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	ļ						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eporta	ible gaming	[						
	(gambling) winnings to prize winners?	ı	İ	1c	X					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a	105		x					
b	· · · · · · · · · · · · · · · · · · ·									
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by t	his return?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		ļ				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	rity over, a			1				
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	X_					
b	If "Yes," enter the name of the foreign country. ► SOUTH_AFRICA									
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank a	and							
	Financial Accounts									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			_5a_		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	•	5b		X				
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	Regar	rding Prohibited							
	Tax Shelter Transaction?			5c						
6a	Did the organization solicit any contributions that were not tax deductible?			6a		X				
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).					x				
а	District the second sec									
b	and the second s									
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?		•	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	erson	al		l	i				
	benefit contract?			7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?		7f		X				
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	•		7g		X				
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as re	quired?	7h		X				
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec	tion 5	09(a)(3)							
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or	ganıza	ation, have		,					
	excess business holdings at any time during the year?			8						
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.									
а	Did the organization make any taxable distributions under section 4966?		•	9a_						
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b_						
10	Section 501(c)(7) organizations. Enter. N/A		•	ļ						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter. N/A		•							
а	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them)	11b			,					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		<u> </u>				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	<u>.</u>							
				Form	990	(2008)				

Form 990 (2008) UPWARD UNLIMITED 57-1031173 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code )

<u>Sec</u>	tion A. Governing Body and Management								
			Yes	No					
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,								
	processes, or changes in Schedule O. See instructions								
1a	Enter the number of voting members of the governing body		ŀ						
b	Enter the number of voting members that are independent	4							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		<u>X</u>					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		1						
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u> X</u>					
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u> </u>					
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_		X					
6									
7a	The state of the s	į							
	governing body?	7a		X					
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
-	by the following:								
а	T	8a_	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X_						
9a	B. II. I was to be a first should be a sufflicted.	9a		X					
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,								
•	and branches to ensure their operations are consistent with those of the organization?	9b							
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must								
10	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	<b>x</b> _						
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
• •	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Х					
Sec	tion B. Policies								
			Yes	No					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise								
-	to conflicts?	12b	Х						
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
·	in Schedule O how this is done	12c	x						
13	Does the organization have a written whistleblower policy?	13	X						
14	Does the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent	<u> </u>							
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision								
_	The organization's CEO, Executive Director, or top management official?	15a	х						
a		15b	X						
b	Describe the process in Schedule O (see instructions)	1,00	<u></u>						
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
юa		16a		X_					
	taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	10a							
D	· · · · · · · · · · · · · · · · · · ·								
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	104							
500	exempt status with respect to such arrangements?	16b	<u> </u>						
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed SC	for							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	101							
	public inspection. Indicate how you make these available Check all that apply								
	Own website X Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	incial						
	statements available to the public.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ition:							
	PAMELA WESTBROOKS - 864-949-5700								
	198 WHITE STAR POINT, SPARTANBURG, SC 29301								

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

#### Section A. Officer's, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List 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 the organization did not	compensate an	y of	ficer	, dire	ecto	r, trı	uste	e, or key employee.		
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position						Reportable	Reportable	Estimated
MODE COLUMNIC (D) AND (E)	hours	(c	(check all that apply)				ly)	compensation	compensation	amount of
NOTE: COLUMNS (D) AND (F) COMPENSATION DATA NOT AVAILABLE SEE SCHEDULE O FOR EXPLANATION.	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
GREGORY C MCCASLIN		F	<del> </del>	<del> </del>	_	-	F			
	50.00	<b>ا</b>		x				0.	0.	0.
PRESIDENT	30.00	^	-	^	-	-	├	0.	0.	
COLEMAN YOUNG	5.00	<b>.</b>		x			İ	0.	0.	0.
CHAIRMAN OF THE BOARD HUGH BRANTLEY	3.00	┢	-	┢	_	$\vdash$	-		0.	<u>U.</u>
	5.00	v						0.	0.	0.
BOARD MEMBER BOB CALDWELL, SR.	3.00	^	┼─	┼		+	$\vdash$	0.	0.	
BOARD MEMBER	5.00	۱.				i		0.	0.	0.
TULLY BREWER	3.00	┢	<del> </del>	-		1	-	0.	0.	<u> </u>
BOARD MEMBER	5.00	v					ĺ	0.	0.	0.
SHANE MCKENZIE	3.00	^	$\vdash$	<del> </del>		$\vdash$	<del> </del>	-		
SR VP	50.00			x		1		0.	0.	0.
PAMELA WESTBROOKS	30.00		$\vdash$	1	$\vdash$	$t^-$	T	<u>*</u> -		
SR VP	50.00		İ	x	İ	İ		0.	0.	0.
TERRY SMITH		1	1		†	1	1			
SR VP	50.00			x	İ		ĺ	0.	0.	0.
WILLIAM PALMER					İ	T				
EXECUTIVE VP	50.00	1		X	1			0.	0.	0.
CLAY SHILL			Т							
VP	50.00			X				0.	0.	0.
CHRIS BYRD										
VP	50.00			X	-	-	-	0.	0.	0.
		-	-		-	<u> </u>	ļ			_
		╀-	-	_	-	+-	-			
			_		ļ					
						+				
		ــــــــــــــــــــــــــــــــــــــ						1	<u> </u>	

57-1031173

Far	(A) Section A. Officers, Directors, Tru	istees, Key Er (B)	mplo	nployees, and Highest (C)					Compensated Employ (D)	rees (continued) (E)			(F)	
	Name and title	Average hours	(c)		Posi		ı app	ılv)	Reportable compensation	Reportable compensation	1			
		per week	Individual trustee or director	Institutional trustee			Highest compensated Employee		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	d ns	com fr org	other pensa rom the panizat d relate anizati	ition e ion ed
							_	_						
				-										
			ļ											
									0		0.			
<u>1b</u> 2	Total  Total number of individuals (including those compensation from the organization	ın 1a) who re	ceive	ed m	ore	tha	n \$1	00,0	0.000 in reportable		_ <u>U.</u>	L		<u>   0                                 </u>
3	Did the organization list any former officer,	director or tru	stee	, ke	, em	plo	yee,	or h	ighest compensated ei	mployee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for si For any individual listed on line 1a, is the su	m of reportab	le co						•	the organization		3		<u> </u>
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a the organization? <i>If</i> "Yes," <i>complete Sched</i>	ccrue comper	nsati	on f						rices rendered to		5		X X
Sec	tion B. Independent Contractors													
1 —–	Complete this table for your five highest counties the organization.	mpensated inc	depe	ende	nt c	ontr	racto	ors ti		\$100,000 of con	npens			
	(A) Name and business	address						4	(B) Description of s	services	C	(C Compe		n
								4						
								$\dashv$	<del></del>					
				_				+						
2	Total number of independent contractors (in from the organization ▶	ncluding those	ın 1	I) wh	no re	ecei	ved r	more	e than \$100,000 in com	pensation				

Forn	1 990 (	(2008) UPWAF	RD UNLIM	TED			57-1031	173 Page <b>9</b>
	rt VII		nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d	· ·	nts, and					
윤함		similar amounts not included abo						
S E	_	Noncash contributions included in lines	s 1a-1f \$					
Program Service C Revenue			<del></del>	Business Code 900099	137,130.	137,130.		
am eve	d					_	-	
og R	e						_	
g.	f	All other program service reve	enue					
	g	Total, Add lines 2a-2f		<b></b>	137,130.			
	3	Investment income (including	dividends, inter	_	6,419.			6,419.
		other similar amounts) Income from investment of ta	v avamnt band	proceeds	0,410.			0,410.
	4	Royalties	x-exempt bond	bioceeds				
	5	noyaities	(ı) Real	(II) Personal			-	
	6 a	Gross Rents	(i) i teal	(ii) i ersonar	-			
		Less rental expenses			1			
		Rental income or (loss)						
		Net rental income or (loss)		<b>•</b>	1			
		Gross amount from sales of	(i) Securities	(ii) Other				
	b	assets other than inventory Less: cost or other basis						
	c	and sales expenses Gain or (loss)						
	d	Net gain or (loss)						
Other Revenue		Gross income from fundraisin including \$ contributions reported on line	of					
P. F		Part IV, line 18	а					
Ě		Less direct expenses .	b	L				
		Net income or (loss) from fund	=	<b>&gt;</b>				
	9 a	Gross income from gaming a				1		
	_	Part IV, line 19	a .		-			
		Less direct expenses	b	'L	1	1		
		Net income or (loss) from gan Gross sales of inventory, less	_		<del></del>			
	10 a	and allowances		3467058.				
	<b>.</b>	Less: cost of goods sold		1579955.				
		Net income or (loss) from sale			1,887,103.	1.887.103		
1		Miscellaneous Revent		Business Code				
	11 2	OTHER INCOME		900099	9,197.	9,197.		
	ıı a b							
	c							
	-	All other revenue						
	e	Total. Add lines 11a-11d		<b>•</b>	9,197.			
	12	Total Revenue Add lines th 2g 3	4 5 8d 7d 8c 9c 1	Oc and the	2.039.849.	2,033,430	0.	6,419.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	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 governments and				
-	organizations in the U.S. See Part IV, line 21	35,651.	35,651.		
2	Grants and other assistance to individuals in				<u> </u>
_	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,		-		
-	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	108,443.	108,443.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	527,783.	232,922.	294,861.	
6	Compensation not included above, to disqualified	<u> </u>			
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	3,292.		3,292.	
7	Other salaries and wages	1,642,828.	942,341.	700,487.	
8	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions)				
9	Other employee benefits	159,369.	98,773.	60,596.	
10	Payroll taxes	126,005.	80,408.	45,597.	
11	Fees for services (non-employees)	,	,		· · · · ·
	Management				
b	Legal	94,260.	1,125.	93,135.	
c	Accounting	52,104.	5,044.	47,060.	
d	Lobbying	<u> </u>			
ē	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g	Other	238,254.	200,813.	37,441.	
12	Advertising and promotion	79,189.		79,189.	
13	Office expenses	129,168.	61,255.	67,913.	
14	Information technology		<u> </u>		
15	Royalties				
16	Occupancy	67,691.	39,440.	28,251.	
17	Travel	314,381.	282,219.	32,162.	
18	Payments of travel or entertainment expenses	,		32/232	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	43,426.	39,892.	3,534.	-
20	Interest			3,00	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	460,973.	391,827.	69,146.	<del></del> -
23	Insurance	61,995.	52,696.	9,299.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	02,7550			
а	TRAINING	225,676.	194,031.	31,645.	
b	FREIGHT	214,823.	184,484.	30,339.	
С	TELEPHONE	90,868.	31,187.	59,681.	
d					
е					
f	All other expenses	111,076.	111,076.		
25	Total functional expenses Add lines 1 through 24f	4,787,255.	3,093,627.	1,693,628.	0
26	Joint Costs. Check here ▶ ☐ If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

rai	LA	Dalance Offeet								
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year					
	<u> </u>		Dog. I mig or your							
	1	Cash · non-interest-bearing	12 256 600	1	0 100 146					
	2	Savings and temporary cash investments	12,256,609.	2	8,109,146.					
	3	Pledges and grants receivable, net	2 106 016	3	261 204					
	4	Accounts receivable, net	2,196,916.	4	261,204.					
	5	Receivables from current and former officers, directors, trustees, key								
		employees, or other related parties. Complete Part II of Schedule L	··	5						
	6	Receivables from other disqualified persons (as defined under section								
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete								
		Part II of Schedule L	<del></del>	6						
şţs	7	Notes and loans receivable, net		7	<del></del>					
Assets	8	Inventories for sale or use	2,621,406.	8	<u>5,134,647.</u>					
⋖	9	Prepaid expenses and deferred charges	<u>275,897.</u>	9	<u>322,497.</u>					
	10a	Land, buildings, and equipment cost basis 10a 18,023,344.								
	b	Less: accumulated depreciation Complete								
		Part VI of Schedule D 10b 3,383,988.	14,980,134.	10c	<u>14,639,356.</u>					
	11	Investments - publicly traded securities		11						
	12	Investments - other securities See Part IV, line 11		12						
	13	Investments - program-related. See Part IV, line 11		13						
	14	Intangible assets		14						
	15	Other assets See Part IV, line 11	338,399.	15	85,800.					
ľ	16	Total assets. Add lines 1 through 15 (must equal line 34)	32,669,361.	16	28,552,650.					
	17	Accounts payable and accrued expenses	1,747,542.	17	1,186,685.					
	18	Grants payable		18						
1	19	Deferred revenue	883,937.	19	75,489.					
v	20	Tax-exempt bond liabilities		20						
	21	Escrow account liability. Complete Part IV of Schedule D		21						
ij	22	Payables to current and former officers, directors, trustees, key employees,								
Liabilities		highest compensated employees, and disqualified persons. Complete Part II								
רני		of Schedule L		22						
	23	Secured mortgages and notes payable to unrelated third parties		23	<del></del>					
	24	Unsecured notes and loans payable		24						
1				25						
	25	Other liabilities. Complete Part X of Schedule D	2,631,479.	26	1,262,174.					
-	26	Total liabilities, Add lines 17 through 25  Organizations that follow SFAS 117, check here	4,031,473.	26	1,404,114.					
.		, , , , , , , , , , , , , , , , , , , ,								
Š		lines 27 through 29, and lines 33 and 34.	30,037,882.		27,290,476.					
a	27	Unrestricted net assets	30,037,004.		21,230,410.					
Ва	28	Temporarily restricted net assets	<del></del>	28						
P	29	Permanently restricted net assets		29						
년		Organizations that do not follow SFAS 117, check here								
ō		complete lines 30 through 34.								
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30						
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31						
et	32	Retained earnings, endowment, accumulated income, or other funds		32	<del></del>					
_	33	Total net assets or fund balances	30,037,882.	33	27,290,476.					
لـــا	34	Total liabilities and net assets/fund balances	32,669,361.	34	<u> 28,552,650.</u>					
Part XI Financial Statements and Reporting										
1										
2a	Were	the organization's financial statements compiled or reviewed by an independent a	accountant?		2a X					
b	Were	the organization's financial statements audited by an independent accountant?			2b X					
С	If "Y∈	es" to lines 2a or 2b, does the organization have a committee that assumes respon	sibility for oversight of the	audıt,						
	revie	w, or compilation of its financial statements and selection of an independent according	untant?		2c					
За	As a	t								
	Act a	3a X								
<u>b</u>	If "Ye	es," did the organization undergo the required audit or audits?			3b					
	1 12-18				Form <b>990</b> (2008)					

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

Name of the organization

Inspection
Employer identification number

<del></del>			UNLIMITED						57-1031173			
Part I	Reason	for Public Char	ity Status (All organia	zations mu	st comple	te this par	t) (see ins	tructions)				
The organ	ization is not a	a private foundation l	because it is (Please ch	neck only <b>c</b>	ne organi	zation )						
1 🖳	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)	).				
2 🖳			'0(b)(1)(A)(ii). (Attach So									
з 🛄			tal service organization									
4	A medical res	search organization o	operated in conjunction	with a hos	pital desc	nbed in se	ction 170	(b)(1)(A)(ii	ii). Enter 1	the hospital's name,		
	city, and stat											
5	An organizati	on operated for the	benefit of a college or u	niversity o	wned or op	perated by	a governi	mental uni	t describ	ed in		
		<b>(b)(1)(A)(iv).</b> (Comple										
6 🖳	•	•	ent or governmental uni									
7 📖	-		eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public described in		
		b)(1)(A)(vi). (Comple										
8	•		ection 170(b)(1)(A)(vi).									
9 X	_	-	eives. (1) more than 33									
			nctions - subject to certa									
			axable income (less sec	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	inization	after June 30, 1975.		
		<b>509(a)(2).</b> (Complete								•		
10			perated exclusively to te									
11	-	-	perated exclusively for the									
			ations described in secti				2) See sec	etion 509(	a)(3). One	ock the box that		
		·· ··	organization and compl		-		laa-atad		-a [	Type III - Other		
	a Type			c Typ					ـــا ۵	- /1		
e			t the organization is not									
			han one or more publicl						<del>3</del> (a)(1) 01	section 505(a)(2).		
f	-		ten determination from	me ino ma	atitisa ty	ре і, туре	ii, or Type	# III				
_		rganization, check th	organization accepted a	ov aft or o	ontribution	from any	of the follo	owing per	cone?	لحما		
9			rectly controls, either a							Yes No		
			upported organization?	ione or tog	Cuici Willi	persons	icscribed i	iir (ii) aria (	m, bolow,	11g(i)		
		• ,	n described in (i) above?	,						11g(ii)		
	. ,	•	person described in (i)		e?				•	11g(iii)		
h		<del>-</del>	about the organizations			nnorts						
"	Flovide the i	ollowing information	about the organizations	o tric Organ	112411011 54	рроно.						
		(**) FIN	(iii) Type of	(iv) is the (	organization	(v) Did vo	ı notify the	(vi) ls	the	(wii) Amount of		
	of supported anization	(ii) EIN	organization	in col. (i) la	sted in your	organizat	ion in col.	Lorganizatio	on ın çol. I	(vii) Amount of support		
Orga	amzation		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	(i) organiz U.S	2	обррон		
			(see instructions))	Yes	No	Yes	No	Yes	No			
						]						
	-											
				ļ	<u></u>							
				<del> </del>		_	<u> </u>	<del> </del>				
		1		1	1	1	1	1	1			

Sch-	edule A (Form 990 or 990-EZ) 2008 Irt II Support Schedule for	Organization	e Described in	Sections 170	(h)(1)(Δ)(iv) an	d 170(b)(1)(Δ)(	Page 2
Га	(Complete only if you checked	_				id 170(2)(1)(1-)(1	,· <b>,</b>
-	ction A. Public Support	Title box off life.	5, 7, 01 0 011 21117		<del></del> -		<del></del>
		(-) 0004	(L) 200E	(c) 2006	(d) 2007	(e) 2008	(f) Total
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(6) 2006	(a) 2007	(e) 2008	(i) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")	<del></del>	<u> </u>			<del></del>	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					<del> </del>	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	<del></del>					
4	Total. Add lines 1 - 3		<del> </del>			<del> </del>	
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		1				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public Support. Subtract line 5 from line 4			<u> </u>	<u> </u>		
Sec	ction B. Total Support		<b>T</b>	1	1		
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the		1				
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						_
11	Total support. Add lines 7 through 10		<u></u>				
12	Gross receipts from related activities,	etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is for	the organization	's first, second, thu	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stop	here		· <del>-</del>			<u> </u>
Se	ction C. Computation of Publ	ic Support Pe	ercentage			<del></del>	
14	Public support percentage for 2008 (I	ine 6, column (f) o	divided by line 11, o	column (f))		14	%
15	Public support percentage from 2007	Schedule A, Par	t IV-A, line 26f			15	
16a	33 1/3% support test - 2008. If the o	rganization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this bo	x and
	stop here. The organization qualifies	as a publicly sup	ported organization	n			▶□
b	33 1/3% support test - 2007. If the o	organization did n	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/39	% or more, check th	nis box
	and stop here. The organization qual						▶∟
17a	10% -facts-and-circumstances test	t - 2008. If the or	ganization did not i	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶□
t	10% -facts-and-circumstances test					17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						ightharpoons

	ction A. Public Support	<u> </u>			74 7 (Complete City	II you blooked the b	OX OF THE 5 OF T AFT.
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and						1
	membership fees received (Do not					ŀ	
	include any "unusual grants.")	993,610.	30,704.	9,473.	17,662.	8,273.	1059722.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	18476116.	22294963.	24572201.	28647512.	28501910.	122492702
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 · 5	<u> 19469726.</u>	<u>22325667.</u>	24581674.	28665174.	28510183.	123552424
7:	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	_					
l	O Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
•	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)				<u> </u>		123552424
<u>Se</u>	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·	· · · · · ·		T=	1	
Cal	endar year (or fiscal year beginning in)►	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	<u> 19469726.</u>	22325667.	24581674.	28665174.	28510183.	123552424
10	g Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,454.	73.526.	336,627.	149.740.	91,892.	671,239.
	Unrelated business taxable income		70,020.	333,32,3			<u> </u>
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	19,454.	73 526.	336,627.	149.740.	91,892.	671,239.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	17/3340	7373200		223,7200	31,032	3727237
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	17,345.	4,703.	4,656.	21,845.	12,142.	60,691. 124284354
	Total support (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is fo	r the organization's	s first second thu	rd fourth or fifth t	ay year as a sectio	n 501(c)(3) organi	
14		i the organization	3 11131, 3000110, 11111	u, louren, or mar a	ax year as a scone	m oo nono organii	<b>▶</b> □
Se	check this box and stop here ction C. Computation of Publ	ic Support Pe	rcentage	·			
	Public support percentage for 2008 (			column (fi)		15	99.41 %
	Public support percentage from 2007			Solariir (i))		16	99.41 %
	ction D. Computation of Inve					110_1	<u> </u>
	Investment income percentage for 20	-		ne 13. column (fl)		17	.54 %
					-	18	.55 %
18	a 33 1/3% support tests - 2008. If the				e 15 is more than 9		
13	more than 33 1/3%, check this box a						<b>▶ X</b>
ı	33 1/3% support tests - 2007. If the line 18 is not more than 33 1/3%, che	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
20	Private foundation. If the organization						
<u> 20</u>	Frivate foundation, if the organization	an did flot dilect a	DON OIT III I 14, 13	a, or roo, crieck ti			20 or 990-FZ) 2008

832023 12-17-08

## Schedule D

·(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No 1545-0047 Open to Public

Inspection

**Employer identification number** Name of the organization 57-1031173 UPWARD UNLIMITED

Par			is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	ne 6. (a) Donor advised funds	(b) Funds and other accounts
		(a) boner davised tartee	(b) Furius and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		l
5	Did the organization inform all donors and donor advisors in		
	are the organization's property, subject to the organization's		. Yes No
6	Did the organization inform all grantees, donors, and donor a		
Dar	for charitable purposes and not for the benefit of the donor till Conservation Easements. Complete if the or		
Par			Fait IV, iiiie I
1	Purpose(s) of conservation easements held by the organization		nistorically important land area
	Preservation of land for public use (e.g., recreation or	• —	ified historic structure
	Protection of natural habitat	Preservation of cert	illed Historic structure
	Preservation of open space		and the last day
2	Complete lines 2a-2d if the organization held a qualified con	servation contribution in the form of a co	onservation easement on the last day
	of the tax year		Hald at the Find of the Year
			Held at the End of the 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 st		2c
d	Number of conservation easements included in (c) acquired		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by t	ne organization during the taxable
	year ▶		
4	Number of states where property subject to conservation ea		-
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, violations,	
	enforcement of the conservation easements it holds?		☐ Yes ☐ No
6	Staff or volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		└── Yes └── No
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describe	s the organization's accounting for
<u> </u>	conservation easements t III Organizations Maintaining Collections of	of Art Historical Transuras or	Other Similar Assets
Par			Other Sillina Assets.
	Complete if the organization answered "Yes" to Form	1990, Fait IV, line 6	
	1511 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	-	halance about wards of ort historical
1a	If the organization elected, as permitted under SFAS 116, no		
	treasures, or other similar assets held for public exhibition, e		bublic service, provide, in Fait XIV, the text of
	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education,	or research in furtherance of public servi	ce, provide the following amounts relating to
	these items.		<b>.</b>
	(i) Revenues included in Form 990, Part VIII, line 1	• •	► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS	116 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X	•	<b>&gt;</b> \$

Sche	dule D (Form 990) 2008 UPWARD	UNLIMITED						57 <u>-1</u> (	031173	3 Page <b>2</b>
. Par	t-III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Othe	er Simila	r Ass	ets (contil	nued)
3	Using the organization's accession and other	r records, check any	y of the	following tha	at are a signi	ficant use	of its colle	ection it	ems (checl	k all
	that apply):									
а	Public exhibition	C	ı 🗀	Loan or exc	hange progr	ams				
b	Scholarly research	6	, 🗀	Other			_			
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how t	hey further t	he organizat	ion's exe	mpt purpo	se in Pa	rt XIV	
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or oth	ner sımıla	r assets			
	to be sold to raise funds rather than to be m	aintained as part of	the orga	anization's co	ollection?				Yes _	No_
Pa	t IV Trust, Escrow and Custodia					ered "Ye	s" to Form	990, Pa	rt IV, line 9	), or
	reported an amount on Form 990, Pa	rt X, line 21.					_			
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other a	ssets not	ıncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						_1f			
2a	Did the organization include an amount on Fi	orm 990, Part X, line	21?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	<u></u>								
Pai	t V Endowment Funds. Complete	f organization answe	ered "Ye	es" to Form 9	990, Part IV,	line 10				
		(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Three ye	ars back	(e) Four	years back
1a	Beginning of year balance	 								
b	Contributions									
С	Investment earnings or losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses								<u> </u>	
g	End of year balance									
2	Provide the estimated percentage of the year	r end balance held a	as.							
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Term endowment ▶	%								
За	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held a	nd administe	ered for t	he organiza	ation	_	
	by:								'	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sche	dule R?					3b	
_4_	Describe in Part XIV the intended uses of the									
Pai	t VI   Investments - Land, Building	gs, and Equipm	<b>ent.</b> Se	e Form 990	, Part X, line	10.				
	Description of investment	(a) Cost or o		(b) Cost	or other	(c) D	epreciation	<b>,</b>	(d) Book	value
		basis (investr	nent)	<b>!</b>	(other)			_		
1a	Land .				0,398.	_		_		<u>,398.</u>
b	Buildings			7,47	0,489.	4	<u>161,44</u>	2.	7,009	<u>,047.</u>
С	Leasehold improvements			_					_	
d	Equipment				9,499.		563 <u>,58</u>			<u>,912.</u>
е	Other			6,20	<u>2,958.</u>	2,3	<u>358,95</u>			<u>,999.</u>
<u>Total</u>	. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colu	ımn (B),	line 10(c).)				<b>▶</b> 1	4,639	<u>,356.</u>

Schedule D (Form 990) 2008

UPWARD UNLIMITED

(b) Book value

(b) Book value

(a) Description

Part VII Investments - Other Securities. See Form 990, Part X, line 12

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of security or category

(including name of security)

Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)

(a) Description of investment type

Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶

Part IX Other Assets. See Form 990, Part X, line 15

Financial derivatives and other financial products

Schedule D (Form 990) 2008

Closely-held equity interests

Other\_

Total. (Column (b) should equal Form 990, Part X, col (8) line 25)

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

	dule D (Form 990) 2008 UPWARD UNLIMITED		57-1	<u> </u>	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Financial State	men	ıts		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1			
2	Fotal expenses (Form 990, Part IX, column (A), line 25)	2			
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3			
4	Net unrealized gains (losses) on investments	4			
5	Donated services and use of facilities	5			
6	Investment expenses	6			
7	Prior period adjustments	7			
8	Other (Describe in Part XIV)	8			
9	Total adjustments (net) Add lines 4-8	9			
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9  † XII   Reconciliation of Revenue per Audited Financial Statements With Reven	10	or Dotum	<del></del> -	
		ue p			
1	Total revenue, gains, and other support per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
<b>a</b>	Net unrealized gains on investments 2a				
b	Donated services and use of facilities				
С	Recoveries of prior year grants 2c				
d	Other (Describe in Part XIV)				
е	Add lines 2a through 2d		_2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV)				
	Add lines 4a and 4b		4c		
5 Pai	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)  † XIII Reconciliation of Expenses per Audited Financial Statements With Exper	1565			
1	Total expenses and losses per audited financial statements	.000	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		- <del>  -   -  </del>		
– a	Donated services and use of facilities 2a		[ [		
b	Prior year adjustments 2b				
c	Losses reported on Form 990, Part IX, line 25				
d	Other (Describe in Part XIV)				
e	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV)	•			
С	Add lines 4a and 4b		4c		
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		5		
	t XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	t IV, hr	nes 1b and 2b;	Part V, line 4	∤; Part
~					
		-			
		•			
				<del>.</del>	

#### Schedule F (Form 990)

Department of the Treasury, Internal Revenue Service

## **Statement of Activities Outside the United States**

► Attach to Form 990. Complete if the organization answered "Yes" to
Form 990, Part IV, line 14b, line 15, or line 16.

2008
Open to Public Inspection

Name of the organization

Employer identification number

UPWARD UNLIMITE	:D			57-103117	3
Part I General Info	rmation on A	ctivities Out	tside the United States. Comp	lete if the organization answered "	/es"
to Form 990, Par	t IV, line 14b.				
_			ds to substantiate the amount of the g	[ ]	
grantees' eligibility for th	ne grants or assis	stance, and the	selection criteria used to award the gr	rants or assistance?	Yes L No
2 For grantmakers. Desc	ribe in Part IV th	e organization's	procedures for monitoring the use of	grant funds outside the United Stat	tes
			Iditional space is needed )	( ) (6 ==4=+4 = 1 == 4= 4= 4= 4= 4= 4= 4= 4= 4= 4= 4= 4=	(0 T-4-1
(a) Region	(b) Number of offices	(c) Number of employees or	(d) Activities conducted in region (by type) (i.e., fundraising,	(e) If activity listed in (d) is a program service,	(f) Total expenditures
	in the region	agents in	program services, grants to	describe specific type	in region
	III III TOGICI	region	recipients located in the region)	of service(s) in region	
				· · ·	
			GRANT TO AFFILIATED		
SUB-SAHARAN AFRICA	0		ORGANIZATION IN THE REGION		108 443
DOB DAMAGN AFRICA	1			WORKING WITH LOCAL	
				GROUPS TO DEVELOP SPORTS	
				LEAGUES AND CAMPS FOR	
NORTH AMERICA	0	1	PROGRAM SERVICES	CHILDREN	96 283
				WORKING WITH LOCAL	
				GROUPS TO DEVELOP SPORTS	
				LEAGUES AND CAMPS FOR	
SOUTH AMERICA	0	1	PROGRAM SERVICES	CHILDREN	28,558.
				WORKING WITH LOCAL	
				GROUPS TO DEVELOP SPORTS	
RUSSIA AND THE NEWLY				LEAGUES AND CAMPS FOR	
INDEPENDENT STATES	0	1	PROGRAM SERVICES	CHILDREN	12.811.
					_
Totals <b>•</b>		3			246 095

57-1031173 UPWARD UNLIMITED

2	٢	$\neg$	<u>≥</u>		[			1		+	이	8
Page 2	any .	<b>▲</b>	(i) Method of valuation (book, FMV, appraisal, other)									Schedule F (Form 990) 2008
,	990, Part IV, line 15, for		(h) Description of non-cash assistance	INVENTORY								Sched
31173	"Yes" to Form 9		(g) Amount of non-cash assistance	5,189,						ovided a		
57-1031173	ganization answered		(f) Manner of cash disbursement	WIRE TRANSFER						e or counsel has pre		
	omplete if the org	:han \$5,000	(e) Amount of cash grant	103,254,						which the grante		
	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any	recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Schedule F-1 (Form 990) if additional space is needed	(d) Purpose of grant	ENABLE MININSTRY TO OPERATE IN SOUTH AFRICA						Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter		
UPWARD UNLIMITED	anizations or Entities (	recipient who received more than \$5,000 Check this box if no Use Schedule F-1 (Form 990) if additional space is needed	(c) Region	SUB-SAHARAN AFRICA						e recognized as charities	r entities	
	er Assistance to Org	eived more than \$5,( I (Form 990) if additic	(b) IRS code section and EIN (if applicable)							organizations that ar	other organizations o	
Schedule F (Form 990) 2008	Part II Grants and Othe	recipient who rec Use Schedule F-1	1 (a) Name of organization							2 Enter total number of organizations section 501(c)(3) equivalency letter	3 Enter total number of other organizations or entities	

57-1031173

Page 3

UPWARD UNLIMITED

Schedule F (Form 990) 2008

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Schedule F-1 (Form 990) if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					
(g) Description of non-cash assistance					
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of (d) Amount of recipients cash grant					
(b) Region					
(a) Type of grant or assistance					

Schedule F (Form 990) 2008

SCHEDULE I			•		•			OMB No 1545-0047	
(Form 990)			Grants and Governm	Grants and Otner Assistance to Organizations, Governments, and Individuals in the U.S.	to Organizations uals in the U.S.	_		5008	
Department of the Treasury Internal Revenue Service		► Compl	► Complete if the organization	n answered "Yes," on F ▶ Attach to Form 990.	" on Form 990, Pa n 990.	anization answered "Yes," on Form 990, Part IV, lines 21 or 22.  ▶ Attach to Form 990.		Open to Public Inspection	
Name of the organization	UPWARD UNLIMITED	IMITED			:		<u>-</u> !	Employer identification number 57-1031173	,
Part I General Info	General Information on Grants and Assistance	d Assistance							
1 Does the organiza	Does the organization maintain records to substantiate the amount of the	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	e grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		ı
	criteria used to award the grants or assistance?	ance?		:				X Yes	
읽는	Describe in Part IV the organization's procedures for monitoring the use	sedures tor monit	oring the use of grant	of grant funds in the United States	States		1		
Part II Grants and	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	iovernments and	l Organizations in the	United States. Co	omplete if the orga	ınızatıon answered "Y	es" on Form 990, Part	IV, line 21, for any	
recipient the	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	5,000. Check this	box if no one recipien	t received more that	an \$5,000. Use Pa	rt IV and Schedule I-1	(Form 990) if addition:	al space is needed	
1 (a) Name and adc	(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 non-cash assistance	(h) Purpose of grant or assistance	
CAMPUS CLUBS 682 MULBERRY ST.	-					•		TO SUPPORT DEVELOPMENT OF	
MACON GA 31202		58-2373761	501(C)(3)	0	12,980.	ACTUAL COST	SPORTS EQUIPMENT	SPORTS EQUIPMENT INNER-CITY LEAGUES	1
-	1								
HANNAH'S HOPE MINISTRIES P.O. BOX 5802	ISTRIES							TO HELP DEFER PRINTING	
SPARTANBURG SC 29	29304	20-8041528	501(C)(3)	0	5,484.	ACTUAL COST	PRINTING	EXPENSE FOR THIS MINISTRY	. 1
									1
									1
2 Enter total numbe	Enter total number of section 501(c)(3) and government organizations	id government or	ganizations					<b>2</b> .	-1
3 Enter total numbe	Enter total number of other organizations							<b>A</b>	
LHA For Privacy Act	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	tion Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2008	~

57-1031173

Page 2

Schedule I (Form 990) 2008 UPWARD UNLIMITED

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the informatio	n required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: UPWARD REPRESENTATIVES TRAVELED TO MACON TO	REPRESE	NTATIVES I	RAVELED TO	MACON TO	
VIEW AND FILM GAME DAYS WHICH ENSURED THE	RED THE	CHILDREN C	CHILDREN CHOSEN TO RECEIVE THE	ECEIVE THE	
DONATED INVENTORY, DID SO. UPWARD PROVIDES OTHER GRANTS AND ASSISTANCE NOT	PROVIDES	OTHER GRA	NTS AND AS	SISTANCE NOT	
PRESENTED ON THIS SCHEDULE BECAUSE	THE	UNTS DID N	AMOUNTS DID NOT MEET THRESHOLD	RESHOLD	
REQUIREMENTS FOR REPORTING.					

Schedule I (Form 990) 2008

#### **SCHEDULE O**

· (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

UPWARD UNLIMITED

Employer identification number 57-1031173

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RUN BY MORE THAN 2,600 CHURCHES WORLDWIDE. CURRENTLY MORE THAN 520,000
CHILDREN IN 46 STATES AND FOUR COUNTRIES PARTICIPATE IN UPWARD SPORTS
LEAGUES.
FORM 990, PART VI, SECTION A, LINE 10: THE AUDIT COMMITTEE REVIEWS AND
APPROVES FORM 990 PRIOR TO FILING. THE BOARD OF DIRECTORS ALSO REVIEWS
FORM 990 PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C: UPWARD'S CONFLICT OF INTEREST
POLICY IS REVIEWED AND APPROVED ANNUALLY. ALL BOARD MEMBERS AND OFFICERS
ARE REQUIRED TO AGREE TO AND SIGN THE POLICY ANNUALLY. OUR CONFLICT OF
INTEREST POLICY IS DETAILED IN THE TEAM MEMBER GUIDEBOOK, WHICH EVERY
EMPLOYEE IS REQUIRED TO READ AND INDICATE BY SIGNATURE THAT THEY UNDERSTAND
ITS POLICIES.
FORM 990, PART VI, SECTION B, LINE 15: UPWARD'S NON-SALARIED BOARD OF
DIRECTORS WORKS WITH A THIRD PARTY, PHILLIP BLOUNT AND ASSOCIATES, INC. TO
ENSURE REASONABLE COMPENSATION FOR UPWARD EMPLOYEES. THIS FIRM ALSO
CONDUCTS ANNUAL COMPENSATION ANALYSIS, COMPARING UPWARD OFFICERS'
COMPENSATION TO SIMILAR ORGANIZATIONS, AND RECOMMENDS TO THE BOARD OF
DIRECTORS ANNUAL COMPENSATION FOR ALL OFFICERS.
DURING THE BOARD'S COMPENSATION DISCUSSION AND VOTE, NO EMPLOYEE, INCLUDING
THE PRESIDENT OR FAMILY MEMBER OF ANY EMPLOYEE, IS PRESENT.

## SCHEDULE O ' (Form 990)

**Supplemental Information to Form 990** 

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

UPWARD UNLIMITED

Employer identification number 57-1031173

FORM 990, PART VI, SECTION C, LINE 19: AUDITED FINANCIAL STATEMENTS ARE
MADE AVAILABLE TO THE PUBLIC ON UPWARD'S WEBSITE AT WWW.UPWARD.ORG.
FORM 990, PART IV, LINE 12 AND PART XI LINES 2B AND 2C
AUDIT OF FINANCIAL STATEMENTS
THOUGH NOT REQUIRED BY LAW TO HAVE A FINANCIAL AUDIT, THE UPWARD
UNLIMITED BOARD CHOOSES TO CONDUCT AN ANNUAL AUDIT. UPWARD'S AUDIT
COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE ANNUAL AUDIT,
REVIEWS AND COMPILES ITS FINANCIAL STATEMENTS, AND SELECTS AN
INDEPENDENT ACCOUNTING FIRM. NOTE: THE AUDIT FOR THIS SHORT PERIOD
WILL BE PERFORMED TOGETHER WITH OUR NEXT FISCAL YEAR.
FORM 990, PAGE 7, PART VII, SECTION A AND SCHEDULE J
EXPLANATION FOR COMPENSATION REPORTING ON SHORT-YEAR
THE IRS INSTRUCTIONS FOR COMPENSATION ON PAGE 7 OF FORM 990 AND
SCHEDULE J, PART II INSTRUCT THE ORGANIZATION TO REPORT W-2
INFORMATION. THIS 2009 RETURN IS FOR A FOUR-MONTH PERIOD (FEBRUARY 1,
2009 - MAY 31, 2009) DUE TO A CHANGE IN FISCAL YEAR. 2009 W-2
INFORMATION IS NOT AVAILABLE.
UPWARD UNLIMITED REPORTED THE LATEST AVAILABLE W-2 WAGES FOR 2008 ON
THE 2008 FORM 990 FOR THE PERIOD FEBRUARY 1, 2008 - JANUARY 31, 2009

Form **8868** 

(Pev April 2009)

Department of the \*reasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

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