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Department of the Treasury Internal Revenue Service

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

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

Open to Public

OMB No 1545-0047

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

Inspection

<u>A</u> !	For the	e 2009 calendar year, or tax year beginning and ending		
В	Check if	Please C Name of organization	D Employer identific	ation number
•	pplicabl	"   USSO IRS KIDS CONNECT CHARITABLE FUND		
	Addre chang	ss   label or   C/O STERLING FOUNDATION MANAGEMENT, LLC	j	
	Name chang	e type Doing Business As	54-1	907780
	lnitial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/su	rite E Telephone number	
	Termir ated	Specific Instruc 2325 DULLES CORNER BLVD. 670	703-	437-9720
	Ameno return	ded lions City or town, state or country, and ZIP + 4	G Gross receipts \$	564,437.
	Application .	I MERNDON, VA ZUI/I	H(a) Is this a group re	turn
	pendii	F Name and address of principal officer. JAMES LINTOTT	for affiliates?	Yes X No
		2325 DULLES CORNER BLVD, HERNDON, VA 2017	1 H(b) Are all affiliates incl	uded? Yes No
<u>L</u>	Tax-ex	empt status X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527	If "No," attach a	list (see instructions)
		te: ▶ N/A	H(c) Group exemption	number -
		organization: X Corporation Trust Association Other ▶ L Y	ear of formation: 1998 N	State of legal domicile: VA
P	art I	Summary		
Φ	1	Briefly describe the organization's mission or most significant activities SUPPORTI	NG GRANTS TO 1	MEDICAL
Governance		FACILITIES AND INSTITUTIONS FOR RESEARCH ON	EPILEPSY AND I	METABOLIC
ř	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of m	nore than 25% of its net as	sets
Š		Number of voting members of the governing body (Part VI, line 1a)	3	4
<u>م</u>		Number of independent voting members of the governing body (Part VI, line 1b)	4	4
es	5	Total number of employees (Part V, line 2a)	5	0
Activities	6	Total number of volunteers (estimate if necessary)	6	0
Act	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	<u> </u>
_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	24,222.	<u>552,869.</u>
en e	9	Program service revenue (Part VIII, line 2g)	2,218.	
؋ٞ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-18,759.	-1,262.
NOV WW Revenue	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<del></del>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,681.	<u>551,607.</u>
AlaiaLD ses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	114,329.	327,525.
2	14	Benefits paid to or for members (Part IX, column (A), line 4)		
es =	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
D Š	ь	Total fundraising expenses (Part IX, column (D), line 25)		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	670.	246,116.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	114,999.	573,641.
	19	Revenue less expenses Subtract line 18 from line 12	-107,318.	-22,034.
SOC		- NED	Beginning of Current Year	End of Year
Set	20	Total assets (Part X, line 16)	4,057,728.	4,035,694.
Net Assets or Find Balances	21	Total liabilities (Part X, Inne 26)		
		Net assets or fund balances Subtract line 21 from line 2017	4,057,728.	4,035,694.
P	art II	Signature Block   2   NOV   3   E	<del> </del>	
		Under penalties of perjury, I deciline that I have examined this return, including accompanying schedules and statement and complete. Declaration of preparer has any knowle	nts, and to the best of my knowledg dge	e and belief, it is true, correct,
		1. DAGDENS	11/2/	10
Sıg	n	Supports of the grant of the gr	11/2/1	
He	re	Signature of officer	Uale .	
		JAMES LINTOTT, PRES/TREAS/DIRECTOR Type or print name and title		
_		Property's Date	Chook of Decrees	r's identifying number
Pai	d	riepaiers 2	self- (see ins	tructions)
_	parer's	Signature Of CODE TAIL COULT FOR CARDYN AN	employed	
	Only	yoursit CORFINE, SCHILLER & GARDIN, PA	<u>EIN</u> ▶	
	•	self-employed), address, and 10045 RED RUN BLVD, SUITE 250	a	10 256 5000
		ZIP+4 OWINGS MILLS, MD 21117	Phone no. ▶ 4	10-356-5900
		RS discuss this return with the preparer shown above? (see instructions)		X Yes No
9320	001 02-0	4-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions.	Form <b>990</b> (2009)

-orm	1 990 (200 <b>9</b> )		CHARITABLE FUND FOUNDATION MANAGEMENT	T.T.C 5/1-10	07780 Page <b>2</b>
		of Program Service Acc	complishments	<u>, 1110 - 54 17</u>	07700 . ugo =
1	Briefly describe the C SUPPORTING	organization's mission	CAL FACILITIES AND INS	TITUTIONS FOR	RESEARCH
2	the pnor Form 990 o		ram services during the year which were no	t listed on	Yes X No
3		cease conducting, or make sig ese changes on Schedule O	nificant changes in how it conducts, any pro	ogram services?	Yes X No
4	Section 501(c)(3) and	d 501(c)(4) organizations and se	ch of the organization's three largest prograi ection 4947(a)(1) trusts are required to reporuse ue, if any, for each program service reported	rt the amount of grants and	
4a	SUPPORTING	•	CAL FACILITIES AND INS	7,525.)(Revenue \$ TITUTIONS FOR	RESEARCH
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program service	ces. (Describe in Schedule O)			
	(Expenses \$	including gran			
<u>4e</u>	Total program serv	ice expenses ► \$	573,360.		Form <b>990</b> (2009)

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			111
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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 similar funds or 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_	ļ	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			l
	If "Yes," complete Schedule D, Part V	10	<u></u>	X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X	1	,,	
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	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.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	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			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			]
•	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? If "Yes," complete Schedule D, Part X			ĺ
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No		:	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
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		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 United States? 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 located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			l
47	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	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			₹.
19	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
13	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	40		v
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
<u></u>	Side and displacements of the of the oppital of the	1 20	L	

Part IV | Checklist of Required Schedules (continued)

C/O STERLING FOUNDATION MANAGEMENT, LLC

Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 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 Х 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 lines 24b through 24d and complete Schedule K If "No", go to line 25 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a 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 X 25b 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  $\mathbf{X}_{-}$ 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 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 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Х 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <u>35</u> 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 X 36 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 X 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O

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Statements Regarding Other IRS Filings and Tax Compliance

Part V

C/O STERLING FOUNDATION MANAGEMENT, LLC

No Yes 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 0 U.S. Information Returns. Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 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 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X 3a b If "Yes," has it filed a Form 990-T for this year? If "No," 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)? X 4a b If "Yes," enter the name of the foreign country ▶ BERMUDA See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 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? X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Х 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 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 Section 501(c)(7) organizations, Enter. a 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 Section 501(c)(12) organizations. Enter: a 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 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

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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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent	]		<u> </u>
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	Х	
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>x</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		<u> </u>
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	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	1		
	to conflicts?	12b	_X_	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	l		
	ın 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			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	Ì		
	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u>X</u>
р	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		١	
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed VA			
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	tor		
	public inspection Indicate how you make these available. Check all that apply			
	Own website 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, at	nd fina	ncıal	
	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 organiza	tion 🕨	·	<u>-</u>
	STERLING FOUNDATION MANAGEMENT - 703-437-9720			
	2325 DULLES CORNER BLVD, STE 670, HERNDON, VA 20171			

C/O STERLING FOUNDATION MANAGEMENT, LLC 54-1907

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

#### 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. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. 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

X Check this box if the organization did no	(B)		(C)					(D)	(E)	(F)
Name and Title	Average hours	(6)		Pos		า app	LA.	Reportable	Reportable	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
ROGER SILK										
CHAIRMAN/DIRECTOR	3.00	X		X	_			0.	0.	0
JAMES LINTOTT PRES/TREAS/DIRECTOR	3 00	v		J.					0	0
EVAN UNZELMAN	3.00	^		Х	$\vdash$	<del> </del>	_	0.	0.	0.
SECRETARY	3.00			Х				0.	0.	0.
ALAN DYE					<u> </u>					
VICE PRESIDENT	3.00			Х	L		<u></u>	0.	0.	0.
						!				
			_							

Form 990 (2009)

Pa	T VII Section A. Officers, Directors, Tru	ıstees, Key Eı	nple	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average hours	(c		Pos all 1		app	lv)	Reportable compensation	Reportable compensation	1		timate	
		per					Ü	<u> </u>	from	from related	<b>,</b>		other	
		week	Individual trustee or director	8			ated		the organization	organization (W-2/1099-MIS			pensa om the	
			trustee	Institutional trustee		yee	Highest compensated employee		(W-2/1099-MISC)	•		_	anızat	
			ıvidua	ituton	Officer	Key employee	hest co ployee	Former					d relati Inizatio	
			<u> </u>	Ē	οщ	, Ke	포를	For						
			<del> </del>							-				
				_							$\rightarrow$			
												_		
		-												
									:					
							-							
1b	Total						▶		0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	ove	e) wh	o r	eceived more than \$100	,000 ın reportabl	е			_
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director or tru	stee	, key	em/	ploy	yee,	or h	highest compensated en	nployee on	ſ			
	line 1a? If "Yes," complete Schedule J for s										ļ	3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150									he organization	İ			v
5	Did any person listed on line 1a receive or a			-						ces rendered to	-	4		<u>X</u>
	the organization? If "Yes," complete Sched											5		Х
	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization	mpensated inc	iepe	nde	nt c	ontr	acto	rs t	that received more than	\$100,000 of com	pensa	ation fi	om	
	(A)			-					(B)			(C	-	
	Name and business				11 4				Description of s	ervices	C	omper		1
	CE CRAMER, 49 BRIAR HO JSTON, TX 77027	OLLOW LA	MI	ς,	#1	.80	)4,	- 1	CONSULTING			10	3,3	) E
1100	BOION, IX 11021							٦Ì	CONSOLLING			130	<u>, , , .</u>	<u> </u>
								+						
2	Total number of independent contractors (ii	ncluding but a	ot hr	niter	l to	ther	مرا مع	ted	d ahove) who recoved ~	ore then				
	\$100,000 in compensation from the organization		ot III			1	- 11S	ıcu	above, who received m	OIE HIGH				
									<del> </del>				200 (6	0000

		(2009) C/O S	STERLING	FOUNDATI	ON MANAGEM	ENT, LLC	54-190	7780 Page <b>9</b>
Ра	rt VI	II Statement of Reve	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 d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grants) Similar amounts not included about	nts, and	552,869.				313, 01 314
Sont		Noncash contributions included in lines	s 1a-1f \$		552,869.			
Program Service Revenue	2 a b			Business Code	332,003.			
Re	d e	<u> </u>		<del></del>				
ğ	f	All other program service reve	enue					
_		Total. Add lines 2a-2f	<del></del>					
	3 4 5	Investment income (including other similar amounts) Income from investment of ta Royalties	•	▶	29.		<del>.</del>	29.
	6 a		(ı) Real	(ii) Personal				
	c b							
	7 a	Gross amount from sales of assets other than inventory Less cost or other basis	(i) Securities 11,539.	(II) Other				
		and sales expenses Gain or (loss) Net gain or (loss)	12,830. -1,291.		-1,291.			-1,291.
Other Revenue	b	Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 Less. direct expenses	of of see a					
		Net income or (loss) from fund	-	<b>•</b>			-	
		Gross income from gaming ac Part IV, line 19 Less direct expenses	ctivities See a b					
		Net income or (loss) from gan		<b>•</b>				
	10 a	Gross sales of inventory, less and allowances Less cost of goods sold	-					
		Net income or (loss) from sale		<b>•</b>				
		Miscellaneous Revenu		Business Code	-			
ſ	11 a							
	b							
	C	All other revenue			<del></del>			<del> </del>
		All other revenue  Total. Add lines 11a-11d					<del></del>	<del> </del>
	12	Total revenue See instructions.			551,607.	0.	0.	-1,262.
93200	<del>)</del>				222,0076	0 • ]	<u> </u>	Form <b>990</b> (2009)

Form **990** (2009)

54-1907780 Page 10

Form 990 (2009)

Part IX Statement of Functional Expenses

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

Comparation of the Part Vin.   Comparation of the Part Vin.   Comparation of the U.S. See Part IV, line 21   327,525.   327,525.   327,525.		All other organizations must comp			ete columns (B), (C), an	
organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in 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 4 Benefits pack or or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not incided above, to disqualified persons (see fende under section 458(c) (1) and persons described in section 458(c) (3) (8) 7 Other salaries and weges 8 Penson plan contributions (include section 401(k) and section 405(t) employee contributions) 9 Penson plan contributions (include section 401(k) and section 405(t) employee contributions) 10 Payroll taxes 10 Payroll taxes 11 Peed for services (non employees) 12 Management 13 Legal 14 Lobbyring 15 Peed for services (non employees) 15 Management 16 Legal 16 Lobbyring 17 Investment management fees 17 Other salaries and services (see Part IV, line 17 18 Investment management fees 18 Other (1) Person (1) P			(A) Total expenses	(B) Program service expenses	Management and	( <b>D</b> ) Fundraising expenses
2 Grants and other assistance to individuals in the U.S. See Part V, line 22  3 Grants and other assistance to governments, organizations, and individuals outself the U.S. See Part V, line 13 and 16  4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers directors, trustees, and key employees Compensation of current officers directors, trustees, and key employees Compensation of aduled above, to disqualified persons (ascended in action 4958(c)(1)) and persons described in action 4958(c)(3) and sectors 4058(f)(1) and persons described in action 4958(c)(3) and sectors 4058(f) employer conflictions)  7 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) 3 Management 3 Logal 4 Lobbying 6 Professional fundrasing services. See Part IV, line 17 Investment management fees 10 Uniter 11 Province Provinces 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalies 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials information technology 19 Conferences, conventions, and meetings 10 Information (application, and amonization 20 Information (application, and amonization (application) (applicat	1	Grants and other assistance to governments and			_	
2 Grants and other assistance to individuals in the U.S. See Part V, line 22  3 Grants and other assistance to governments, organizations, and individuals outself the U.S. See Part V, line 13 and 16  4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers directors, trustees, and key employees Compensation on enduded above, to disqualited persons (ascerbed in section 4958((1)) and persons (ascerbed in section 4958((1))) and section 4018(k) a		~	327,525.	327,525.		
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16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses illemize expenses not covered above. (Expenses grouped together and labeled misscellaneous may not exceed 5% of total expenses shown on line 25 below.) 2 STIPEND SUPPORT 2 BANK CHARGES 2 281. 2 281.  C d e f All other expenses. Add lines 1 through 24f 25 Total functional expenses. Add lines 1 through 24f 3 Joint costs Check here  ☐ if following SOP 98-2. Complete this line only if the organization reported in column (8) joint costs from a combined		0,				
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18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  Interest  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  Insurance  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.)  a STIPEND SUPPORT  b BANK CHARGES  c d  f All other expenses.  25 Total functional expenses. Add lines 1 through 24f  26 Joint costs Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (8) joint costs from a combined		· · ·				
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 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.)  a STIPEND SUPPORT BANK CHARGES  c d d e f All other expenses. Total functional expenses. Add lines 1 through 24f SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined						
19 Conferences, conventions, and meetings Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization Insurance 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.)  a STIPEND SUPPORT  b BANK CHARGES  c d  d e  f All other expenses  Total functional expenses. Add lines 1 through 24f  Solont costs Check here  ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined	10					
Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 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.)  a STIPEND SUPPORT  b BANK CHARGES  c d  e f All other expenses Total functional expenses. Add lines 1 through 24f  Joint costs Check here  if following SOP 98-2. Complete this line only if the organization reported in column (8) joint costs from a combined	19					
Payments to affiliates  Depreciation, depletion, and amortization Insurance  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.)  a STIPEND SUPPORT  b BANK CHARGES  c d		,				
Depreciation, depletion, and amortization Insurance 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.)  a STIPEND SUPPORT  b BANK CHARGES  c d  d e  f All other expenses. Add lines 1 through 24f  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						
23   Insurance   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.)   a STIPEND SUPPORT   17,500. 17,500.     b BANK CHARGES   281.   281.     c	 22	•				
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.)  a STIPEND SUPPORT  b BANK CHARGES  c d	 23	· · · · · · · · · · · · · · · · · · ·				
a STIPEND SUPPORT b BANK CHARGES 281.  C 281.  d 4 e 7 All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (8) joint costs from a combined	24	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
BANK CHARGES  C  d  e  f All other expenses  25 Total functional expenses. Add lines 1 through 24f  26 Joint costs Check here   SOP 98-2. Complete this line only if the organization reported in column (8) joint costs from a combined	_		17 500	17 500		
c d e f All other expenses  25 Total functional expenses. Add lines 1 through 24f  26 Joint costs Check here  if following SOP 98-2. Complete this line only if the organization reported in column (8) joint costs from a combined				11,300.	281	
d e f All other expenses  25 Total functional expenses. Add lines 1 through 24f  Sop 98-2. Complete this line only if the organization reported in column (8) joint costs from a combined			2011		201.	
All other expenses  Total functional expenses. Add lines 1 through 24f  Joint costs Check here  if following  SOP 98-2. Complete this line only if the organization reported in column (8) joint costs from a combined	_				***	
f All other expenses  25 Total functional expenses. Add lines 1 through 24f  26 Joint costs Check here ▶ ☐ If following  SOP 98-2. Complete this line only if the organization reported in column (8) joint costs from a combined						
Total functional expenses. Add lines 1 through 24f 573,641. 573,360. 281. 0.  Joint costs Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (8) joint costs from a combined						
SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined			573,641.	573,360.	281.	0.
SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined	<u></u> 26		2.2.7.2.2.4			
reported in column (B) joint costs from a combined		•				
		•				

Form 990 (2009) C/O STERLING FOUNDATION MANAGEMENT. LLC 54-1907780 Page 11 Part X Balance Sheet (A) Beginning of year End of year 1 Cash · non-interest-bearing 1 28,798. 38,002 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a **b** Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 2,019,726. 2,006,896. Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 2,000,000. 2,000,000. 15 Other assets See Part IV, line 11 15 4,057,728. Total assets. Add lines 1 through 15 (must equal line 34) 4,035,694. 16 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 0. 0. 26 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 4,057,728. Unrestricted net assets 4,035,694. 27 27

> 4,035,694. Form 990 (2009)

> 4,035,694.

28

29

30

31

32

33

34

4,057,728.

4,057,728.

28

32

33

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Organizations that do not follow SFAS 117, check here 
and

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Separate basis Consolidated basis Both consolidated and separate basis

consolidated basis, separate basis, or both.

Act and OMB Circular A-133?

Form 990 (2009) C/O STERLING FOUNDATION MANAGEMENT, LLC 54-1907780 Page 12

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: X Cash Accrual Other

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

2a X

b Were the organization's financial statements audited by an independent accountant?

2b X

Form **990** (2009)

X

2c

3a

#### SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Complete if the organization i

**Public Charity Status and Public Support** 

section 200

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

KIDS CONNECT CHARITABLE FUND

Employer identification number

Pa	rt I	Reason	for Public Char	rity Status (All organiz	ATTON	MANAG	te this par	<u>) על ל'.</u> t / See ins		5	4-190//80		
				because it is: (For lines					TUCUOTIS				
1				s, or association of chur	-		-	•	,				
2	Ħ			70(b)(1)(A)(ii). (Attach Sc			-Cuon 1/C	/(Δ)( I)(A)(I	j.				
3	$\sqcap$			ital service organization	•		170/6)/1)	(Δ./;;:)					
4	$\sqcap$			operated in conjunction					//b)/ 1\/ <b>/</b> \/ \	ii) Enter	the hospital's name		
•		city, and state			4 1103	.p.n.a. 0000		,50011 170	~~ /\ • /\\^ /\\		ano moophano mame,		
5		•		benefit of a college or us	niversity o	wned or or	perated by	/ a govern	mental uni	t describ	ed in		
-	_		(b)(1)(A)(ıv). (Compl			J. J.		, _ 55,0,11		2000110			
6				ent or governmental uni	t describe	d in sectio	n 170(b)(	1)(A)(v).					
-	$\overline{\mathbf{x}}$			ceives a substantial part					or from the	general	public described in		
			b)(1)(A)(vi). (Comple							J			
8				section 170(b)(1)(A)(vi).	(Complete	Part II)							
9		An organizati	on that normally red	ceives: (1) more than 33	1/3% of its	support f	rom contr	ibutions, n	nembershi	p fees, a	nd gross receipts from		
				nctions - subject to certa									
		income and u	inrelated business t	axable income (less sec	tion 511 ta	x) from bu	ısınesses a	acquired b	y the orga	ınızatıon	after June 30, 1975		
		See section 509(a)(2). (Complete Part III.)											
10	$\vdash$			perated exclusively to te					-				
11	Ш			perated exclusively for the						-			
				ations described in secti				2) See see	ction 509(	a)(3). Ch	eck the box that		
				organization and compl		•					<b>1</b>		
_		a Type i		_ Type II c		e III - Fund	•	•		d L	Type III · Other		
е	ш			at the organization is not									
				than one or more publicly						∌(a)(1) or	section 509(a)(2)		
f				tten determination from t	ine IHS tha	atitisa Ty	pe I, Type	II, or Type	e III				
_		- · · · -	ganization, check the		ny aift or a	ontribuitio-	from or:	of the fell	011100 55	2020	L		
g				organization accepted ar directly controls, either al			•				Vaa Na		
				upported organization?	one or tog	Calci Willi	hersons (	aescribed	iii (ii) anu (	iii) Delow.	Yes No		
		_		• •	·								
		(ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?											
h			•	about the supported or							[ T 19(III/]		
•				The second copposited of	J	<b>\-</b> /							
/i\	Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	organization	(v) Did voi	u notify the	(vi) Is	the	(vii) Amount of		
11/		inization	(11) 2114	organization (described on lines 1-9	in col. (i) lis	sted in your	organizat	ion in col.	organizátio	on in col.	support		
				above or IRC section	governing	document?	(ı) of you	r support?	(i) organız U.S	.?	m <b>r</b>		
				(see instructions))	Yes	No	Yes	No	Yes	No			
					<u> </u>								
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						i			1				

Schedule A (Form 990 or 990 EZ) 2009 C/O STERLING FOUNDATION MANAGEMENT, LLC 54-1907780 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 164,959. 1050601. 1448305. 24,222. 552,869. 3240956. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 164,959. 1050601. 1448305. 552,869. 24,222. 4 Total, Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1751926. 1489030. 6 Public support. Subtract line 5 from line Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007(d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 164,959. 1050601 1448305 24,222. 552,869. 3240956. 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 201,800. 7,891. 5,044. 1,686. 29. 216,450. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 3457406. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 43.07 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 42.26 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\triangleright [X]$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

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

Schêdule A (Form 990 or 990-EZ) 2009 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008(e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) % 15 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 %

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<b>&gt;</b>

18

%

18 Investment income percentage from 2008 Schedule A, Part III, line 17

# Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

KIDS CONNECT CHARITABLE FUND

C/O STERLING FOUNDATION MANAGEMENT, LLC

Employer identification number 54-1907780

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	Is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor adv	ised funds
_	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor ac	<del>-</del>	e used only
•	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Par		anization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or pl		istorically important land area
	Protection of natural habitat	· —	rtified historic structure
	Preservation of open space	<del></del>	
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	n of 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
c	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		2d
3	Number of conservation easements modified, transferred, rele		he organization during the tax
_	year ▶	, ,	ŭ ŭ
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri		f
•	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	• •	Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expen-	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizati		
	conservation easements		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, not	t to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of p	public service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these if	tems	
b	If the organization elected, as permitted under SFAS 116, to i	report in its revenue statement and bala	ance sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, or	r research in furtherance of public servi	ce, provide the following amounts relating to
	these items		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financ	
	the following amounts required to be reported under SFAS 11	16 relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

		<u>RLING FOUN</u>					<u>LC</u>	<u>54-19</u>			
Par	t III   Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures,	or Oth	er Simil	ar Asse	ts (cont	inued)	)
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following tha	at are a s	ignificant	use of its	collectio	n item	IS
	(check all that apply)										
а	Public exhibition	c		Loan or exc	hange progr	ams					
ь	Scholarly research	•									
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	nev further t	he organizat	ion's exe	mot purp	ose in Par	t XIV		
5	During the year, did the organization solicit of										
•	to be sold to raise funds rather than to be ma						. 400010		Yes		No
Par	t IV Escrow and Custodial Arran					s" to For	m 990 P	art IV line			<u></u>
	reported an amount on Form 990, Pa			,					0, 0.		
12	Is the organization an agent, trustee, custod		diany for	contribution	s or other as	seets not	ıncluded				
Ia	on Form 990, Part X?	an or other intermet	Jiai y 101	Contribution	is or other as	30131101	included		Yes		] No
<b>h</b>	If "Yes," explain the arrangement in Part XIV	and complete the fe	llouma	tabla				L	7 162	Ц,	7 140
D	ii res, explain the arrangement in Fart XIV	and complete the it	Dilowing	laule				<u> </u>			
_	Decimans belongs								Amoun	<u> </u>	
	Beginning balance						1c				
	Additions during the year						1d				
_	Distributions during the year						1e	-			
f	Ending balance						1f		<del></del>		٦
	Did the organization include an amount on F	orm 990, Part X, line	217						」Yes	<u> </u>	J No
	If "Yes," explain the arrangement in Part XIV	•	<del></del> -								
Par	t V Endowment Funds. Complete										
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	<u>r years</u>	back
1a	Beginning of year balance		ļ						<u> </u>		<del></del>
b	Contributions				1						
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities		1								
	and programs										
f	Administrative expenses										
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	<del></del> %									
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ind administe	ered for t	he organi	zation			
	by.						•			Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
ь	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	lule R2					3b		
4	Describe in Part XIV the intended uses of the	•							_00_		<u> </u>
Par					. Part X. line	10					
	Description of investment	(a) Cost or o			or other		ccumulat	ed le	(d) Boo	k valu	
	2000.phon or involutiont	basis (investi		, , <i>,</i>	(other)		preciation		(4) 500	+410	~
12	Land				/						
	Buildings										
	Leasehold improvements										
	•		-								
d	Equipment						•				
	Other		V a = t :	- /D\ !== 1	10(a) )			_			
Lotal	. Add lines 1a through 1e (Column (d) must e	<u>quai roiiii 990, Part</u>	A, COIUN	nn (b), line 1	U(C).				_		0.

Part VII Investments - Other Securities. See	Form 990, Part X, line 12	MANAGEME	NT, LLC 54	-1907/80 Page 3
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua Cost or end-of-year mar	
Financial derivatives			Oct of one of your man	
Closely-held equity interests				
Other				
INVESTMENT IN SOURCE	-			
PRECISION	250,000.	COST		
INVESTMENT IN TURBOGENOMICS	500,000.	COST		
INVESTMENT IN TRAFALGAR				
ASSOC.	473,346.	COST		
INVESTMENT IN NEURO MOLECULAR	125,001.	COST	<u> </u>	<del></del>
INVESTMENT IN MARINUS PHARM.	125,000.	COST		
INVESTMENT IN GRANITE PT.	100 540			
CAP.	183,549.	COST		· · · · · · · · · · · · · · · · · · ·
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)	2,006,896.	Ĺ		
Part VIII Investments - Program Related. Se	e Form 990, Part X, line 1	3 	(c) Method of valua	
(a) Description of investment type	(b) Book value		Cost or end-of-year mar	
			_	
			· ·	
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15.			
	Description			(b) Book value
NOTE RECEIVABLE - T.W. PRIVAT	E EQUITY CORP	•		2,000,000.
<u> </u>	<del></del>			
	<del></del>			
	<del></del>			
	45.			2,000,000.
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. See Form 990, Part X, I			P	2,000,000.
1 (a) Description of liability	ille 25	(b) Amount		<del></del>
<u> </u>		(D) / Unicalli		
Federal income taxes			$\dashv$	
			<del></del>	
······································				
Total. (Column (b) must equal Form 990, Part X, col (B) line	25.)		<del></del>	
2. FIN 48 Footnote In Part XIV, provide the text of the foot		financial statem	nents that reports the ord	anization's liability for
	XIV FOR CONT			
932053 02-01-10				edule D (Form 990) 2009
				•

	' KIDS CONNECT CHARITABLE FU	JND			
Sche	dule D (Form 990) 2009 C/O STERLING FOUNDATION MA	NAGEMENT,	LLC	54-1907780	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to				
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total 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 through 8		9		_
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ai	nd 9	10		
	t XII Reconciliation of Revenue per Audited Financial Statem			leturn	
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	•			
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b		1	
c	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIV)	2d		1	
e	Add lines 2a through 2d	[ EU ]		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	4a			
b	Other (Describe in Part XIV.)	4b		] ]	
c	Add lines 4a and 4b	, , ,		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pai	t XIII Reconciliation of Expenses per Audited Financial Statem	nents With Expe	enses per	Return	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a		]	
b	Prior year adjustments	2b			
С	Other losses	2c		]	
ď	Other (Describe in Part XIV)	2d		<u> </u>	
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	4a			
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must 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				4, Part
X, lın	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also com	plete this part to pro	ovide any add	ditional information	
				<del> </del>	
		<u> </u>			

Schedule D (Form 990) 2009

C/O STERLING FOUNDATION MANAGEMENT, LLC 54-1907780 Page 5

Part XIV Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, III	ne 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
INVESTMENT IN VISTAGEN THER.	50,000.	COST
CONVERTIBLE NOTE - PATIENTS	300,000.	COST

Schedule I (Form 990) 2009 **Employer identification number** 54-1907780 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance YOUTH SPORTS PROGRAM EDUCATION/CHARITY X Yes SENERAL SUPPORT 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 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, o ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▼ Attach to Form 990. LLC (d) Amount of cash grant 525. 50,000 265,000 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 12 C/O STERLING FOUNDATION MANAGEMENT, FUND (c) IRC section if applicable 501(C)(3) 52-1594262 501(C)(3) 501(C)(3) KIDS CONNECT CHARITABLE Enter total number of section 501(c)(3) and government organizations 27-0555648 26-1264680 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization CENTRAL CHILDREN'S CHARITIES, INC IMAGINATION PRODUCTIONS, INC. THE NETANYA FOUNDATION, INC. or government OWINGS MILLS, MD 21117 Name of the organization 10045 RED RUN BLVD. NEW YORK, NY 10016 NEW YORK NY 10036 150 WEST 46TH ST. Department of the Treasury 347 5TH AVENUE Internal Revenue Service SCHEDULE I (Form 990) Part I Part

FUND	
CHARITABLE	
CONNECT	
KIDS	

Page 2

54-1907780

Schedule I (Form 990) 2009 C/O STERLING FOUNDATION MANAGEMENT, LLC

| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(f) Description of non-cash assistance						
(e) Method of valuation (book, FMV, appraisal, other)			nformation required in Part I, line 2, and any other additional information	DOCUMENTS,		
(d) Amount of non- cash assistance			ine 2, and any other	THE ORGANIZATION REQUESTS PROGRAM DOCUMENTS		
(c) Amount of cash grant			n required in Part I, I	ON REQUEST		
(b) Number of recipients			ide the information	RGANIZATI	DRTS BACK	
(a) Type of grant or assistance			Part IV   Supplemental Information. Complete this part to provide the	SCHEDULE I, PART I, LINE 2: THE OF	DOES FOLLOW-UP CALLS AND GETS REPORTS	

Schedule I (Form 990) 2009

### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization KIDS CONNECT CHARITABLE FUND
C/O STERLING FOUNDATION MANAGEMENT, LLC

Employer identification number 54-1907780

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DISORDERS.
FORM 990, PART VI, SECTION A, LINE 2: ROGER SILK AND JAMES LINTOTT OWN
SEVERAL BUSINESSES JOINTLY. EVAN UNZELMAN IS AN EMPLOYEE OF STERLING
FOUNDATION MANAGEMENT, LLC IN WHICH ROGER SILK AND JAMES LINTOTT ARE
PARTNERS. ALAN DYE IS AN ATTORNEY WHO HAS WORKED WITH STERLING FOUNDATION
MANAGEMENT, LLC PREVIOUSLY.
FORM 990, PART VI, SECTION B, LINE 11: EXECUTIVE REVIEW MEETING
FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL MEETING OF THE BOARD OF
DIRECTORS
FORM 990, PART VI, SECTION C, LINE 19: UPON WRITTEN REQUEST

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions. Related Organizations and Unrelated Partnerships C/O STERLING FOUNDATION MANAGEMENT, LLC ► Attach to Form 990. CHARITABLE FUND KIDS CONNECT Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

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

Part

2009 \*\*
Open to Public Inspection Employer identification number

OMB No 1545-0047

54-1907780

(f) Direct controlling entity			elated tax-exempt
(e) End-of-year assets			e it had one or more r
(d) Total income			rt IV, line 34 becaus
(c) Legal domicile (state or foreign country)			swered "Yes" to Form 990, Par
(b) Primary activity			tions (Complete if the organization and
(a) Name, address, and EIN of disregarded entity			Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)
			Part II

Direct controlling entity status (if section 501(c)(3)) Public charity **e** 509(A) Exempt Code section 501(C)(3) ত্ত Legal domicile (state or foreign country) /IRGINIA TO SUPPORT ORGANIZATIONS TO ADVANCE MEDICAL RESEARCH Primary activity AND EDUCATION 54-1920820 Name, address, and EIN of related organization RED DIRT CHARITABLE FUND, INC. 67201 P.O. BOX 968 WICHITA KS

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

Schedule R (Form 990) 2009

LLC C/O STERLING FOUNDATION MANAGEMENT, Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Part III

Page 2.

54-1907780

General or managing partner? Yes No Percentage ownership 100% Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) Ξ Code V.UBI amount in box 20 of Schedule K-1 (Form 1065) ö Share of end-of-year assets <u>6</u> ate allocations? Disproportion-Yes No Ξ Share of total Income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income CORP Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ₤ <u>e</u> Legal domicile (state or foreign country) CA <u>ပ</u> Direct controlling entity Primary activity ত্ত NOTES RECEIVABLE Legal domicile (state or foreign country) <u>©</u> Primary activity TRAFALGAR ASSOCIATES INC. - 95-4673474 Name, address, and EIN of related organization Name, address, and EIN of related organization SHERMAN OAKS, CA 91403 14622 VENTURE BLVD <u>a</u> Part IV

Page 3

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KIDS CONNECT CHARITABLE FUND C/O STERLING FOUNDATION MANAGEMENT, LLC Schedule R (Form 990) 2009 Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

Note.	<b>Note.</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	Yes No
<u>-</u>	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	
a T	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	ta X
9	Gift, grant, or capital contribution to other organization(s)	tb X
<u>ပ</u>	Gift, grant, or capital contribution from other organization(s)	1c X
ם ר	Loans or loan guarantees to or for other organization(s)	1d X
e	Loans or loan guarantees by other organization(s)	1e X
<b>S</b>	Sale of assets to other organization(s)	1f X
<u>Б</u>	Purchase of assets from other organization(s)	1g X
Ē	Exchange of assets	th X
. <b>-</b>	Lease of facilities, equipment, or other assets to other organization(s)	; <del>-</del>
<u>-</u> .	Lease of facilities, equipment, or other assets from other organization(s)	1,
. <b>.</b>	Performance of services or membership or fundraising solicitations for other organization(s)	¥
_	Performance of services or membership or fundraising solicitations by other organization(s)	1 X
E S	Sharing of facilities, equipment, mailing lists, or other assets	T X
S	Sharing of paid employees	t X
0	Reimbursement paid to other organization for expenses	ot X
a. a.	Reimbursement paid by other organization for expenses	T dt
	Other transfer of cash or property to other organization(s)	19 ×
-   ~	Other transfer of cash of property notification (s)	
1		
	(a) Name of other organization(s)  Transaction type (a-r)	(c) Amount involved
<b>=</b>		
8		
(3)		
(4)		
(5)		
9		
932163 0	Sci 832163 02-04-10	Schedule R (Form 990) 2009

54-1907780

Page 4

KIDS CONNECT CHARITABLE FUND C/O STERLING FOUNDATION MANAGEMENT, LLC

Schedule R (Form 990) 2009

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

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

(a)	(q)		(D)	(e)		(6)	( <del>L</del> )
Name, address, and EIN of entity	Primary activity	ejg ga	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedille K-1	General or managing partner?
		country)	Yes No			(Form 1065)	Yes No
		:					
							_
		;	•				
							_
							••
					_		
			-				
			-				
			_	-			
					_		
							-

Schedule R (Form 990) 2009

Form 8868 (Rev. 4-2009)	Page 2
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box</li> <li>Note. Only complete Part II if you have already been granted an automatic 3 month extension on a previously filed if</li> <li>If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)</li> </ul>	
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	pies needed)
Name of Exempt Organization Type or KIDS CONNECT CHARITABLE FUND print  Organization  AND CONNECT CHARITABLE FUND	Employer identification number
C/O STERLING FOUNDATION MANAGEMENT, LLC  File by the extended che date for 2325 DULLES CORNER BLVD., NO. 670	54-1907780 For IRS use only
Filing the return See Instructions HERNDON, VA 20171	
Check type of return to be filed (File a separate application for each return)  X Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041 A Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	Form 5227 Form 8870 Form 6069
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	sly filed Form 8868.
The books are in the care of ▶ 2325 DULLES CORNER BLVD, STE 670 - HERN Telephone No ▶ 703-437-9720 FAX No ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all it request an additional 3-month extension of time until NOVEMBER 15, 2010  For calendar year 2009, or other tax year beginning and ending If this tax year is for less than 12 months, check reason Initial return Final return  State in detail why you need the extension ADDITIONAL TIME IS NEEDED FOR AN ACCURATE TAX RETURN.	s is for the whole group, check this
<ul> <li>8a If this application is for Form 990 BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.</li> <li>b If this application is for Form 990 PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid.</li> </ul>	8a \$
previously with Form 8868	8b \$
Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$ N/A
Signature and Verification	
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the it is true, correct, and complete, and that I am authorized to prepare this form	best of my knowledge and belief,
Signature > Melun & West Title > & PA	Date > 8/2//0
•	Form 8868 (Rev. 4-2009)

Form **8868** 

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)  Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868  Part I. Automatic 3-Month Extension of Time. Only submit original (no copies needed).	
Part 1. Automatic 3-Month Extension of Time. Only submit original (no copies needed).	
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete	
Part I only	
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time	
to file income tax returns	_
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the renoted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the addition (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Insteguent in the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Chanties & Nonprofits.	ional
Type or Name of Exempt Organization Employer identification in	ımber
print KIDS CONNECT CHARITABLE FUND	
C/O STERLING FOUNDATION MANAGEMENT, LLC 54-1907780	
due date for libra your 2325 DULLES CORNER BLVD., NO. 670	
return See Instructions City, town or post office, state, and ZIP code For a foreign address, see instructions	
HERNDON, VA 20171	
Check type of return to be filed(file a separate application for each return)	
X Form 990 Form 990-T (corporation) Form 4720	
Form 990-BL Form 990 T (sec. 401(a) or 408(a) trust) Form 5227  Form 990-EZ Form 990 T (trust other than above) Form 6069	
Form 990-EZ Form 990 T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870	
STERLING FOUNDATION MANAGEMENT	
• The books are in the care of ▶ 2325 DULLES CORNER BLVD, STE 670 - HERNDON, VA 20171	
Telephone No ► <u>703-437-9720</u> FAX No ►	_
• If the organization does not have an office or place of business in the United States, check this box	
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check box $\blacktriangleright$ and attach a list with the names and EINs of all members the extension will	ck this
box > and attach a list with the names and EINs of all members the extension will	cover
1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010 , to file the exempt organization return for the organization named above. The extension	
is for the organization's return for	
► X calendar year 2009 or	
tax year beginning, and ending	
2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting	penod
3a If this application is for Form 990 BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	
nonrefundable credits. See instructions.  3a \$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	
tax payments made. Include any prior year overpayment allowed as a credit  c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required.	
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)	
	A
See instructions   3c   \$ N/	