

## 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



**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047

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

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

| For t          |                       |                      | the state of the s | J:                        |                          | 20                           | 00 40   |
|----------------|-----------------------|----------------------|--|---------------------------|--------------------------|------------------------------|---|
|                | the 2009 ca           |                      | year, or tax year beginning July 1 , 2009, and el  | nding                     | June                     |                              | , 20 10<br>er identification number                             |
| Check if       | f applicable          | Please<br>use IRS    | C Name of organization Children UP   |                           | ′                        |                              |   |
| Addres         | ss change             | label or             | Doing Business As Children UP  |                           |                          | 71                           | : 0134556   |
| ] Name (       | change                | print or type.       |  | m/suite                   |                          | •                            | ne number   |
| ] Initial re   | return                | See                  | 481 Alma   |                           |                          | ( <b>630</b> )               | 832 9010  |
| Termina        | ated                  | Specific<br>Instruc- | City or town, state or country, and ZIP + 4  |                           |                          |                              |   |
| Amend          | ded return            | tions.               | Elmhurst, IL 60126-3103  |                           | G                        | Gross rec                    | zerpts \$ 31,725  |
| 1              | tion pending          | F Nam                | e and address of principal officer Charles D. Laliberte  | ١,                        | H(a) Is this a           | amun retum                   | for affiliates? Yes No  |
| - г фриода     | son ponding           | 481 AI               | ma Elmhurst, IL 60126-3103   |                           |                          |                              | ncluded? Yes No   |
| Tax-e:         | xempt status          |                      | 01(c) ( 3 ) ◀ (insert no )   |                           |                          |                              | list (see instructions)   |
|                | <del></del>           |                      | drenup.org   | ──.                       | H(c) Group exe           |                              | ·   |
|                |                       |                      | ration ☐ Trust ☐ Association ☐ Other ► L. Year of fo   |                           | <del></del>              |                              | legal domicile: IL  |
| Part I         |                       |                      | The Care Care Care Care Care Care Care Car   |                           | 2001                     |                              |   |
| al t t         | Summ                  | ai y                 |  | hildron.                  | LID.eunn                 | oorte od                     | ucation This year   |
| 1_             | _Briefly-de           | scribe               | the organization's mission or most significant activities: CI  | muren                     | or suppl                 | JUI IS EU                    | L'allon. This year,   |
| ١              |                       |                      | s begun directing its efforts to secondary students in no  |                           |                          |                              |   |
| 2 3 4 5 6      |                       |                      | "leaving exam" and who would not otherwise have the fi   |                           | means to                 | contin                       | ue their education.   |
|                | Children              | UP su                | pports students from the elementary to the university le   | vel.                      |                          |                              |   |
| 2              | Check this            | box ►                | f the organization discontinued its operations or disposed of more than  | 1 25% of It               | ts net assets            | 3                            |   |
| 3 3            | Number                | of votin             | g members of the governing body (Part VI, line 1a)   |                           |                          | 3                            | 8   |
| 4              |                       |                      | pendent voting members of the governing body (Part VI, lin   | ne 1b) .                  |                          | 4                            | 0   |
| 5              |                       |                      | employees (Part V, line 2a)  |                           |                          | 5                            | 0   |
| 6              |                       |                      | volunteers (estimate if necessary)   |                           | • • •                    | 6                            | 15  |
| · 1            |                       |                      | lated business revenue from Part VIII, column (C), line 12.  |                           |                          | 7a                           | 0   |
|                |                       |                      | Isiness taxable income from Form 990-T, line 34.   |                           |                          | 7b                           | 0   |
| +              | Tiol dino             | uica bi              | ionicos taxable modific menti office con i, inicioti   | <del></del>               | Prior Year               |                              | Current Year  |
|                |                       |                      |  |                           |                          |                              | 31,618  |
| , 8            |                       |                      | nd grants (Part VIII, line 1h)   | -                         |                          | <del></del>                  |   |
| 9              | _                     |                      | revenue (Part VIII, line 2g)   |                           | <del></del>              |                              | 0   |
| 9              |                       |                      | me (Part VIII, column (A), lines 3, 4, and 7d)   | ·                         |                          |                              | 107   |
| 11             |                       |                      | Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | . •                       |                          |                              | 0   |
| 12             | Total reve            | nue-a                | dd lines 8 through 11 (must equal Part VIII, column (A), line 12   | )                         |                          |                              | 31,725  |
| 13             | Grants a              | nd simi              | ar amounts paid (Part IX, column (A) Vines (1-3)   |                           |                          | -1                           | 8,392   |
| 14             |                       |                      | or for members (Part IX <del>, column (A), line 4)</del>   | . L                       |                          | <u>-</u> ]                   | 0   |
| 15<br>16a      |                       |                      | mpensation, employee benefits (Part IX, column (A) ines 5-10)  | ۱ L                       |                          | -                            | 0   |
| 16=            |                       |                      | draising fees (Part IX, Humil@) lide (1) 19010.  | · [                       |                          | -                            | 0   |
| 1              | a Total fund          | draicing             | averages (Doubly solveds (D) line (E) b  |                           |                          |                              |   |
| _   ~          |                       |                      |  |                           |                          |                              | 14  |
| 17             | Other ex              | penses               | (Part IX, column (A), lines that 13 (A) III (A)  |                           |                          |                              | 8,406   |
|                |                       |                      | Add lines 13–17 (must-equal Part-IX, column (A), line 25).   | •                         |                          | -                            | 23,319  |
| 19<br>g        | neveriue              | iess ex              | penses. Subtract line 18 from line 12  | Paris                     | nning of Cun             |                              | End of Year   |
| galances<br>20 |                       |                      |  | Begii                     |                          |                              |   |
| 麗 20           | Total ass             | ets (Pa              | rt X, line 16)   | ·                         | •                        | 14,588                       | 37,906  |
| 필 21           |                       |                      | Part X, line 26)   | -                         |                          | 0                            | 0   |
| ₹ 22           |                       |                      | nd balances. Subtract line 21 from line 20   |                           |                          | 14,588                       | 37,906  |
| Part II        | Sign                  | ature                | Block  |                           |                          |                              |   |
| ign            | Under pe              | nalties of           | perjury, I declare that I have examined this return, including accompanying se, correct, and complete Declaration of preparer (other than officer) is base   | schedules<br>ed on all in | and statementormation of | ents, and to<br>f which pre  | the best of my knowledge<br>eparer has any knowledge<br>3, Z0/0 |
| . 9            | Sign                  | ature of             | RLES D LALIBERTE,  | Di                        | REC                      | TOR                          | 2   |
| -              | Турк                  | or print             | name and title   | 1                         |                          |                              |   |
| ere            | Preparer<br>signature | s                    | name and title  Date   | Check<br>self-<br>employ  |                          | reparer's ic<br>see instruct | dentifying number   |
| aid reparer's  | Preparer signature    | s<br>ime (or ye      | Date   | self-                     |                          |                              |   |

| If "Yes," describe these new services on Schedule O.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.  4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) analysizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a. (Code: ) (Expenses \$ 7,892 including grants of \$ 7,892) (Revenue \$ 0.)  SECONDARY STUDENTS - PROJECT  Children UP is supporting eight students at four secondary schools in Gulu Uganda, providing tuition, room and board fees, supplies, transportation and mentor services. Our objective is to support academical gifted students who do not have the financial means to continue their education. Our immediate goal for these students is a successful four years at O level and high scores on their S4 leaving exam. Ultimately, Children UP would like those students who have the desire to continue their education to be able to do so.  Our mentor team is comprised of three professional educators, from Gulu Uganda who work with us to support, the students' academic, social and emotional needs. The team meets monthly with the students. Additional support services are provided as needed. The mentor team also established communications with teachers, administrators and family members. Reports from Gulu are sent to Children UP each term. The mentor team receives an honorarium from Children UP.  4b (Code: ) (Expenses \$ 500 including grants of \$ 500 ) (Revenue \$ 0.) UNIVERSITY STUDENT - SUPPORT.  Our university student has completed her undergraduate course work in July, 2010.  This is the final year of financial support focused on her living expenses. She received a work/study grant from the government of Uganda which paid ther tuition fees.  If accepted into a Master's program f               | Par       | Statement of Program Service Accomplishments   |
|---|-----------|--|
| the prior Form 990 or 990-EZ?  If "Yes   Ni If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Code:(Expenses \$  | 1         | Children UP is committed to strengthening the spirit of the people of northern Uganda from the children up   |
| 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.  Describe the exempl purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Code:  | 2         | the prior Form 990 or 990-EZ?  |
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| (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )   | 4c        | CHILDREN UP ADMINSTRATIVE COSTS  The Children UP Board members volunteer their time, equipment, supplies and expertise to work toward the goal   |
| (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )   |           |  |
|   |           | (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )  |

| Par       | t IV Checklist of Required Schedules   |           |          |          |
|-----------|--|-----------|----------|----------|
|           |  |           | Yes      | No       |
| 1         | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1         | 1        |          |
| 2         | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2         | ✓        | <u> </u> |
| 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         |          | 1        |
| 4         | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  | 4         |          | 1        |
| 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_        | ✓        |          |
| 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         |          | 1        |
| 8         | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8-        |          | <b>✓</b> |
| 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_        |          | 1        |
| 10        | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10        |          | 1        |
| 11        | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable   | 11        |          | 1        |
| •         | 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. |           |          |          |
| 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        |          | 1        |
| 12A       | Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  |           |          |          |
| 13<br>14a | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13<br>14a | 1        | <b>/</b> |
| 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       |          | 1        |
| 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        |          | 1        |
| 16        | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III  | 16        | <b>✓</b> |          |
| 17        | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17        |          | 1        |
| 18        | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18        |          | 1        |
| 19        | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.  | 19        |          | 1        |
| <u>20</u> | Did the organization operate one or more hospitals? If "Yes," complete Schedule H  | 20        | L        | 1        |

| Pai    | 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 in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.   | 21         |          | 1        |
| 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         |          | 1        |
| 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         |          | 1        |
| 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        |          | <b>√</b> |
| b      | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b        |          | ✓        |
| С      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c        |          | 1        |
| d      | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d        |          | 1        |
| 25a    | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a        |          | 1        |
| b      | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I           | 25b        |          | 1        |
| 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         |          | 1        |
| 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         |          | 1        |
| 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<br>b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a<br>28b |          | <b>√</b> |
| 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        |          | <b>✓</b> |
| 29     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29_        | <u> </u> | ✓        |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 30         |          | 1        |
| 31     | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31         |          | 1        |
| 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         |          | 1        |
| 33     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33         |          | 1        |
| 34     | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1   | 34         |          | 1        |
| 35     | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35         |          | ✓        |
| 36     | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>  | 36         |          | 1        |
| 37     | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37         |          | /        |
| 38     | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.   | 38         | 1        |          |

| Par        | t V Statements Regarding Other IRS Filings and Tax Compliance   |          |          |  |  |  |  |  |  |
|------------|---|----------|----------|--|--|--|--|--|--|
|            | •   |          | Yes      | No   |  |  |  |  |  |
| 1a         | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of  |          |          | 1  |  |  |  |  |  |
|            | U.S. Information Returns. Enter -0- if not applicable   |          |          |  |  |  |  |  |  |
| b          | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   |          |          |  |  |  |  |  |  |
| С          | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | 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 2a   0  |          |          | 1  |  |  |  |  |  |
| b          | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b       |          | ├  |  |  |  |  |  |
|            | <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> 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?  | 3a       |          | 1  |  |  |  |  |  |
| 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)?   | 4a       | <b>V</b> | <del> </del>                                     |  |  |  |  |  |
| b          | b If "Yes," enter the name of the foreign country: ▶ Uganda   |          |          |  |  |  |  |  |  |
|            | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   |          |          |  |  |  |  |  |  |
| <b>-</b> - |   | 5a       |          | 1  |  |  |  |  |  |
|            | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   |          |          |  |  |  |  |  |  |
|            | <ul> <li>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</li> <li>c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding</li> </ul> |          |          |  |  |  |  |  |  |
| U          | Prohibited Tax Shelter Transaction?   |          |          |  |  |  |  |  |  |
| 6a         | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the  | 6a       |          | <b>✓</b>   |  |  |  |  |  |
|            | organization solicit any contributions that were not tax deductible?  |          |          |  |  |  |  |  |  |
| b          | <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |          |          |  |  |  |  |  |  |
| 7          | Organizations that may receive deductible contributions under section 170(c).   |          |          |  |  |  |  |  |  |
| а          | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | 7a       | 1        |  |  |  |  |  |  |
| b          | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b       | <b>√</b> |  |  |  |  |  |  |
|            | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | 7c       |          | 1  |  |  |  |  |  |
| 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       |          | <b>,</b> .                                       |  |  |  |  |  |
| f          | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f       |          | 1  |  |  |  |  |  |
| g          | 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?   | 7h       |          | <u> </u>   |  |  |  |  |  |
| 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        |          | <b>✓</b>   |  |  |  |  |  |
| 9          | Sponsoring organizations maintaining donor advised funds.   | 0-       |          | ,  |  |  |  |  |  |
| а          | Did the organization make any taxable distributions under section 4966?   | 9a<br>9b |          | 1  |  |  |  |  |  |
| b          | Did the organization make a distribution to a donor, donor advisor, or related person?  | ap       |          | <del>                                     </del> |  |  |  |  |  |
| 10         | Section 501(c)(7) organizations. Enter:   |          |          |  |  |  |  |  |  |
| a          | initiation rees and suprial contributions included on that vin, into 12.  |          |          |  |  |  |  |  |  |
| 11         | aross rescripts, included on Form 500, Fart VIII, line 12, for public 450 of olds facilities  |          |          |  |  |  |  |  |  |
| 11         | Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders   |          |          |  |  |  |  |  |  |
| a          | Gross income from other sources (Do not net amounts due or paid to other sources against  |          |          |  |  |  |  |  |  |
| Þ          | amounts due or received from them.)   |          |          |  |  |  |  |  |  |
| 12a        | amounts due of received from them.  | 12a      |          |  |  |  |  |  |  |
|            | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b  |          |          |  |  |  |  |  |  |

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  |                   |          |          |
|------------|--|-------------------|----------|----------|
| _          | المالية  |                   | Yes      | No       |
| 1a         | Enter the number of voting members of the governing body   |                   |          | - 1      |
| b          | Enter the number of voting members that are independent  |                   |          | i        |
| 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                 | <b>✓</b> |          |
| 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                |          | <b>√</b> |
| 4          | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  | 4                 |          | <b>√</b> |
| 5          | Did the organization become aware during the year of a material diversion of the organization's assets?  | 5                 |          | <b>√</b> |
| 6          | Does the organization have members or stockholders?  | 6                 |          | <b>✓</b> |
| 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                |          |          |
| 8_         | Did the organization contemporaneously document the meetings held or written actions undertaken during   |                   |          |          |
|            | the year by the following:   | ~ -               | ٠, ا     |          |
|            | The governing body?  | 8a                | ✓        |          |
| . <b>b</b> | Each committee with authority to act on behalf of the governing body?  | 8b                | <b>√</b> |          |
| 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   | 9a                |          | <b>✓</b> |
|            | tion B. Policies (This Section B requests information about policies not required by the Inte  | ernal             |          |          |
| Rev        | enue Code.)  |                   |          |          |
|            | ·  |                   | Yes      | No       |
| 10a        | Does the organization have local chapters, branches, or affiliates?  | 10a               |          | <b>✓</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                | <b>✓</b> |          |
| 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               | <b>√</b> |          |
|            | Are officers, directors or trustees, and key employees required to disclose annually interests that could give   |                   |          |          |
|            | rise to conflicts?   | 12b               |          | <b>✓</b> |
| c          | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"   |                   |          | _        |
| Ŭ          | describe in Schedule O how this is done  | 12c               |          | <b>✓</b> |
| 13         | Does the organization have a written whistleblower policy?   | 13                |          | <b>✓</b> |
| 14         | Does the organization have a written document retention and destruction policy?  | 14                |          | <b>✓</b> |
| 15         | Did the process for determining compensation of the following persons include a review and approval by   |                   |          | Ì        |
|            | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |                   |          | }        |
| а          | The organization's CEO, Executive Director, or top management official   | 15a               |          | <b>✓</b> |
| b          | Other officers or key employees of the organization  | 15b               |          | <b>✓</b> |
| _          | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)   |                   |          |          |
| 16a        | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement   |                   |          |          |
|            | with a taxable entity during the year?   | 16a               |          | <b>✓</b> |
| h          | If "Yes," has the organization adopted a written policy or procedure requinng the organization to evaluate   |                   | i        |          |
|            | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard   |                   |          | <u> </u> |
|            | the organization's exempt status with respect to such arrangements?  | 16b               |          |          |
| Sec        | ction C. Disclosure  |                   |          |          |
| 17         | List the states with which a copy of this Form 990 is required to be filed ▶ .IL   |                   |          |          |
| 18         | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c  | c)(3)s            | oniv)    |          |
|            | available for public inspection. Indicate how you make these available. Check all that apply.  | ,,-, <del>-</del> | ,/       |          |
|            | Own website Another's website Upon request   |                   |          |          |
| 19         | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict  | of int            | erest    |          |
| 13         | · · · · · · · · · · · · · · · · · · ·  | J. 1111           | J. 551   |          |
| 20         | policy, and financial statements available to the public.  | rde o             | f the    |          |
| 20         | State the name, physical address, and telephone number of the person who possesses the books and reconganization: ► Charles D. Laliberte 481 Alma Elmhurst, IL 60126-3103 phone 630 832 9110   | us U              | ı uıe    |          |
|            | organization. P orientes 5. Language To France Limitary L de La Contra Prisite des San Contra Limitary L de La Contra Prisite de Caracteria de |                   |          |          |

# 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 did not co |                              | any c                             | curr                 | ent     | offi         | cer, d                       | irec   | tor, or trustee.  |  |   |
|---|------------------------------|-----------------------------------|----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A)   | (B)                          |                                   |                      | (0      | C)           |                              |        | (D)   | (E)  | (F)   |
| Name and Title                                  | Average<br>hours per<br>week | Po Individual trustee or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | Former | Reportable compensation from the organization (W-2/1099-MISC) | Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| Charles Laliberte - Executive Director          | 20                           |                                   |                      | 1       |              |                              |        | 0   | 0  | 0   |
| Joseph Valintis - Director of investments       | 5                            |                                   |                      | 1       |              |                              |        | 0   | 0  | 0   |
| Judy Jackson - Director of procedures           | 5                            |                                   |                      | 1       |              |                              |        | 0   | 0  | 0   |
| Dorothy Valinits - Secretary                    | 6                            |                                   |                      | 1       |              |                              |        | 0   | 0  | 0   |
| Phyllis Cady - Treasurer                        | 5                            |                                   |                      | 1       |              |                              |        | 0   | 0  | 0   |
| Karlette Murray - Web co-ordinator              | 6                            | 1                                 |                      |         |              |                              |        | 0   | 0  | 0   |
| Linda Carpenter - Communications co-ord.        | 3                            | 1                                 |                      |         |              |                              |        | 0   | 0  | 0   |
| Elizabeth Laliberte - Researcher/bookkeeper     | 6                            | 1                                 |                      |         |              |                              |        | 0   | 0  | 0   |
|   |                              |                                   |                      |         |              |                              |        |   |  |   |
|   |                              |                                   |                      |         |              |                              |        |   |  |   |
|   |                              |                                   |                      |         |              |                              |        |   |  |   |
|   |                              |                                   |                      |         |              |                              |        |   |  |   |
|   |                              |                                   |                      |         |              |                              |        |   |  |   |
|   |                              |                                   |                      |         |              |                              |        |   |  |   |
|   |                              |                                   |                      |         |              |                              |        |   |  |   |
|   |                              |                                   |                      |         |              |                              |        |   |  |   |

| Pa       | rt VII Section A. Officers, Directors, Tru   | ıstees, Key                  | / Emp              | loy                  | ees,         | , an         | d Hig                        | hes        | t Compensate  | d Employees (c  | ontınu                 | ed)   |                              |
|----------|--|------------------------------|--------------------|----------------------|--------------|--------------|------------------------------|------------|---|---|------------------------|---|------------------------------|
|          | . <b>(A)</b>   | (B)                          |                    |                      | •            | C)           |                              |            | (D)   | (E)   | :                      | (F)   |                              |
|          | , Name and title   | Average<br>hours per<br>week | Individual trustee | nstitutional trustee | Officer      | Rey employee | Highest compensated employee | Former     | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC | COI<br>)<br>or<br>a    | Estimate<br>amount of<br>other<br>mpensate<br>from the<br>rganizate<br>and relate<br>ganizate | of<br>tion<br>e<br>ion<br>ed |
| <u> </u> |  |                              |                    |                      |              |              |                              |            |   |   |                        |   |                              |
|          |  |                              |                    |                      |              |              |                              |            |   |   | į                      |   |                              |
|          |  |                              |                    |                      |              |              |                              |            |   |   |                        |   |                              |
|          |  |                              |                    |                      |              |              |                              |            |   |   |                        |   |                              |
|          |  |                              |                    |                      |              |              |                              |            |   |   |                        |   |                              |
|          |  |                              |                    |                      |              |              |                              |            |   |   |                        |   |                              |
|          |  |                              |                    |                      |              |              |                              |            |   |   |                        |   |                              |
|          |  |                              |                    |                      |              |              |                              |            |   |   |                        |   |                              |
|          |  |                              |                    |                      |              |              |                              |            |   |   |                        |   |                              |
|          |  |                              |                    |                      |              |              |                              |            | /   |   |                        |   |                              |
|          |  |                              |                    |                      |              |              |                              |            |   |   |                        |   |                              |
|          |  |                              |                    |                      |              |              |                              |            |   |   |                        |   |                              |
|          |  |                              |                    |                      |              |              |                              |            |   |   | $ egthinspace{1.5em} $ |   |                              |
| 1b       | Total  |                              |                    | _                    | ·            |              | ٠.                           | <b>•</b>   |   |   | +                      | $\overline{}$   |                              |
| 2        | Total number of individuals (including but reportable compensation from the organization)            |                              | to the             | ose                  | liste        | ed a         | bove                         | ) wh       | no received mo  | ore than \$100,0  | )00 in                 |   | $\overline{\ }$              |
|          | - January San  |                              | •                  |                      |              |              | _                            |            |   |   | <del></del>            | Yes   | No                           |
| 3        | Did the organization list any former office employee on line 1a? If "Yes," complete S                |                              |                    |                      |              |              |                              | oyee       | -   | ompensated  | 3                      |   | 1                            |
| 4        | For any individual listed on line 1a, is the sthe organization and related organizations individual. |                              |                    |                      |              |              |                              |            |   |   | 4                      |   | <b>√</b>                     |
| 5        | Did any person listed on line 1a receive services rendered to the organization? If "                 | or accrue<br>Yes," comp      | comp<br>olete S    | ens<br>Sch           | satio<br>edu | on f<br>le J | rom a                        | any<br>uch | unrelated org   | anization for   | 5                      |   | 1                            |
| Se       | ction B. Independent Contractors   |                              |                    |                      |              |              |                              |            |   |   |                        |   |                              |
| 1        | Complete this table for your five highest compensation from the organization.                        | ompensate                    | d inde             | epe                  | nde          | nt c         | ontra                        | ctor       | s that received   | d more than \$  | 00,00                  | 0 of  |                              |
|          | (A)<br>Name and business add   | Iress                        |                    |                      |              |              |                              |            | (B)<br>Description of se                                      | ervices   |                        | C)<br>ensation  | )                            |
| _        |  |                              |                    |                      |              |              |                              |            |   |   |                        |   |                              |
|          |  |                              |                    |                      |              |              |                              |            |   |   |                        |   |                              |
| _        |  |                              |                    |                      |              | _            |                              |            |   |   |                        |   |                              |
| 2        | Total number of independent contractors (in more than \$100,000 in compensation from                 |                              |                    |                      |              | to t         | hose                         | liste      | ed above) who   | received  |                        |   |                              |

| Par  | VIII | Statement of Revenue  |   |                      |  |  |   |
|--|------|---|---|----------------------|--|--|---|
|  | •    | •   |   | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue          | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| ts ts  | 12   | Federated campaigns 1a  | 0                                       |                      |  |  |   |
| Contributions, gifts, grants and other similar amounts | l    | Membership dues   | 0                                       |                      |  |  |   |
| s, g   |      | Fundraising events 1c   | 8,792                                   |                      |  |  |   |
| ar gift  |      | Related organizations 1d  | 0                                       |                      |  |  |   |
| J.S.   |      | Government grants (contributions). 1e                                 | 0                                       |                      |  |  |   |
| tion<br>r si   | 1    | All other contributions, gifts, grants,                               |   |                      |  |  |   |
| ig g   | '    | and similar amounts not included above                                | 22,826                                  |                      |  |  |   |
| e e  | a    | Noncash contributions included in lines 1a-1f: \$                     | 0                                       |                      |  |  |   |
| သိ ၕ   |      | Total. Add lines 1a-1f  |   | 31,618               |  |  |   |
| - 9  |      |   | Business Code                           |                      | -                                      | -  |   |
| Service Revenue  | 2a   |   |   | 0                    |  |  |   |
| æ  | ь    |   | -                                       | 0                    |  |  |   |
| jċ   | С    |   |   | 0                    |  |  |   |
| <u>&amp;</u> _   | d-   |   |   | 0                    |  |  |   |
| Ĕ  | е    |   | -                                       | 0                    |  |  |   |
| Program  | f    | All other program service revenue .                                   | •                                       | 0                    |  |  |   |
| چ_   | g    | Total. Add lines 2a-2f  | <u> ▶ </u>                              | 0                    |  |  |   |
|  | 3    | Investment income (including dividends                                | , interest, and                         |                      |  |  |   |
|  | -    | other similar amounts)  |   | 107                  |  |  |   |
|  | 4    | Income from investment of tax-exempt bond                             | d proceeds ►                            | 0                    |  |  |   |
|  | 5    | Royalties   | ▶                                       | 0                    |  |  |   |
|  |      | (i) Real  | (ii) Personal                           |                      |  |  |   |
|  | 6a   | Gross Rents0  | 0                                       |                      |  | ļ  |   |
|  | b    | Less: rental expenses 0   | 0                                       |                      |  |  | İ   |
|  |      | Rental income or (loss)   | 0                                       | =                    |  |  | į   |
|  | d    | Net rental income or (loss)   | •                                       | 0                    |  |  |   |
|  | 7a   | Gross amount from sales of (i) Securities                             | (II) Other                              |                      |  |  |   |
|  |      | assets other than inventory 0   | 0                                       |                      |  |  |   |
|  | b    | Less: cost or other basis   |   |                      |  | ĺ  |   |
|  |      | and sales expenses0   | 0                                       |                      |  | ļ  |   |
|  |      | Gain or (loss) 0  | 0                                       |                      |  |  |   |
|  | d    | Net gain or (loss)  | <u>▶</u>                                | 0                    |  | ļ <u></u>  |   |
| E E  | 8a   | Gross income from fundraising   |   |                      |  |  |   |
|  | 1    | events (not including \$  |   |                      |  |  |   |
| Other Reven  |      | of contributions reported on line 1c).                                |   |                      |  |  |   |
| -  |      | See Part IV, line 18 a  | 0                                       |                      |  |  |   |
| 춫  |      | Less: direct expenses <b>b</b>  | vents 🕨                                 | o                    |  | ł  | ŀ   |
| O  | 1    | Net income or (loss) from fundraising e                               | vents                                   | U                    |  |  |   |
|  | 9a   | Gross income from gaming activities.                                  | o                                       |                      |  |  |   |
|  | ١.   | See Part IV, line 19 a  |   |                      |  | j  |   |
|  | þ    | Less: direct expenses <b>b</b> Net income or (loss) from gaming activ | ities <b>&gt;</b>                       | 0                    |  |  |   |
|  | 1    |   | 11.65 , ,                               | <u> </u>             |  |  |   |
|  | 10a  | Gross sales of inventory, less  | o                                       |                      |  |  |   |
|  | ١.   | returns and allowances a  |   |                      |  |  |   |
|  |      | Less: cost of goods sold b  |   |                      |  |  |   |
|  | C    | Net income or (loss) from sales of invento  Miscellaneous Revenue     | Business Code                           | 0                    |  | <del>                                     </del> | <del> </del>  |
|  | -    |   | Dudilega Code                           | 0                    |  | 1  | †   |
|  | 11a  | ••••  |   | 0                    |  | <del> </del>                                     | <del> </del>  |
|  | b    | ***************************************                               |   | 0                    |  | <del>                                     </del> |   |
|  | C    |   |   | 0                    | <u> </u>                               |  |   |
|  | 1    | All other revenue   |   | 0                    |  |  | 1   |
|  |      | Total Add lines 11a-11d   |   | 31,725               |  | <del> </del>                                     | 1   |
|  | 12   | Total revenue. See instructions                                       | <u> –                              </u> | <u> </u>             | <u> </u>                               | <u> </u>   | <u> </u>  |

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

|     | All other organizations must complete col   | umn (A) but are no    | t required to comp           | olete columns (B), (                      | (C), and (D).                  |
|-----|---|-----------------------|------------------------------|---|--------------------------------|
|     | not include amounts reported on lines 6b,<br>, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B) Program service expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |
| 1   | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21   | 0                     | 0                            |   |                                |
| 2   | Grants and other assistance to individuals in the U.S. See Part IV, line 22   | 0                     | 0                            |   |                                |
| 3   | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  | 8,392                 | 8,392                        |   |                                |
| 4   | Benefits paid to or for members   | 0                     | 0                            |   |                                |
| 5   | Compensation of current officers, directors, trustees, and key employees  | 0                     | 0                            | 0   | 0                              |
| 6   | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and  | 0                     |                              |   | 0                              |
|     | persons described in section 4958(c)(3)(B)  | 0                     | 0                            | 0   | 0                              |
| 7   | Other salaries and wages  |                       |                              |   |                                |
| 8   | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)   | 0                     | 0                            | 0   | 0                              |
| 9   | Other employee benefits   |                       |                              |   |                                |
| 10  | Payroll taxes   | 0                     | 0                            | 0   | 0                              |
| 11  | Fees for services (non-employees):  |                       |                              |   |                                |
| а   | Management  | 0                     | 0                            | 0   | 0                              |
| b   | Legal   | 0                     | 0                            | 0   | 0                              |
| c   | Accounting  | 0                     | 0                            | 0   | 0                              |
| d   | Lobbying  | 0                     | 0                            | 0   | 0                              |
|     | Professional fundraising services. See Part IV, line 17   | 0                     |                              | · · · · · · · · · · · · · · · · · · ·     | 0                              |
| _   |   | 0                     | 0                            | 0   | 0                              |
| f   | Investment management fees  | 0                     | 0                            | 0   | 0                              |
| 9   | Other   | 0                     | 0                            | 0   | 0                              |
| 12  | Advertising and promotion   |                       |                              | ·   | <u>.</u>                       |
| 13  | Office expenses   | 0                     | 0                            | 0   | 0                              |
| 14  | Information technology  | 0                     | 0                            | 0   | 0                              |
| 15  | Royalties   | 0                     | 0                            | 0   | 0                              |
| 16  | Occupancy   | 0                     | 0                            | 0   | 0                              |
| 17  | Travel  | 0                     | 0                            | 0   | 0                              |
| 18  | Payments of travel or entertainment expenses  | 0                     | 0                            | 0   | •                              |
|     | for any federal, state, or local public officials   | 0                     | 0                            | 0   |                                |
| 19  |   |                       | <del>`</del>                 | 0   | 0                              |
| 20  | Interest  |                       |                              |   | <del></del>                    |
| 21  | Payments to affiliates  | 0                     | 0                            | 0   | 0                              |
| 22  | Depreciation, depletion, and amortization.  | 0                     | 0                            | 0   | 0                              |
| 23  | Insurance   | 0                     | 0                            | 0   | . 0                            |
| 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   | government licensing fee/bank fees  | 14                    | 0                            | 14  | 0                              |
| b   |   |                       |                              | ·   |                                |
| c   |   |                       |                              |   |                                |
| _   |   |                       |                              |   | <del></del>                    |
| ď   |   |                       |                              |   |                                |
| е   | 40  | 0                     | 0                            | 0   |                                |
| o f | All other expenses  |                       |                              | ·   | 0                              |
| 25  | Total functional expenses. Add lines 1 through 24f  | 8,406                 | 8,392                        | 14  | 0                              |
| 26  | Joint costs. Check here ► ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                              |   |                                |

Part X **Balance Sheet** (A) Beginning of year (B) End of year 14.588 37,799 Cash-non-interest-bearing . . . . . . . . Savings and temporary cash investments . . . . . . Pledges and grants receivable, net . . . . . . Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Notes and loans receivable, net . . . . Inventories for sale or use . . . . . . Prepaid expenses and deferred charges . Land, buildings, and equipment: cost or 10a 10a other basis. Complete Part VI of Schedule D b Less: accumulated depreciation . . . 10b 10c Investments—publicly traded securities . . . . Investments-other securities. See Part IV, line 11 Investments-program-related. See Part IV. line 11 Intangible assets . . . . . . . . . Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) 14,588 37,906 Accounts payable and accrued expenses . . . . Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . Other liabilities. Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 . 0 26 Organizations that follow SFAS 117, check here ▶ and Balances complete lines 27 through 29, and lines 33 and 34. 11,081 9.588 Unrestricted net assets . . . . . 5.000 26,117 Fund Organizations that do not follow SFAS 117, check here  $\blacktriangleright$   $\Box$ ō and complete lines 30 through 34. Assets Capital stock or trust principal, or current funds . . . . . Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds Zet ' Total liabilities and net assets/fund balances 14,588 37,906 

| Pa | rt XI Financial Statements and Reporting   |      |     |    |  |  |  |  |
|----|--|------|-----|----|--|--|--|--|
|    | •  |      | Yes | No |  |  |  |  |
| 1  | Accounting method used to prepare the Form 990: 🗹 Cash 🗌 Accrual 🗍 Other                                       |      |     |    |  |  |  |  |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain in          |      |     | ļi |  |  |  |  |
|    | Schedule O.  |      |     | !  |  |  |  |  |
| 2a | a Were the organization's financial statements compiled or reviewed by an independent accountant? La           |      |     |    |  |  |  |  |
| b  | b Were the organization's financial statements audited by an independent accountant?                           |      |     |    |  |  |  |  |
| С  | 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                                   |      |     |    |  |  |  |  |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in    |      |     | 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 steps taken to undergo such audits.       | _3p_ | -   |    |  |  |  |  |

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

|          |              | n UP                        |   |   |              |   |  |                                     | 71               |                                   | 0134556                    |  |  |
|----------|--------------|-----------------------------|---|---|--------------|---|--|-------------------------------------|------------------|-----------------------------------|----------------------------|--|--|
| Pa       | rt l         | Reason                      | for Public Ch   | narity Status (All or   | ganizatı     | ons mus                                   | t compl  | ete this                            | part.) Se        | e instru                          | ctions.                    |  |  |
| The      | org          | anization is n              | ot a private four   | ndation because it is:  | (For lines   | s 1 throug                                | gh 11, ch  | eck only                            | one box.         | .)                                |                            |  |  |
| 1        |              | A church, co                | onvention of chu  | rches, or association   | of churc     | hes desc                                  | ribed in   | section 1                           | 70(b)(1)(        | A)(i).                            |                            |  |  |
| 2        |              | A school de                 | scribed in <b>sectio</b>  | on 170(b)(1)(A)(ii). (At  | tach Sch     | edule E.)                                 |  |                                     |                  |                                   |                            |  |  |
| 3        |              | A hospital o                | r a cooperative l   | hospital service organ  | nization d   | escribed                                  | in <b>sectio</b>                                 | n 170(b)                            | (1)(A)(iii).     |                                   |                            |  |  |
| 4        |              |                             | esearch organiza<br>ame, city, and st   | ation operated in contate:  | unction v    | with a ho                                 | spital de  | scribed ı                           | n <b>section</b> | 170(b)(1                          | )(A)(iii). Enter the       |  |  |
| 5        |              |                             | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) |   |              |   |  |                                     |                  |                                   |                            |  |  |
| 6        |              | A federal, st               | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  |   |              |   |  |                                     |                  |                                   |                            |  |  |
| 7        | <b>Z</b>     |                             |   | y receives a substanti<br>(1)(A)(vi). (Complete F                             |              | its suppo                                 | ort from a                                       | governn                             | nental uni       | t or from                         | the general public         |  |  |
| 8        |              | A communit                  | y trust described   | d in <b>section 170(b)(1)</b>   | (A)(vi). (C  | Complete                                  | Part II.)  |                                     |                  |                                   |                            |  |  |
| 9        |              | An organizat                | tion that normally  | y receives: (1) more th   | an 33⅓ %     | of its su                                 | pport fro  | m contrib                           | outions, m       | iembersh                          | ıp fees, and gross         |  |  |
|          |              |                             |   | ed to its exempt func   |              |   |  |                                     |                  |                                   |                            |  |  |
|          |              | • •                         | •   | ent income and unre   |              |   |  | •                                   |                  | 511 tax                           | ) from businesses          |  |  |
|          |              | acquired by                 | the organization  | n after June 30, 1975.  | See sec      | tion 509                                  | ( <b>a)(2).</b> (C                               | omplete i                           | Part III.)       |                                   |                            |  |  |
| 10       |              | An organiza                 | tion organized a  | nd operated exclusive   | ely to tes   | t for publ                                | lic safety                                       | . See <b>sec</b>                    | tion 509         | (a)(4).                           |                            |  |  |
| 11       |              |                             |   | and operated exclusiv   |              |   |  |                                     |                  |                                   |                            |  |  |
|          |              |                             |   | blicly supported orga   |              |   |  |                                     |                  |                                   |                            |  |  |
|          |              |                             |   | at describes the type   | of suppo     | orting orga                               | anization  | and con                             | nplete line      | s 11e thi                         | rough 11h.                 |  |  |
|          |              | a 🗌 Type                    | · l b □   | ] Type II   | : 🗌 Тур      | e III-Fun                                 | ctionally  | integrate                           | d                | d □                               | Type III-Other             |  |  |
| е        |              |                             |   | tify that the organizat   |              |   |  |                                     |                  |                                   |                            |  |  |
|          |              |                             |   | on managers and othe  | r than on    | e or more                                 | publicly   | supporte                            | ed organiz       | ations de                         | escribed in section        |  |  |
|          |              | 509(a)(1) or                | section 509(a)(2)   | ).  |              |   |  |                                     |                  |                                   |                            |  |  |
| f        |              | If the organ                | ization received  | a written determinati   | ion from     | the IRS                                   | that it is                                       | a Type                              | I, Type II       | , or Type                         | Ill supporting             |  |  |
|          |              | _                           | , check this box  |   |              |   |  |                                     |                  |                                   | 🗆                          |  |  |
| 9        |              | Since Augus<br>following pe |   | the organization acce   | epted any    | gift or c                                 | ontributi  | on from a                           | any of the       | ŧ                                 | <del></del>                |  |  |
|          |              |                             |   | r indirectly controls, e  |              |   |  | th persor                           | ns describ       | ped in (ii)                       | 11g(i)                     |  |  |
|          |              |                             |   | erson described in (i) a  |              |   |  |                                     |                  |                                   | 11g(ii)                    |  |  |
|          |              |                             |   | of a person described   |              |   |  |                                     |                  |                                   | 11g(iii)                   |  |  |
| <u>h</u> |              | · ·                         | following inform  | ation about the support   | orted org    | anization                                 | <del>}                                    </del> |                                     |                  |                                   |                            |  |  |
| (1)      |              | e of supported ganization   | (ii) EIN  | (iii) Type of organization<br>(described on lines 1–9<br>above or IRC section | in col (i) h | organization<br>sted in your<br>document? | the orga   | ou notify<br>nization in<br>of your | organizat        | s the<br>ion in col<br>zed in the | (vii) Amount of<br>support |  |  |
|          |              |                             |   | (see instructions))   |              |   |  | port?                               |                  | S٦                                |                            |  |  |
|          |              |                             |   |   | Yes          | No  | Yes  | No                                  | Yes              | No                                |                            |  |  |
|          |              |                             |   |   |              |   |  |                                     |                  |                                   |                            |  |  |
|          |              | <del></del>                 | -   |   | -            | -   | <del> </del>                                     | <del> </del>                        | -                |                                   | <u> </u>                   |  |  |
|          |              |                             |   |   |              |   |  |                                     |                  |                                   |                            |  |  |
|          |              |                             |   |   |              |   |  |                                     |                  |                                   |                            |  |  |
|          | <del>.</del> |                             |   |   |              |   |  |                                     |                  |                                   |                            |  |  |
|          |              | <del></del>                 |   |   |              | -   | _  |                                     |                  |                                   |                            |  |  |
|          |              |                             |   |   |              |   |  | <u> </u>                            |                  |                                   |                            |  |  |
|          |              |                             |   | 1   | 1            | 1   | Į.   | ļ                                   | 1                | 1                                 |                            |  |  |

Total

| Par       | . (Complete only if you check  |                                     |                                       |   |   | and 170(b)(1               | )(A)(vi)                     |
|-----------|--|-------------------------------------|---------------------------------------|---|---|----------------------------|------------------------------|
|           | tion A. Public Support   |                                     |                                       |   |   |                            |                              |
| Ca        | lendar year (or fiscal year beginning in) 🕨  | (a) 2005                            | <b>(b)</b> 2006                       | (c) 2007                                | (d) 2008                                  | (e) 2009                   | (f) Total                    |
| 1         | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | N/A                                 | N/A                                   | 22,180                                  | 9,021                                     | 31,597                     | 62,798                       |
| 2         | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  | N/A                                 | N/A                                   | 0                                       | 0   | 0                          | 0                            |
| 3         | The value of services or facilities furnished by a governmental unit to the organization without charge  | N/A                                 | N/A                                   | 0                                       | 0   | 0                          | 0                            |
| 4         | Total. Add lines 1 through 3   | N/A                                 | N/A                                   | 22,180                                  | 9,021                                     | 31,597                     | 62,798                       |
| 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   |                                     |                                       |   |   |                            | 36,332                       |
|           | shown on line 11, column (f)   |                                     |                                       |   |   |                            |                              |
| 6         | Public support. Subtract line 5 from line 4.   |                                     |                                       | 1                                       |   | l l                        | 24,966                       |
|           | tion B. Total Support lendar year (or fiscal year beginning in)  | (a) 2005                            | <b>(b)</b> 2006                       | (c) 2007                                | (d) 2008                                  | (e) 2009                   | (f) Total                    |
|           |  | (a) 2000<br>N/A                     | (B) 2000<br>N/A                       | 22,180                                  | 9.021                                     | 31,597                     | 62,798                       |
| 7         | Amounts from line 4  | 11//                                | 1975                                  | 22,100                                  | 3,021                                     | 31,331                     | 02,730                       |
| 8         | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   | N/A                                 | N/A                                   | 0                                       | 0   | 107                        | 107                          |
| 9         | Net income from unrelated business activities, whether or not the business is regularly carried on   | N/A                                 | N/A                                   | 0                                       | 0   | 0                          | 0                            |
| 10        | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  | N/A                                 | N/A                                   | 0                                       | 0   | 0                          | 0                            |
| 11        | Total support. Add lines 7 through 10 .  |                                     |                                       |   |   |                            | 62,905                       |
| 12        | Gross receipts from related activities, etc  | . (see instructio                   | ons)                                  |   |   | 12                         | 0                            |
| 13        | First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su   | the organizatio                     | n's first, secon                      | d, third, fourth,                       | -   |                            | n 501(c)(3)<br><b>&gt;</b> 🔽 |
|           |  | <u> </u>                            |                                       |   |   | 44                         | 0/                           |
| 14        | Public support percentage for 2009 (line   | •                                   | •                                     | i, column (t))                          |   | 14                         | <u> </u>                     |
| 15<br>16a | Public support percentage from 2008 Schedule A, Part II, line 14   |                                     |                                       |   |   |                            |                              |
| b         | 33% % support test—2008. If the organization quality box and stop here. The organization quality   | lifies as a publi                   | icly supported o                      | organization .                          |   |                            | ▶ □                          |
| 17a       | 10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and a more test—20 more, and a more test—20 m | acts-and-circun                     | nstances" test,                       | check this box                          | and <b>stop here.</b>                     | Explain in Part            | IV how the                   |
| b<br>18   | 10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the facts-and-circumstate". Private foundation. If the organization did   | acts-and-circum<br>inces" test. The | istances" test, c<br>organization qua | theck this box a<br>alifies as a public | and <b>stop here</b> .<br>Iy supported or | Explain in Part ganization | V how the                    |

|          | lule A (Form 990 or 990-EZ) 2009   |              |                                 |                                       |              | <del> </del> | Page 3        |
|----------|--|--------------|---------------------------------|---------------------------------------|--------------|--------------|---------------|
| Par      | Support Schedule for Orga<br>(Complete only if you checked   | nizations De | escribed in S<br>n line 9 of Pa | <b>ection 509(</b> art I.)            | a)(2)<br>    |              |               |
| Sec      | tion A. Public Support   |              |                                 |                                       |              |              |               |
|          | llendar year (or fiscal year beginning in) ▶   | (a) 2005     | <b>(b)</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   |              |                                 |                                       |              |              |               |
| 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.)   |              |                                 |                                       |              |              |               |
|          | tion B. Total Support  | ·            |                                 | · · · · · · · · · · · · · · · · · · · | T            |              |               |
| Ca       | alendar year (or fiscal year beginning in)   | (a) 2005     | <b>(b)</b> 2006                 | (c) 2007                              | (d) 2008     | (e) 2009     | (f) Total     |
| 9<br>10a | Amounts from line 6  |              |                                 |                                       | ,            |              |               |
| b        | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |              |                                 |                                       |              |              |               |
| С        | 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 carried on  |              |                                 |                                       |              |              |               |
| 12       | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |              |                                 |                                       |              |              |               |
| 13       | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)  |              |                                 |                                       |              |              | ,             |
| 14       | First five years. If the Form 990 is for organization, check this box and stop   |              | on's first, seco                |                                       |              |              |               |
| Sec      | tion C. Computation of Public Su   |              |                                 |                                       |              |              |               |
| 15<br>16 | Public support percentage for 2009 (lir<br>Public support percentage from 2008 9   |              |                                 |                                       |              | 15           | <u>%</u><br>% |
|          | tion D. Computation of Investmen   |              |                                 |                                       | <del></del>  | <u> </u>     |               |
| 17       | Investment income percentage for 200   |              |                                 | d by line 13. c                       | olumn (f)) . | 17           | %             |
| 18       | Investment income percentage from 20   | 008 Schedule | A, Part III, line               | 17                                    |              | 18           | %             |
| 19a      | 331/3 % support tests – 2009. If the org 17 is not more than 331/3 %, check this b   |              |                                 |                                       |              |              |               |
| b        | 33% % support tests – 2008. If the organ line 18 is not more than 33% %, check this  |              |                                 |                                       |              |              |               |
| 20       | Private foundation. If the organization  | =            | · ·                             | =                                     |              |              |               |

| Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions. |
|--|
| PART II Line 10  |
| There was no other income than donations and interest.   |
|  |
|  |
| PART II Line 17a/b   |
| 2009 marks Children UP's third tax year as a 105 (c)(3).   |
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#### **SCHEDULE D** (Form 990)

## **Supplemental Financial Statements**

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

|        | of the organization dren UP  |  |                                       | Employer identification number 71 0134556                         |
|--------|--|--|---------------------------------------|---|
|        |  | nor Advised Funds or Other Similar " to Form 990, Part IV, line 6. | r Fun                                 |   |
|        | the organization anomorous 100   | (a) Donor advised funds  | _                                     | (b) Funds and other accounts                                      |
| 1      | Total number at end of year  | 1 fund for supporting 1 student                                    | 4 fui                                 | nds and total of 4 bank accounts                                  |
|        | Aggregate contributions to (during year)   | \$ 1,511   |                                       | \$ 30,107   |
| 2      | Aggregate contributions to (during year) Aggregate grants from (during year)   | \$ 803   | -                                     | \$ 7,589  |
| 3<br>4 | Aggregate value at end of year   | \$ 708   |                                       | \$ 37,198   |
| -      |  | dana advisans in vuiture that the seasts                           | ـــــــــــــــــــــــــــــــــــــ | in dance advisord   |
| 5      | Did the organization inform all donors and funds are the organization's property, subj   | ect to the organization's exclusive legal of                       | contro                                | il?   |
| 6      | Did the organization inform all grantees, do used only for charitable purposes and not purpose conferring impermissible private to   | for the benefit of the donor or donor adv                          | isor, d                               | or for any other  |
| Da     |  | olete if the organization answered "Yes                            |                                       |   |
|        | · · · · · · · · · · · · · · · · · · ·  |  |                                       | omi 990, Fait IV, line 1.   |
| 1      | Purpose(s) of conservation easements held  | · · · · · · · · · · · · · · · · · · ·                              | -                                     |   |
|        | Preservation of land for public use (e.g.  | · · · · · · · · · · · · · · · · · · ·                              |                                       | an historically important land area                               |
|        | Protection of natural habitat  | ☐ Preserva   | tion o                                | f a certified historic structure                                  |
| 2      | Preservation of open space Complete lines 2a through 2d if the organiz   | ation held a qualified conservation contrib                        | oution                                | in the form 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 e   |  |                                       | 2b  |
| С      | Number of conservation easements on a conservation   |  |                                       | 1 = 1   |
| d      | Number of conservation easements include   | • •  |                                       | 2d  |
|        | Number of conservation easements modifi  | · · · · · ·  |                                       | pinated by the organization during                                |
| 3      | the tax year   | ed, transierred, released, extiliguished, o                        | ı tem                                 | illiated by the organization during                               |
| 4      | Number of states where property subject t  | to conservation easement is located                                |                                       |   |
| 5      | Does the organization have a written police  | y regarding the periodic monitoring, inspe                         | ection                                | , handling of   |
| _      | violations, and enforcement of the conserv   |  |                                       |   |
| 6      | Staff and volunteer hours devoted to moni  | toring, inspecting, and enforcing conserv                          | ation                                 | easements during the year   |
| _      | ·  |  |                                       |   |
| 7      | Amount of expenses incurred in monitoring  | g, inspecting, and enforcing conservation                          | ease                                  | ments during the year   |
|        | ***************************************  |  |                                       |   |
| 8      | Does each conservation easement reporte 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  | * *  |                                       |   |
| 9      | In Part XIV, describe how the organization<br>balance sheet, and include, if applicable, t<br>the organization's accounting for conserva   | he text of the footnote to the organization                        | venue<br>n's fin                      | e and expense statement, and<br>nancial statements that describes |
| Pai    |  | ections of Art, Historical Treasurès,                              | or Ot                                 | her Similar Assets.   |
|        |  | wered "Yes" to Form 990, Part IV, line 8                           |                                       |   |
| 1a     | If the organization elected, as permitted ur<br>art, historical treasures, or other similar asso<br>provide, in Part XIV, the text of the footnot                                | ets held for public exhibition, education, or                      | r resea                               | arch in furtherance of public service,                            |
| b      | If the organization elected, as permitted ur historical treasures, or other similar assets provide the following amounts relating to t (i) Revenues included in Form 990, Part V | held for public exhibition, education, or these items:             | resea                                 | rch in furtherance of public service,                             |
|        |  |  |                                       |   |
|        | (ii) Assets included in Form 990, Part X .   |  |                                       |   |
| 2      | If the organization received or held works following amounts required to be reported   | under SFAS 116 relating to these items:                            |                                       |   |
| а      | Revenues included in Form 990, Part VIII,  | line 1   |                                       | <b>▶</b> \$   |
| b      | Assets included in Form 990, Part X  |  |                                       | > \$  |

| _    | • |
|------|---|
| Page | 4 |

| Par    | t III Organizations Maintaini  | ng Collections          | of Art, Histor   | rical Treasure                    | es, or O   | ther Similar /                                   | Assets (continued)                    |
|--------|--|-------------------------|------------------|-----------------------------------|------------|--|---------------------------------------|
| 3      | Using the organization's acquisition, collection items (check all that apply   |                         | other records,   | check any of tl                   | he follow  | ing that are a                                   | significant use of its                |
| а      | Public exhibition  |                         | a 🔲              | Loan or excl                      | hange pr   | rograms  |                                       |
| b      | Scholarly research   |                         | е 🗌              | Other                             |            |  | •••••                                 |
| C      | Preservation for future generat  | ions                    |                  |                                   |            |  |                                       |
| 4      | Provide a description of the organizary Part XIV.                              |                         | s and explain    | how they furthe                   | er the or  | ganızation's ex                                  | cempt purpose in                      |
| 5      | During the year, did the organization sassets to be sold to raise funds rather | than to be mainta       | ained as part o  | f the organization                | on's colle | ction?   |                                       |
| Par    | Escrow and Custodial A<br>IV, line 9, or reported an a                         |                         |                  |                                   | answere    | ed "Yes" to F                                    | orm 990, Part                         |
|        | Is the organization an agent, trustee included on Form 990, Part X?            |                         |                  |                                   | itions or  | other assets r                                   | Ot Yes No                             |
| b      | If "Yes," explain the arrangement in   | Part XIV and con        | nplete the folio | owing table:                      |            | T  | A                                     |
|        | ·  |                         |                  |                                   | 4.         | <del> </del>                                     | Amount                                |
| C      | Beginning balance  | <u> </u>                | <u> </u>         | <u> </u>                          | 1c         | <del>                                     </del> | <del></del>                           |
| d      | Additions during the year  |                         |                  |                                   | . 1d       | i  | <del> </del>                          |
| е      | Distributions during the year  |                         |                  |                                   |            |  |                                       |
| f      | Ending balance   |                         |                  |                                   |            |  |                                       |
|        | Did the organization include an amount if "Yes," explain the arrangement in    | Part XIV.               | ·                |                                   |            |  | ☐ Yes ☐ No                            |
| Par    | t V Endowment Funds. Co  |                         | 7                | 1                                 |            |  |                                       |
|        |  | (a) Current year        | (b) Prior year   | r (c) Two yea                     | ars back   | (d) Three years ba                               | ck (e) Four years back                |
| 1a     | Beginning of year balance  |                         |                  |                                   |            |  |                                       |
| b      | Contributions  | <u>``</u>               |                  |                                   |            |  |                                       |
| C      | Net investment earnings, gains, and losses                                     |                         | ,                |                                   |            |  |                                       |
| d      | Grants or scholarships   |                         | ``               |                                   |            |  |                                       |
|        | Other expenditures for facilities and programs                                 |                         | ``               |                                   |            |  |                                       |
| f<br>g | Administrative expenses End of year balance                                    |                         | `                |                                   |            |  |                                       |
| 2      | Provide the estimated percentage of  | f the year end ba       | lance held as:   | •                                 |            |  |                                       |
| а      | Board designated or quasi-endowm   | -                       |                  | •                                 |            |  |                                       |
| b      | Permanent endowment ▶  |                         |                  | N.                                |            |  |                                       |
| С      | Term endowment ▶ %   | ,<br>)                  |                  | 1                                 |            |  |                                       |
| 3a     | Are there endowment funds not in th  | e possession of th      | ne organization  | n that are held a                 | and admi   | nistered for the                                 |                                       |
|        | organization by:   | •                       | - 9:             |                                   |            |  | Yes No                                |
|        |  |                         |                  |                                   | \          |  | 3a(i)                                 |
|        | (ii) related organizations   |                         |                  |                                   | Α          |  | 3a(ii)                                |
| b      | If "Yes" to 3a(ii), are the related orga                                       | anizations listed a     | s required on    | Schedule R?                       |            |  | 3b                                    |
| 4      | Describe in Part XIV the intended us   |                         |                  |                                   |            |  |                                       |
| Par    | t VI Investments—Land, Bu  | ildings, and Eq         | juipment. Se     | e Form 990, I                     | Part X, li | ine 10.  |                                       |
|        | Description of investment  | (a) Cost or of (investm | , .              | o) Cost or other<br>basis (other) |            | ccumulated<br>preciation                         | (d) Book value                        |
| 1a     | Land   |                         |                  |                                   |            |  |                                       |
| b      | Buildings  |                         |                  |                                   |            | ` `  |                                       |
| c      | Leasehold improvements   |                         |                  |                                   |            | • (  |                                       |
| d      | Equipment  |                         |                  |                                   |            |  |                                       |
|        | Other  |                         |                  |                                   |            |  | · · · · · · · · · · · · · · · · · · · |
|        | I. Add lines 1a through 1e. (Column (d)  | must equal Form 9       | 90, Part X, colu | ımn (B), line 10(                 | (c).)      | ▶  | •                                     |

| Part VII Investments—Other Securities  | s. See Form 990, Part X,                         | line 12.                                       |                |
|--|--|--|----------------|
| (a) Description of security or category (including name of security)                                   | (b) Book value                                   | (c) Method of valua<br>Cost or end-of-year mai |                |
| Financial derivatives  |  |  |                |
| Closely-held equity interests  |  |  |                |
| Other  |  |  |                |
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| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)                                     |  |  |                |
|  | d Can Form 000 Port V                            | line 12  | <del></del>    |
| Part VIII Investments—Program Relate   |  |  |                |
| (a) Description of investment type `   | (b) Book value                                   | (c) Method of value<br>Cost or end-of-year ma  |                |
|  | ļ  | Coat of the of your ma                         | THE VALUE      |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 13)                                       |  |  |                |
| Part IX Other Assets. See Form 990, Pa   | art X. line 15.                                  |  |                |
| 010.70000,000,000,000,000,000  | (a) Description                                  |  | (b) Book value |
|  | (,)  |  |                |
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| Total. (Column (b) must equal Form 990, Part X, col.   |  |  |                |
| Part X Other Liabilities. See Form 990   | , Part X, line 25.                               |  |                |
| 1. (a) Description of liability  | (b) Amount                                       | `.   |                |
| Federal income taxes   |  | ``   |                |
|  |  | ,  |                |
|  |  | ``   |                |
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|  |  | _  |                |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 ) ▶                                   |  |  |                |
| 2. FIN 48 Footnote. In Part XIV, provide the text organization's liability for uncertain tax positions | f the footnote to the organiz<br>under FIN 48.   | ation's financial statements that              | reports the    |

| Page | 4 |
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| raye | - |

| Pai         | t XI Reconciliation of Change in Net Assets from Form 990   | to Audited Financial S                         | tatements                               |
|-------------|---|--|---|
| 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. Comb   |  | 10 Detum                                |
|             | t XII Reconciliation of Revenue per Audited Financial Sta   |  | 1 1                                     |
| 1           | Total revenue, gains, and other support per audited financial statemen  | nts  |   |
| 2           | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   | 2a   | 1 1                                     |
| а           | Net unrealized gains on investments   | 2b   | <del>-</del>                            |
| þ           | Donated services and use of facilities  | 2c   | -                                       |
|             | Recoveries of prior year grants   | 2d   |   |
|             | ,   |  |   |
| e           | Add lines 2a through 2d   |  | 3                                       |
| 3<br>4      | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  | <i>i</i> · i · · · · · · · · · · · · · · · · · |   |
| a           | Investment expenses not included on Form 990, Part VIII, line 7b.   | 4a   |   |
| b           | Other (Describe in Part XIV.)   | 4b   | 7 }                                     |
| c           | A 1 4 19  |  | 4c                                      |
| 5           | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line  | 12.)   | 5                                       |
| Pa          | t XIII Reconciliation of Expenses per Audited Financial St  | atements With Expens                           | ses 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:   |  | 1 1                                     |
| а           | Donated services and use of facilities  | 2a   | _                                       |
| b           | Prior year adjustments  | 2b   | _                                       |
| C           | Other losses  | 2c   | -                                       |
| d           | Other (Describe in Part XIV.)   | 2d   | $\dashv$ $\downarrow$                   |
| 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:  | 40   |   |
| a           | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a   4b  |   |
|             | Other (Describe in Part XIV.)   | 40   | 10                                      |
| 5           | Add lines 4a and 4b   |  | 5                                       |
|             | t XIV Supplemental Information  | , mic 10.)                                     |   |
| and<br>this | aplete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b part to provide any additional information. | o; and Part XIII, lines 2d a                   | nd 4b. Also complete                    |
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| Part XIV     | Supplemental Informa         | tion (continued)              |                                |                           |
|--------------|------------------------------|-------------------------------|--------------------------------|---------------------------|
| Children UF  | 71 0134556                   | Sc                            | ehdule D [Form 990] 2009 s     | second page               |
| As of Octob  | er 1, 2010, thank you lette  | rs issued to donors of donor  | r advised funds will include t | his additional wording:   |
| "Pursuant t  | o the IRS regulations, we v  | wish to inform you that the a | ssets held in this donor advi  | sed funds are             |
| Children UF  | o's property, subject to the | organization's exclusive leg  | gal control. Additionally, the | se funds can be used only |
| for charitab | le purposes and not for th   | e benefit of the donor or dor | nor advisor, or for any other  | purpose conferring        |
| impermissil  | ble private benefit. "       |                               |                                |                           |
|              |                              |                               |                                |                           |
| •••••••      | •••••                        | •••••                         |                                |                           |
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| •••••        |                              |                               | ••••••                         | •••••                     |

#### Schedule F (Form 990)

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

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

Children UP 71 0134556 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. 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 criteria used to award the grants or assistance? . For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total offices in the employees or region (by type) (i e , a program service, expenditures for region agents in fundraising, program services, describe specific type of region region grants to recipients located in service(s) in region the region) Sub-Saharan Africa - Uganda 0 3 Program services **Educational grants** \$8.392

3

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\$8,392

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. . . . . ▶ □ Use Schedule F-1 (Form 990) if additional space is needed. Part II

| Ill Mother of   | (i) Method of valuation (book, FMV, appraisal, other) |   |   |   |   |  |  |  | . / |  |
|---|---|---|---|---|---|--|--|--|-----|--|
| (h) December  | (n) Description of non-cash assistance                |   |   |   |   |  |  |  |     |  |
| 2 - 4 A A   | (g) Amount of<br>non-cash<br>assistance               |   |   |   |   |  |  |  |     |  |
| 3   | (f) Manner of<br>cash<br>disbursement                 |   |   | 3 |   |  |  |  |     |  |
|   | (e) Amount of cash grant                              |   |   |   |   |  |  |  |     |  |
| 20000   | (d) Purpose of grant                                  |   |   |   | / |  |  |  | :   |  |
| מפי ספופתיים ו יו (יו סודון ספי) וו מתמונים ומו מאמים ומ ווספיספי | (c) Region  |   |   |   |   |  |  |  |     |  |
|   | (b) IRS code<br>section and EIN<br>(if applicable)    |   |   |   |   |  |  |  |     |  |
| OSO OSO   | (a) Name of organization                              | / | / |   |   |  |  |  |     |  |

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter N

Schedule F (Form 990) 2009

3 Enter total number of other organizations or entities

Page 3

Schedule F (Form 990) 2009

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance 0 0 money order wire transfer (e) Manner of cash disbursement (d) Amount of cash grant \$7,892 \$500 (c) Number of recipients 8 students 1 student University Grant - living expenses Sub-Saharan Africa-Uganda Sub-Saharan Africa-Uganda (b) Region (a) Type of grant or assistance Secondary School Project Part III

Schedule F (Form 990) 2009

| Part IV      | Supplemental Information  |
|--------------|---|
| <del></del>  | Complete this part to provide the information required in Part I, line 2, and any additional information.       |
| •••••        |   |
| SUBSTANT     | TATION OF SECONDARY STUDENT ELIGIBILITY/SELECTION CRITERIA PART 1 #1:   |
|              |   |
| * Obtain the | grades from both the mock "leaving exam" in seventh grade and the actual grades of the "leaving exam"           |
| * Select hig | h ranking students.   |
| * Interview  | the perspective student, teachers and heads about the student's work ethic, desire for education and abilities. |
| * Establish  | from the educator interviews those students who are in financial need for support.                              |
| * Talk with  | parent / responsible clan member about the grant and how to work-together to support the student.               |
| * Monitor s  | tudent achievement throughout the year to determine eligibility for continued support in the next year.         |
|              |   |
|              |   |
|              |   |
| MONITORII    | NG THE USE OF FUNDS FOR SECONDARY STUDENT PROJECT Part 1 #2   |
|              |   |
| * Each tern  | n of a three-term year has a projected budget that includes tuition, supplies, transportation and mentoring.    |
| * Wire tran  | sfer of funds is made to a bank account in Gulu, Uganda.  |
|              |   |
| * Receipts   | are collected throughout the term.  |
| * At the en  | d of term, the receipts are scanned and emailed by the mentors to Children UP.                                  |
| * Mentor te  | am of three experienced professional educators receives honorariums. Time & activity logs are maintained.       |
| ** b b - 4   |   |
| "A Dank St   | atement of the fiscal year is obtained as verification of money spent.  |
|              |   |
|              |   |
| MONITORII    | NG THE USE OF FUNDS FOR UNIVERSITY STUDENT PROJECT Part 1 #2  |
|              | THE USE OF FORDS FOR UNIVERSITY STUDENT PROSECT FAIL 1#2  |
|              |   |
| * University | y student sent expense list and bank statement to Children UP at the end of her academic year.                  |
|              |   |
|              |   |
|              |   |
| <b></b>      |   |
|              |   |

# SCHEDULE O (Form 990)

Children UP

# **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.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

71

0134556

| PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS #2 SIGNIFICANT PROGRAM SERVICES p.2                              |
|--|
|  |
| This fiscal year Children UP developed a program to assist promising students to attend secondary schools. With the    |
| assistance of Ambrose Okot, Dean of Education and Humanities at Gulu University, eight students who scored             |
| high marks on their seventh grade leaving exam were selected to receive financial and mentoring support as they        |
| pursued their studies. In Feb. 2010 Ambrose Okot, mentors Alan and Jennifer and Children UP Director Charles Laliberte |
| met with students and parents/clan members to create a partnership to allow the continuing education of promising      |
| youth who otherwise would not be financially able to continue their studies. As of October, 2010, the eight students   |
| are in their third term of their first year and have worked diligently this year to succeed in their studies.          |
|  |
| PART III STATEMENT OF HOW CHILDREN UP CONDUCTS PROGRAM SERVICES #3 p.2   |
| Children UP works with a mentor team headed by Dean Ambrose Okot who enlisted the services of two experienced          |
| teachers in Gulu, Jennifer and Alan, to assist these secondary students in the transition from primary to secondary    |
| education. The students have had adjustments to make living within a boarding school environment.                      |
| Our mentor team has monitored coursework, analyzed the student exam results, talked with teachers and administrators.  |
| Equally important, the mentor team has proved guidance on the social and emotional levels. They have insured that the  |
| students have been equipped with necessary supplies. They have come to the aid of one student who needed               |
| emergency medical care in the middle of the night. This mentor team sends email reports to Children UP regularly       |
| during each term. Scanned receipts and bank statements are sent to Children UP by the mentor team to substantiate the  |
| costs incurred in this project. Evaluation of this first year working together is on-going. When representatives from  |
| the Children UP Board meet with the Gulu mentor team in January 2011, additional refinement of the communication       |
| processes will occur.  |
| PART VI SECTION B. POLICIES #11 PROCEDURES FOR BOARD REVIEW OF 990 p.6   |
| The 990 form for 2009 and all applicable schedules have been sent to all board members two weeks before the October    |
| meeting. Board members had the opportunity to review the paperwork, ask questions and request clarifications           |
| regarding its data during the two weeks prior to the board meeting. A discussion and clarification of the 990 content  |

| Children UP   | 71 0134556                          |
|---|-------------------------------------|
| occured prior to the October meeting. The Board approved the 990 document at the Oc   | ctober 28, 2010 meeting.            |
| PART VI SECTION B POLICIES #12a CONFLICT OF INTEREST  | p.6                                 |
| A written conflict of interest policy is given all board members and each signs the agree  All board members participate in the responsibilities of Children UP as volunteers. The  board member. Our conflict of interests policy will be reviewed and signed by each bo | ere is no remuneration given to any |
| PART VI SECTION B POLICIES #13 WRITTEN WHISTLE BLOWER POLICY  | P.6                                 |
| A written whistle blower policy was presented and approved at the October 2010 board  |                                     |
| PART VI SECTION B POLICIES #14 DOCUMENT RETENTION AND DESTRUCTION  A document retention and destruction policy was presented and approved at the Octob  |                                     |
| PART VI SECTION B. POLICIES #16 DETERMINING COMPENSATION  No Children UP board member is given a stipend or salary. There are no key employed   | p.6<br>ees within Children UP.      |
| PART VI Section C DISCLOSURE  Children UP will make its governing documents, conflict policy and financial statements   | p.6 s available to the public upon  |
| written request in accordance with the IRS guidelines. Children UP's website [www.chi   | ldrenup.org] presents timely        |
| the 990 for public viewing.   | ·                                   |
|   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |