

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury

# **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)

2009 Open to Public

Inte	mal Revenue	Service	► The organization may have to use a copy of this return to satisfy sta	te reporting requir	rements	Inspection
<u>A</u>	For the 200	09 cal <u>endar y</u>	ear, or tax year beginning , and ending			
В	Check if applica	able Please	C Name of organization		D Emplo	yer Identification number
	Address chang	use IRS	Children's Harbor Endowment Fund			
$\overline{\Box}$	Name change	label or print or	Doing Business As	<del></del> .	63-	1276545
	•	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Teleph	one number
$\Box$	Initial return	See	1 Our Children's Highway		334	-857-2133
	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4	•	G Gross rece	pts \$ 758,629
	Amended retur		Children's Harbor AL 35010-8620			<u> </u>
$\exists$	Application per	.d.a F Name	and address of principal officer	<del>-</del>	H(a) is this a	group return for
Ш	Application per	luing	(,		affiliate	
					H(b) Are all include	affiliates 7 va 7 Na
						attach a list (see instructions)
$\overline{}$	Tax-exempt	status X	501(c) ( <b>3</b> ) <b>◄</b> (insert no.) 4947(a)(1) or 527		1	and and the second
<u>.</u>	Website:		childrensharbor.com		H(c) Gmun	exemption number
<u>к</u>	Type of organi			Year of formation 2		M State of legal domicile AL
	art I	Summa		rear or formation =		in otate or regar connoice
<del>-</del>	<del>, , , , , , , , , , , , , , , , , , , </del>		ne organization's mission or most significant activities			
		•	IG TO CHILDREN AND THEIR FAMILIES			
8	"	CONSELLI	G TO CHILDREN AND THEIR FAMILIES			
Пa						
19/						
Ó	2 Che	ck this box ▶		% of its net asset	1 1	<b>A</b>
8	3 Nun		members of the governing body (Part VI, line 1a)		3	4
ties	4 Nun		endent voting members of the governing body (Part VI, line 1b)		4	
Š	5 Tota		employees (Part V, line 2a)		5	_0
∌્	6 Tota		olunteers (estimate if necessary)		6	<u> </u>
LUIU Activities & Governance	7a Tota	•	ated business revenue from Part VIII, column (C), line 12		7a	
	b Net	unrelated bus	siness taxable income from Form 990-T, line 34	T Branks	7b	0
·	0 0	4-bk	Larrate (Ded.) (III. Larra 4h)	Prior Ye	7,824	Current Year 600 , 900
. 9			grants (Part VIII, line 1h)		7,024	000,300
Revenue	1	•	revenue (Part VIII, line 2g)		2,039	-10,118
, ě	1		e (Part VIII, column (A), lines 3, 4, and 7d)		2,039	
)    -	1		art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	5,785	590,782
- -			dd lines 8 through 11 (must equal Part VIII, column (A), line 12)	<del>  3</del>	3,163	390,762
2			r amounts part (Part X polyum (A), lines 1-3)	-	+	
3	14 Ben	ents paid to d	r for members (Part 1X column (A)) Inte (1)		+	· · · · · · · · · · · · · · · · · · ·
808	15 Sala	ines, other co	mpensation, employee benefits (Part IX, column (A), lines 5–10)			
ens	16a Prof	essional tuno	raising fees (Parl IX, Multimin (A), line 11e)			
Expen	<b>b</b> lota	al tundraising	expenses (Part IX, column (D), line 25)		2 100	1 040
ш	17 Othe	er expenses (	Part IX, column (A), (inas 11a 11d 111-241) 4		2,180	1,848 1,848
	18 Tota	il expenses /	expenses (Part IX, column (D), line 25)  Part IX, column (A), lines 11a 11d, 11f 24f)  Add lines 13 17 (mrst equal Part IX, column (A), line 25)		2,180	
- 6	1 19 Rev	enue less ex	penses Subtract line 18 from line 12	Beginning of Cu	3,605	588,934 End of Year
Net Assets or Fund Balances	20 Tota	ıl assets (Par	Y line-161		4,314	1,013,585
Asse Bala	20 Tota	ii assets (Fai il liabilities (P			7,513	1,013,303
¥2	21 Tota	<i>'</i>		36	4,314	1,013,585
-	art II		d balances Subtract line 21 from/line 20	1 30	3,213	1,013,303
<u>E</u>	art H	Signatu				
		under penar and belief, it	ies of perjury, I declare that I have examined this return, including accompanying schedules is true, correct, and complete. Declaration of propare) (other than officer) is based on all info	and statements, and ermation of which pre	to the best of eparer has any	my knowledge knowledge
e:-		\		-		-14-2010
Sig						14-2010
He	re	Signatu	re of officer		Date	
			Tarnes/A. Ray, Executive Director	<u> </u>		
_	-	y Type or	print fame and title	<del></del>	.=	Preparer's identifying number
Pai	id	Preparer's	Date	Check self-	ıf	(see instructions)
	•	signature		03/10 employ	yed ▶ 🔲	P00282339
	eparer's	Firm's name	HARE & DUNLAP CPA GROUP, P.C.		EIN ▶	63-0715120
US	e Only	if self-employ			Phone	
		address, and			no ▶	256-234-6364
May	the IRS di	scuss this re	um with the preparer shown above? (see instructions)			Yes No
For	Privacy A		work Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2009)
DAA						

## Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

COUNSELING	TΩ	CHILDREN	AND	THETE	FAMILIES

2	Did the organ	nization undertake any significant pro	gram services during the year which were not list	ed on	<del>-</del>
	_	n 990 or 990-EZ?			Yes X No
		cribe these new services on Schedul	e O		
3			ignificant changes in how it conducts, any progra	m	
	services?	<b>C</b> ,			Yes X No
		cribe these changes on Schedule O			
4			ach of the organization's three largest program so	ervices by expenses	
			d section 4947(a)(1) trusts are required to report t		
			enue, if any, for each program service reported	-	
			, ,, , , , , , , , , , , , , , , , , , ,		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	(	, (=:4=::===	33	, ,	
		······			
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
40	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
46	(Code	) (Expenses \$	including grants of \$	) (Nevenue v	,
		•			
			· · · · · · · · · · · · · · · · · · ·		
4d	Other progra	m services (Describe in Schedule C	))		
	(Expenses		ding grants of \$ ) (R	evenue \$	
40	Total progra	m service expenses 🕨			<del> </del>
-		<del></del>			Form 990 (2009)

Is the organization described in section 501(c)(3) or 4947(e)(1) (other than a private foundation)? If "Yes," complete Schedule A complete Schedule B, Schedule of Contributors?  2 Is the organization engage on direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part I Section 501(c)(4), 501(c)(5), and 501(c)(8) organizations is the organization subject to the section 5033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(8) organizations. Is the organization subject to the section 5033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part II Did the organization manual any denor adversed funds or any semilar funds or accounts where dinors have the right to provide advice on the distribution or investment of amounts in such funds or accounts of the section 5033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule D, Part II 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 courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part II 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 courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI Did the organization report an amount for fire did repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part XV, IVI, VIII, IX, or X as applicable  10 Did the organization report an amount for other assets related in Part X	
complete Schedule A  1 is the organization required to complete Schedule B, Schedule of Contributors?  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 II  3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part III  5 Section 501(c)(4), 591(c)(5), and 591(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 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts If "Yes," complete Schedule D, Part II  1 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts If "Yes," complete Schedule D, Part II  1 Did the organization maintain collections of works of art, histonical treasures, or other similar assets? If "Yes," complete Schedule D, Part II  2 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide cerect counseling, debt imanagement, credit repair, or debt negolisation services? If "Yes," complete Schedule D, Part VI  3 Did the organization report an amount for limps, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  4 Did the organization report an amount for investments—order securities in Part X, line 10? If "Yes," complete Schedule D, Part VI  5 Did the organization report an amount for investments—order securities in Part X, line 10? If "Yes," complete Schedule D, Part VI  6 Did the organization report an amount for investments—program related in Part X, line 10? If "Yes," complete Schedule D, Part XI  7 Did the organiza	No
2 IX the organization required to complete Schedule B. Schedule of Contributions? 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 II 4 Section 501(e)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C. Part III 5 Section 501(e)(4) 501(e)(5) and 501(e)(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 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part III 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historic studies? If "Yes," complete Schedule D. Part III 7 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not Issted in Part X, or provide credit courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D. Part V II 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endownents? If "Yes," complete Schedule D. Part V II 11 Is the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endownents? If "Yes," complete Schedule D. Part V II 10 Did the organization report an amount for investments—order securities in Part X, line 10? If "Yes," complete Schedule D. Part V II 11 Is the organization report an amount for investments—order related in Part X, line 10? If "Yes," complete Schedule D. Part V II 12 Did the organization report an amount for investments—order securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "	
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complete Schedule D, Part I  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 III  7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  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  10 Did the organization, frecitly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V  11 Is the organization's answer to any of the following questions. "Yes?" If so, complete Schedule D, Parts VI, VII, VIII, VII, X or X as applicable  11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII  12 Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  13 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  14 Did the organization report an amount for other assets 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 VII  15 Did the organization report an amount for other assets related 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 X  16 Did the organization report an amount for other liabilities 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 X  17 Did the organization's separate or consolidated f	
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17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	X
	$T^{-}$
on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	X_
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<u> </u>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	
If "Yes," complete Schedule G, Part III	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	X
Form 99	<b>)</b> (2009)

P:	art IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	1		
	in the United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
?5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		$\mathbf{x}_{-}$
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
-	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		х
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,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	t l	x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b		x
С	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		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
80	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30		X
11	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			-
-	Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-39 If "Yes," complete Schedule R, Part I	33		X_
4	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
5	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
6	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
7	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
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38_		X
			000	

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
				[ <u> </u>	Yes	No
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	0	<b></b>		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	<u> </u>	<del> </del>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able		1c		x
20	gaming (gambling) winnings to prize winners?	1 1		"		<del></del>
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2a	0			
h	Statements, filed for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			<sub>2b</sub> †		l
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)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered b	v				
	this return?	•		3a T		x
ь	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 auth	ority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial					
	account)?			4a		X
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bar	ık				
	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 transaction	17		5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardi	ng				
	Prohibited Tax Shelter Transaction?			5c		<del> </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					<b>.</b>
	organization solicit any contributions that were not tax deductible?			6a		X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions	or		6ь		
7	gifts were not tax deductible?			90		_
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	de				
а	and services provided to the payor?	12		7a		ĺ
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?			7c		
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 personal control of the organization.	onal	-			
	benefit contract?			7е		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	,		7f		
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	,				
	required?			7h		ļ
8	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		<del> </del>
9	Sponsoring organizations maintaining donor advised funds.			_	:	ŀ
a	Did the organization make any taxable distributions under section 4966?			9a 9b		$\vdash$
b	Did the organization make a distribution to a donor, donor advisor, or related person?			90		
10	Section 501(c)(7) organizations. Enter	10a				
a b	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	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 10	41?		12a		<u> </u>
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				L
				F	000	(200a)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI 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	<del></del>			
_	en a constant de la	4		Yes	No
1a	Enter the number of voting members of the governing body  1a	4	-		
ь	Enter the number of voting members that are independent  Delta of Grand and the standard an		-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		2		x
•	any other officer, director, trustee, or key employee?		-		
3	Did the organization delegate control over management duties customarily performed by or under the direct		3		x
	supervision of officers, directors or trustees, or key employees to a management company or other person?		4		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		5		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		6		X
6	Does the organization have members or stockholders?		-		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members				x
	of the governing body?		7a 7b		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		76		A
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following		. 1	x	
а	The governing body?		8a_	X	
b	Each committee with authority to act on behalf of the governing body?		8b_		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				x
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		
	tion B. Policies (This Section B requests information about policies not required by the Internal				
Rev	renue Code.)			Vaa	Na
	De die de la colonidade		40-	Yes	No X
10a	Does the organization have local chapters, branches, or affiliates?		10a_		<u> </u>
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		406		
	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		۱.,	x	
	form?		11	A	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		400		X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a		
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		406		
	nse to conflicts?		12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		40.		
	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		^
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?				v
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		4
	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		l		7
	with a taxable entity during the year?		16a		X
b	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 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 ▶ None				
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 for public inspection. Indicate how you make these available. Check all that apply				
	Own website				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest				
	policy, and financial 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. ▶ Sally Perrin, Comptroller 1 Our Children's Highwa				
C1	nildren's Harbor AL 35010	<u>334</u>	l− <u>85</u>		
DAA			Form	n <b>990</b>	(2009)

DAA

Form 990 (2009)

# 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

Check this box if the organization  (A)	(B)	1		(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	or director		Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
William E. Daveng	ort									
Director	•	ļ. —		-	_	<u> </u>		0	0	
Thomas T. Lambert	n								0	o
Director Benjamin Russell				_		┢		0		
Director								o	o	0
Jim Ray		H		$\vdash$	$\vdash$	H				
Exec Dir								o	0	0
						_			- <del> </del>	
		-	_	<u> </u>	-	1				
		-	<del> </del>	$\vdash$		-				<u> </u>
			ŀ							
		-								
			ŀ			'				
		<u> </u>								
		<u> </u>		<u> </u>		L				
	<del>                                     </del>	<b>├</b> -	_	├	$\vdash$					·
			1							
	<del>                                     </del>	+	$\vdash$			-	<del>                                     </del>	<u></u>		<del></del>
		+	$\vdash$	$\vdash$	_	T				
					1					
			1		1	l				

_ <del>ra</del>	T VII Section A. Unicers	, Directors, Trus	tees	, Ne	y En	ipio	yees	, and	a nignest Compensated E	mpioyees (continued)				
	(A) Name and Title	(B) Average	Pos	ition	(chec	C) kalit	hat a	oply)	(D) Reportable	(E) Reportable		(F) Estima		
		hours per week	or director		Officer	Key employee	_		compensation from the organization	compensation from related organizations (W-2/1099-MISC)	, co	amoun othe mpens from t	t of r sation he	
			trustee	Institutional trustee		loyee	Highest compensated employee		(W-2/1099-MISC)		a	rganiza and rela rganiza	ated	
	· · · · · · · · · · · · · · · · · · ·													
							_							
		<u> </u>					_							
			-		_	_								
										_				
											<u> </u>			
	<del>-</del>					ļ . <u>.</u>	<u> </u>						-	
1b	Total	<u></u>	<u> </u>			<u> </u>		┢						
2	Total number of individuals (increportable compensation from	<del>-</del>		to th	ose	listed	abo	ove)	who received more than \$1	00,000 in				
_	Did the assessment had any fa			4		kov			or highest componented		Г		Yes	No
3 4	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line	complete Schedu	ile J f repo	for s ortab	uch i	ndiv	idual ensat	ion a	and other compensation from	m	-	3		X
_	the organization and related or individual									ich		4		X
5 —	Did any person listed on line 1a services rendered to the organ	ızatıon? If "Yes,"								<u> </u>		5		X
Sec 1	ction B. Independent Contractor  Complete this table for your five		nsate	d inc	depe	nder	nt cor	ntrac	ctors that received more that	n \$100.000 of				
	compensation from the organiz	(A) business address						I		(B) ton of services			(C)	
	Name and	business address							Descrip	tion of services		Con	npensau	ion
										<del> </del>				
									- 11					
									-					
2	Total number of independent c more than \$100,000 in comper		-				to th	iose	listed above) who received			. 0		
DAA												Form	990	/2009

Pa	rt V	III Statem	ent of Rever	<u>iue</u>		······				<del></del>
							(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	<del>, ,</del>		<del> </del>			<u> </u>		revenue		512, 513, or 514
atr	1a	Federated camp		1a						
g a	b	Membership du		1b						
£, E	С	Fundraising eve	- F	1c_						
<u>grā</u>	d	Related organiz	ations	1d						
Sign	0	Government grants (c		1e						
E E	f	All other contributions								
흡	ı	and similar amounts n	L	1f		500,900				
Son	g	Noncash contributions		\$	5		600 000			
	h	Total. Add lines	1a-1f		I.		600,900			
n ne						Busn. Code				
eve	2a				-					<u> </u>
ë	b				-					
ž	C				ŀ			<del></del>		
Š					ŀ					
grai	•	All other program	m service reveni	10	<b> </b>					
Program Service Revenue   Contributions, gifts, grants anounts	a	Total. Add lines		ie.	L	•				
	3	Investment inco		udend	s interest					
		other similar am	_		o,o. oo.,	<b>■</b>	5,135	5,135		
	4	Income from inv	•	xempi	t bond prod	ceeds ►		_ <b>,</b>		
	5	Royalties				•				
		Γ	(ı) Real		(II) Pe	ersonal				
	6a	Gross Rents								
	ь	Less rental exps								
	С	Rental inc or (loss)								
	_d	Net rental incon	ne or (loss)			<b>•</b>				
	7a	Gross amount from sales of assets	(ı) Secunties		(n) C	Other				
		other than inventory	152,	594						
	ь	Less cost or other								
		basis & sales exps	167,							
	С	Gain or (loss)	-15,	253						
	d	Net gain or (los:	•	r		<b>•</b>	-15,253	-15,253		
Φ	8a	Gross income from	n fundraising event	s						
ē		(not including \$								
8		of contributions re								
Other Revenue	_	See Part IV, line 1		a						
ð		Less direct exp		b						
	C	Net income or (I Gross income from		iisiiig (	EAGLIIS					·
	Ja	See Part IV, line 1		а		ŀ				
	ь	Less direct exp		Б						
		Net income or (		~ [	vities	▶				
		Gross sales of		ا آ					·	
		returns and allo		а						
	ь	Less cost of go		ь						
		Net income or (		of inve	entory	<b>•</b>				
			llaneous Revenue			Busn. Code				
	11a									
	b									
	С									
	d	All other revenu	е		Ĺ					
	0	Total. Add lines				▶				
	12	Total Revenue	. See instruction:	3		. ▶	590,782	-10,118	0	0

Form 990 (2009)
Part IX

**Statement of Functional Expenses** 

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_7b	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				7-1-1
	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 paid to or for members				
5	Compensation of current officers, directors,				
3	trustees, and key employees				
6	Compensation not included above, to disqualified				<del></del>
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages		<u> </u>		
	_	<del></del>			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
					<u></u>
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	<del></del>	<del></del> .		
b	Legal				
С	Accounting				
d	Lobbying				
θ	Professional fundraising services See Part IV, line 17	1 040		1 040	
f	Investment management fees	1,848		1,848	
g	Other				
12	Advertising and promotion				
13	Office expenses				<del></del>
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<u> </u>
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
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 )	,			
а					
b					
C					
d					
8			-		
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,848		1,848	
26					
20	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
DAA	is is a sure of the sure of th				Form <b>990</b> (2009)

	art >	Balance Sheet		(A)		(B)
				Beginning of year		End of year
	1	Cash—non-interest bearing			1	
	2	Savings and temporary cash investments		301,273	2	912,685
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, tr	ustees, key			
		employees, and highest compensated employees Compl	ete Part II of			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined u	inder section			
		4958(f)(1)) and persons described in section 4958(c)(3)(E	3) Complete			
Ø		Part II of Schedule L			_ 6	
ets	7	Notes and loans receivable, net		_	7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment, cost or				
	1	other basis Complete Part VI of Schedule D	10a			
	ь	Less accumulated depreciation	10b		10c	
	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	63,041	15	100,900	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		364,314	16	1,013,585
	17	Accounts payable and accrued expenses		•	17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
Ø	21	Escrow or custodial account liability Complete Part IV of	Schedule D		21	-
Liabilities	22	Payables to current and former officers, directors, trustees				······································
≣		employees, highest compensated employees, and disqua	•			
<u>.</u>		persons Complete Part II of Schedule L		i	22	
_	23	Secured mortgages and notes payable to unrelated third i	parties		23	<u> </u>
	24	Unsecured notes and loans payable to unrelated third par			24	
	25	Other liabilities Complete Part X of Schedule D			25	<del></del>
	26	Total liabilities. Add lines 17 through 25			26	
<u> </u>		Organizations that follow SFAS 117, check here ▶	and			<del>, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
Balances		complete lines 27 through 29, and lines 33 and 34.	-j			
a	27	Unrestricted net assets		221,053	27	869,424
찚	28	Temporanly restricted net assets			28	
<del>-</del>	29	Permanently restricted net assets		143,261	29	144,161
٦		Organizations that do not follow SFAS 117, check her	- <b>→</b> 🗀			
Ľ		and complete lines 30 through 34.				
0	30	Capital stock or trust principal, or current funds	Ţ	30		
ets	31	Paid-in or capital surplus, or land, building, or equipment f	fund		31	
88	32	Retained earnings, endowment, accumulated income, or		<del></del>	32	
Net Assets or Fund	33	Total net assets or fund balances	outer futiga	364,314	33	1,013,585
9	34	Total liabilities and net assets/fund balances		364,314	34	1,013,585

Form **990** (2009)

om	1 990 (2009) Children's Harbor Endowment Fund 63-1276545		Pa	ge <b>12</b>
Pa	Accounting method used to prepare the Form 990			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	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 consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	1 1		
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any stens taken to undergo such audits	3b		I

Form **990** (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Children's Harbor Endowment Fund

Employer identification number

63-1276545

P	ırt i	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) S	ee ins	structio	ons.
The	orga	nization is not	a private foundation because	it is (For lines 1 through 11, che	ck only or	ne box )					
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(	A)(i).				
2	$\sqcap$	A school des	cnbed in section 170(b)(1)(A	)(ii). (Attach Schedule E)							
3	П	A hospital or	a cooperative hospital service	e organization described in secti	on 170(b)	(1)(A)(iii)					
4	П	A medical res	search organization operated	in conjunction with a hospital de-	scribed in	section '	170(b)(1	)(A)(iii).	Enter th	ne hospi	tal's name,
	_	city, and state		•							
5		•		a college or university owned or	operated	by a gove	ernmenta	al unit de	escribed	l ın	
		•	b)(1)(A)(iv). (Complete Part I	•	•						
6		•		vernmental unit described in sec	tion 170(	b)(1)(A)(v	·).				
7	Ħ	•		ubstantial part of its support from	•		•	n the ge	neral pu	plic	
	ш	•	section 170(b)(1)(A)(vi). (Co	•				J	•		
8				'0(b)(1)(A)(vi). (Complete Part II	)						
9	Ħ	•		more than 33 1/3 % of its suppo	•	ntribution	s. memb	ership f	ees. an	d aross	
·	ш	•	• , ,	ot functions—subject to certain e							
		•	•	d unrelated business taxable inco	-						
		• •	~	, 1975. See section 509(a)(2).							
10		•	<u>*</u>	xclusively to test for public safety	-		a)(4).				
11	X	-		clusively for the benefit of, to pe				carry or	ıt the		
••		-	- ·	d organizations described in sec						tion	
		• •	• • • • • • • • • • • • • • • • • • • •	e type of supporting organization							
		a X Type		c Type III–Functiona			d		e III–Ot	her	
θ	X			nization is not controlled directly							
•				and other than one or more public						ction	
			section 509(a)(2)	, , , , , , , , , , , , , , , , , , ,	,						
f				mination from the IRS that it is a	Type I. Ty	me II. or 1	vpe III s	upportin	ıa		
•		•	check this box		.,,,,,	<b>, , , , , ,</b>	,,,		3		
		-		on accepted any gift or contributi	on from a	ny of the					
g		following per	· · ·	on accepted any gire or continuen		.,					
				ntrols, either alone or together wi	th nersons	s describe	ed in (ii)				Yes No
		• • •	below, the governing body of	<del>-</del>	poroc		()				11g(i) X
			member of a person describe	• • •							11g(ii) X
		• • •	ontrolled entity of a person de	• •							11g(iii) X
h			following information about the								1.5//1
	Nami	e of supported	(ii) EIN	(iii) Type of organization	(iv) is the o	organization	(v) Did v	ou notify	(vi)	ls the	(vii) Amount of
(1)		anization	(,	(described on lines 1–9	1	sted in your	the organ	nization in	organizat	bon ın coli	support
				above or IRC section	governing	document?		of your port?	1	zed in the	
				(see instructions))	Yes	No	Yes	No	Yes	No	
Ch	<del>i</del> 1	dren's	Harbor, Inc.	-	1		1				
-			57-0892070	11a	x		X	ŀ	x	1 1	500,000
								<u> </u>		1	
								-	<del>                                     </del>	1	-
					1					┢╌╌┪	
			<del> </del>		1	<del></del>	<b></b>				
	-					<b></b>		<b></b>			
Tota	l										500,000
			41 / / / / / / / / / / / / / / / / / / /								

	organization, check this box and stop nere		
Sec	tion C. Computation of Public Support Percentage		
14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	
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 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		▶ ∐

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.)

Sec	tion A. Public Support	cked the box	OII IIIIE 9 OI I a				
	lendar 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")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		_			<u> </u>	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		_				
b	Amounts included on lines 2 and 3 received				İ		
	from other than disqualified persons that		1				
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		<del> </del>	· · · · · ·	-	<del> </del>	-
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support	117 111 11122					
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6			<u> </u>			
10a	Gross income from interest, dividends, payments received on secunties 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					ļ	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	L				<u></u>	
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	second, third, four	th, or fifth tax year a	as a section 501(c)	(3)	▶ [
Sec	tion C. Computation of Public Su	pport Percent	tage				
15	Public support percentage for 2009 (line 8,	column (f) divided	by line 13, column	(f))		15	%
16	Public support percentage from 2008 Sche	dule A, Part III, line	e 15			16	%
Sec	tion D. Computation of Investme	nt Income Per	rcentage				
17	Investment income percentage for 2009 (lin	ne 10c, column (f)	divided by line 13,	column (f))		17	%
18	Investment income percentage from 2008 S					18	%_
19a	33 1/3 % support tests—2009. If the organ						_
	17 is not more than 33 1/3 %, check this bo						▶ [
þ	33 1/3 % support tests—2008. If the organ						
	line 18 is not more than 33 1/3 %, check the	-	<del>-</del>				
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 19	9b, check this box a	and see instructions	s	<u></u>

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

#### 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.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization

Employer identification number

C'	hildren's Harbor Endowment Fund	63-1276545								
	Organizations Maintaining Donor Advised Further organization answered "Yes" to Form 990, F									
	the organization and the territorial	(a) Donor advised funds	(b)	Funds and other accounts						
1	Total number at end of year	(4) 20101 441004 141140	(2)	Talled and out of accounts						
2	Aggregate contributions to (during year)									
3	Aggregate grants from (during year)									
Д	Aggregate value at end of year									
5	Did the organization inform all donors and donor advisors in writing that t	the assets held in donor advised								
3	funds are the organization's property, subject to the organization's exclus			Yes No						
6	Did the organization inform all grantees, donors, and donor advisors in w	<u> </u>		163 140						
U	used only for charitable purposes and not for the benefit of the donor or of									
	purpose conferring impermissible private benefit?	donor advisor, or for any other		Yes No						
Pa	art II Conservation Easements. Complete if the organization	anization answered "Yes" to Form	1 990. P							
1	Purpose(s) of conservation easements held by the organization (check a									
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically imp	ortant land	i area						
	Protection of natural habitat	Preservation of certified historic st								
	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a qualified conserv	ation contribution in the form of a conserval	tion							
	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 structure include	ded in (a)	2c							
d	Number of conservation easements included in (c) acquired after 8/17/06	2d								
3	Number of conservation easements modified, transferred, released, extil	nguished, or terminated by the organization	during							
	the taxable year									
4	Number of states where property subject to conservation easement is lo									
5	Does the organization have a written policy regarding the periodic monitor	oring, inspection, handling of		П., П.,						
	violations, and enforcement of the conservation easements it holds?			Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	ng conservation easements during the year								
-		the compate during the year								
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co  \$ \$	nservation easements during the year								
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section								
Ü	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	e requirements of section		☐ Yes ☐ No						
9	In Part XIV, describe how the organization reports conservation easemen	nts in its revenue and expense statement, a	and							
•	balance sheet, and include, if applicable, the text of the footnote to the or									
	the organization's accounting for conservation easements									
Pŧ	Organizations Maintaining Collections of Art,		imilar A	ssets.						
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 8.		<u> </u>						
1a	If the organization elected, as permitted under SFAS 116, not to report in									
	art, historical treasures, or other similar assets held for public exhibition,	•	blic service	∋,						
	provide, in Part XIV, the text of the footnote to its financial statements that									
b	If the organization elected, as permitted under SFAS 116, to report in its									
	historical treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of public	service,							
	provide the following amounts relating to these items									
	(i) Revenues included in Form 990, Part VIII, line 1		•	*						
_	(ii) Assets included in Form 990, Part X			*						
2	If the organization received or held works of art, historical treasures, or o		e tne							
_	following amounts required to be reported under SFAS 116 relating to the	ese items		¢						
a	Revenues included in Form 990, Part VIII, line 1		<b>P</b>	*						
D	Assets included in Form 990, Part X		•	\$ <u></u>						

Sche		Harbor End			76545	Page <b>2</b>						
_Pa	rt III Organizations Maintaining (	Collections of Art	, Historical Treas	ures, or Other S	Similar Assets (	continued)						
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, chec	ck any of the following	that are a significant i	use of its							
а	Public exhibition	d Loar	n or exchange program	IS								
b												
	c Preservation for future generations											
4	Provide a description of the organization's collect	ctions and explain how t	hey further the organiz	ation's exempt purpo	se in							
5												
	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part											
Pa	IV, line 9, or reported an amount on Form 990, Part X, line 21.											
			•									
1a	Is the organization an agent, trustee, custodian	or other intermediary for	r contributions or other	assets not		п. п.						
	included on Form 990, Part X?					Yes No						
b	If "Yes," explain the arrangement in Part XIV and	d complete the following	ı 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 Form	990. Part X. line 21?				Yes No						
	If "Yes," explain the arrangement in Part XIV											
	# V Endowment Funds. Comple	te if organization a	enswered "Yes" to	Form 990, Part	IV. line 10.							
	210	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back						
10	Beginning of year balance	(a) cancing year	(4)	(-,,		, , , , , , , , , , , , , , , , , , ,						
	•											
	Contributions	-				<u> </u>						
С	Net investment earnings, gains,					•						
	and losses			<u> </u>								
	Grants or scholarships	<del>"</del>	· <del>_</del> .									
θ	Other expenditures for facilities					<u> </u>						
	and programs											
f	Administrative expenses											
g	End of year balance			<u> </u>								
2	Provide the estimated percentage of the year er	nd balance held as										
а	Board designated or quasi-endowment ▶	%										
b	Permanent endowment ▶ %											
С	Term endowment ▶ %											
3a	Are there endowment funds not in the possession	on of the organization th	at are held and admini	stered for the								
	organization by					Yes No						
	(i) unrelated organizations					3a(i)						
	(ii) related organizations					3a(ii)						
b	If "Yes" to 3a(ii), are the related organizations lis	sted as required on Sch	edule R?			3b						
4	Describe in Part XIV the intended uses of the or	•										
<del>-</del>	rt VI Investments—Land, Buildin			Part X line 10								
	Description of investment	(a) Cost or other basis			cumulated	(d) Book value						
	Dood Ipalon of Introduction	(investment)	basis (other		eciation	<b>(-,</b>						
		(		,								
	Land			<u> </u>								
	Buildings											
	Leasehold improvements	<del></del>										
	Equipment	<u> </u>				<del></del>						
	Other	L										
Total	. Add lines 1a through 1e (Column (d) must equa	al Form 990, Part X, col	umn (B), line 10(c).)		<b>▶</b>							

Schedule D (F	orm 990) 2009	Children's Harbor En		63-1276545	Page <b>3</b>
Part VII	Investment	s-Other Securities. See Form 9	90, Part X, line 12.		
	(a) Descr	nption of security or category	(b) Book value	(c) Method o	f valuation
	(ınclı	uding name of security)		Cost or end-of-ye	ar market value
Financial deriv	ratives				
Closely-held e	quity interests				
Other					
			_		
			_		
	. – – – –		_		
	. <del>-</del>				
	. <del></del>		_	<u> </u>	
			_		<u>.</u>
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		200,1 200, (2)	<u> </u>	<u> </u>	<u></u>
Part VIII		s—Program Related. See Form S		· · · · · · · · · · · · · · · · · · ·	
	(a) Des	cnption of investment type	(b) Book value	(c) Method o	
				Cost or end-of-ye	ar market value
					<u> </u>
					······
			<u> </u>		
Part IX	Other Asse	ts. See Form 990, Part X, line 15	· · · · · · · · · · · · · · · · · · ·		
	<del> </del>	(a) Description		_	(b) Book value
	I	Oue from Children's Ha	arbor, Inc.		100,900
					···
		····		<del></del>	
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					100,900
Part X		Form 990, Part X, col (B) line 15)	25	<u> </u>	
TAILA.		lities. See Form 990, Part X, line Description of liability	(b) Amount		
I Codorol in som		Description of Hability	(b) Amount	-	
Federal incom	e taxes			-	
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		01111 000,1 dit 71, 001 (b) iii10 20 /		- 45-4	
		V, provide the text of the footnote to the orga	mization s financial statement	s mai reports the	
organization's	liability for uncerta	ain tax positions under FIN 48			

Sche	dule D (Form 990) 2009 Children's Harbor Endowment Fu	ınd	63- <u>127654</u>	5	
Pa	Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Financial Statem	ents	
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 penod 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 and 9			10	
Pa	Reconciliation of Revenue per Audited Financial Statemen	nts W	<u>ith Revenue per Ret</u>	urn	
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				
а	Net unrealized gains on investments	2a	<u></u>		
b	Donated services and use of facilities	2b			
C	Recovenes of pnor year grants	2c			
d	Other (Describe in Part XIV)	_2d	<u> </u>	1	
θ	Add lines 2a through 2d			2ө	
3	Subtract line 2e from line 1	1	ſ	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	<u></u>		•
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	
	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents v	Vith Expenses per R	eturr	<u> </u>
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	Ι.	1		
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV )	2d	i		
0	Add lines 2a through 2d			2е	
3	Subtract line 2e from line 1	ì	ſ	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		}		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV.)	4b	<u> </u>	1	
_	Add lines 4a and 4b			4c_	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
	rt XIV Supplemental Information	4	14 Dart IV base 4b		
	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines				
	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines	zu and	1 40 Also complete		
nis p	art to provide any additional information				
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Schedule D (Form 990) 2009  Part XIV Supplement		Ch	ild	ren '	s E	larb	or	End	lown	ıent	: Fi	und	ì	(	63-:	L27	65	45					Pag					
Part XIV	Suppl	lemen	tal li	nform	nation	(cor	tinue	<u>d)</u>		-																		
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#### **SCHEDULE 0** (Form 990)

### Supplemental Information to Form 990

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Children's Harbor Endowment Fund

Employer identification number

63-1276545

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 The 990 is reviewed by the executive director, whom is a member of the board, and signed. The board relies on the audited financial statements to disclose any questionable items. The executive director informs the executive committee of the filing of the 990 and makes it available to the executive board and the full board at the next planned meeting.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public