

# 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



Description of the receipt provided form of the programming and the provided provid	_	Qa	O-EZ	Return of	Short Organization F		om li	ncome '	Tax	-	OMB No 1545-1150
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Part II. column (8) below) are \$500,000 or more, file form 990 instead of Form 990-EZ  Part II. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  Check if the organization used Schedule O to respond to any question in this Part I.  1 Continuous, gifts, grants, and similar amounts received 2 Program service revenue including government less and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising overs a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming (attach Schedule G if greater than \$15,000) c Less direct expenses from gaming and fundraising events (6c 3,432) d Net income or (loss) from gaming and fundraising events (6c 3,432) d Net income or (loss) from gaming and fundraising events (6c 3,432) d Net income or (loss) from gaming and fundraising events (6d 7)  7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  7b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  7c Other revenue (describe in Schedule O)  9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts pand (list in Schedule O)  9 Total revenue, (describe in Schedule O)  10 Grants and similar amounts pand (list in Schedule O)  11 Benefits paid to or for members 11 Printing, publications, postage, and shipping 11 Grants and similar amounts pand (list in Schedule O) 15 Grants and similar amounts pand (list in Schedule O) 16 33.  17c Total expenses, Add lines 10 through 16  18 Excess or (defict) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of									,		
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or Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 106421 Form. 990-EZ (20)	1	21	Net assets	or fund balances at enc	fof year. Combine lines	•	a		•	21	222,460
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B) End of year		(A) Beginning of year	ny question in this	O to respond to a	Oneck in the organization in this Schedule
227,51		209,382	<u> </u>		2 Cash, savings, and investments .
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	24		·		Other assets (describe in Schedule 0)
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305			- han 21\	(D) much name to	7 Net assets or fund balances (line 27 of column
222,46	21	209,382			art III Statement of Program Service Accom
Expenses		•		•	Check if the organization used Schedule
red for section	(Requ	ran iii		<del></del>	nat is the organization's primary exempt purpose?
(3) and 501(c)(4)					
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# Children UP- EIN 71-0134556 Form 990-EZ (2015) Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V Did the organization engage in any significant activity not previously reported to the IRS7 if "Yes," provide a

34	detailed description of each activity in Schedule O	33	
	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the		
	change on Schedule O (see instructions)	34	1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶   37a	-	
b	Oid the organization file Form 1120-POL for this year?	37b	1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	
ь	If "Yes," complete Schedule L, Purt II and enter the total amount involved   386		
39	Section 501(c)(7) organizations. Enter		
8	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities	1	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶		
þ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been recorded on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40Ь	1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912.  4955, and 4958.		
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
0	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		[L_
	The state of the s	40e	1
41	List the states with which a copy of this return is filed ▶ Illinois	40e	<b>√</b>
41 42a	List the states with which a copy of this return is filed ▶ Illinois  The organization's books are in care of ▶ Elizabeth Laliberte ChildrenuP office  Telephone no. ▶	630 83	2 9010
42a	List the states with which a copy of this return is filed ▶ Illinois  The organization's books are in care of ▶ Elizabeth Laliberte ChildrenuP office  Localed at ▶ 481 W. Alma St. Eliminurst, IL  ZIP + 4 ▶	630 83	-3103
	List the states with which a copy of this return is filed ▶ Illinois  The organization's books are in care of ▶ Elizabeth Laliberte ChildrenuP office  Located at ▶ 481 W. Alma St. Elimburst, IL  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?)	630 83	
42a	List the states with which a copy of this return is filed   The organization's books are in care of   Elizabeth Laliberte ChildrenuP office  Telephone no.   ZIP + 4   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)?  If "Yes," enter the name of the foreign country.   Uganda	630 83 60126	-3103
42a b	List the states with which a copy of this return is filed ▶ Illinois  The organization's books are in care of ▶ Elizabeth Laliberte ChildrenuP office Telephone no. ▶  Located at ▶ 481 W. Alma St. Elimiturst, IL ZIP + 4 ▶  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)?  If "Yes," enter the name of the foreign country. ▶ Uganda  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	630 83 60126	-3103
42a b	List the states with which a copy of this return is filed   The organization's books are in care of   Elizabeth Laliberte ChildrenuP office  Telephone no.   ZIP + 4   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?   If "Yes," enter the name of the foreign country.   Uganda  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	630 83 60126	-3103
<b>42</b> a b	List the states with which a copy of this return is filed   The organization's books are in care of   Elizabeth Laliberte ChildrenuP office  Telephone no.   ZIP + 4   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)?  If "Yes," enter the name of the foreign country.   Uganda  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the U.S.?	630 83 60126	-3103
<b>42</b> a b	List the states with which a copy of this return is filed   The organization's books are in care of   Elizabeth Laliberte ChildrenuP office  Telephone no.   ZIP + 4   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)?  If "Yes," enter the name of the foreign country.   Uganda  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the U.S.?  If "Yes," enter the name of the foreign country   Uganda	630 83 60126	-3103 Yes No
42a b c	List the states with which a copy of this return is filed   Illinois  The organization's books are in care of   Elizabeth Laliberte ChildrenuP office   Telephone no.    Located at   481 W. Alma St. Elimiturst, IL   ZIP + 4    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)?   If "Yes," enter the name of the foreign country.   Uganda    See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the U.S.?   If "Yes," enter the name of the foreign country   Uganda    Section 494/(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of fax-exempt interest received or accrued during the tax year   43	630 83 60126	Yes No
42a b c	List the states with which a copy of this return is filed   The organization's books are in care of   Elizabeth Laliberte ChildrenuP office  Telephone no.   Located at   481 W. Alma St. Elimhurst, It.  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)?   If "Yes," enter the name of the foreign country.   Uganda  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the U.S.?  If "Yes," enter the name of the foreign country   Uganda  Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in fieu of Form 1041—Check here and enter the amount of fax-exempt interest received or accrued during the tax year.	630 83 60126	-3103 Yes No
42a b c	List the states with which a copy of this return is filed   The organization's books are in care of   Elizabeth Laliberte ChildrenuP office  Telephone no.   Located at   481 W. Alma St. Elimhurst, It.  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)?   If "Yes," enter the name of the foreign country.   Uganda  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the U.S.?  If "Yes," enter the name of the foreign country   Uganda  Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in fieu of Form 1041—Check here and enter the amount of fax-exempt interest received or accrued during the tax year   Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	630 83 60126 42b	-3103 Yes No
42a b c 43	List the states with which a copy of this return is filed   The organization's books are in care of   Elizabeth Laliberte ChildrenuP office  Telephone no.   Located at   481 W. Alma St. Elimhurst, It.  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)?   If "Yes," enter the name of the foreign country.   Uganda  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the U.S.?   If "Yes," enter the name of the foreign country   Uganda  Section 494/(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of fax-exempt interest received or accrued during the tax year   Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	630 83 60126 42b 42c	-3103 Yes No
42a b c 43 44a b	List the states with which a copy of this return is filed   The organization's books are in care of   Elizabeth Laliberte ChildrenuP office  Telephone no.   Located at   481 W. Alma St. Elimhurst, It.  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)?   If "Yes," enter the name of the foreign country.   Uganda  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the U.S.?   If "Yes," enter the name of the foreign country   Uganda  Section 494/(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of fax-exempt interest received or accrued during the tax year.   Last the size of the foreign country of the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	42b 42b 42c 44a 44a	-3103 Yes No
42a b c 43 44a b	List the states with which a copy of this return is filed  Illinois  The organization's books are in care of  Elizabeth Latiberte ChildrenuP office  Telephone no.  Located at  481 W. Alma St. Elimburst, IL  ZiP + 4  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)? If "Yes," enter the name of the foreign country.  Uganda  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the U.S.?  If "Yes," enter the name of the foreign country  Uganda  Section 494/(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of fax-exempt interest received or accrued during the tax year	42b 42c 44a 44b	-3103 Yes No
42a b c 43 44a b	List the states with which a copy of this return is filled ▶ Illinois  The organization's books are in care of ▶ Elizabeth Laliberte ChildrenuP office Telephone no. ▶  Located at ▶ 481 W. Alma St. Elimhurst, It.  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)? If "Yes," enter the name of the foreign country. ▶ Uganda  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAH).  At any time during the calendar year, did the organization maintain an office outside the U.S.?  If "Yes," enter the name of the foreign country ▶ Uganda  Section 494 /(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ [43]  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?	42b 42c 44a 44b 44d	Yes No
42a b c 43 44a b c d	List the states with which a copy of this return is filed   The organization's books are in care of   Elizabeth Laliberte ChildrenuP office   Telephone no.    Located at   481 W. Alma St. Elimburst, It.    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)? If "Yes," enter the name of the foreign country.    Uganda   See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country    Uganda   Section 494/(a)(1) nonexempt charitable trusts filing Form 990-EZ in fieu of Form 1041—Check here and enter the amount of fux-exempt interest received or accrued during the tax year    [43]  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year? If "Yes," provide an explanation in Schedule O  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the	42b 42c 44a 44b 44d	Yes No

m 991	D-EZ (2015)						¥	8ge 4
							Yes	No
3	Did the organization engage, directly to candidates for public office? If "Ye	or indirectly, in political c es," complete Schedule C	ampaign activities or , Part I	behalf of c	or in apposit	on 48	34/3	1
ırt \	Section 501(c)(3) organizat All section 501(c)(3) organizat		estions 47, 40h and	52 and 6	omplete the	tables	or line	00
	50 and 51,					taules	O HIN	- -
	Check if the organization used	d Schedule O to respond	to any question in t	this Part VI	<del></del>	• • • •	Yes	No
7	Did the organization engage in lobb year? If "Yes," complete Schedule C	ying activities or have a	section 501(h) election	on in effect	dunng the	tax 47	1.23	
3	Is the organization a school as describ		iii? It "Yes." complete	Schedule E		48	+	芀
9a	Did the organization make any transf					49a	1	7
þ	If "Yes," was the related organization	a section 527 organization	υπ <sup>?</sup> .			49b		
C	Complete this table for the organizat							
	employees) who each received more		·		h benefits	s, enter "i	vone."	
	(a) Name and little of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contribution benefit plans	s to employee and deferred ensation	(e) Estimat other cor		
Α	<del></del>			-				
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f	Total number of other employees par	d over \$100,000	. > _ 0	1		<del></del>		
	Total number of other employees par Complete this table for the organiza \$100,000 of compensation from the	ation's five highest comp	ensated independent	contracto	rs who each	received	more	tha
	Complete this table for the organiza	ation's five highest comp organization if there is n	ensated independent		γ	received		tha
51 	Complete this table for the organiza \$100,000 of compensation from the	ation's five highest comp organization if there is n	ensated independent one, enter "None."		γ			tha
51	Complete this table for the organiza \$100,000 of compensation from the	ation's five highest comp organization if there is n	ensated independent one, enter "None."		γ			tha
51	Complete this table for the organiza \$100,000 of compensation from the	ation's five highest comp organization if there is n	ensated independent one, enter "None."		γ			tha
51 	Complete this table for the organiza \$100,000 of compensation from the	ation's five highest comp organization if there is n	ensated independent one, enter "None."		γ			tha
51	Complete this table for the organiza \$100,000 of compensation from the	ation's five highest comp organization if there is n	ensated independent one, enter "None."		γ			tha
51 	Complete this table for the organiza \$100,000 of compensation from the	ation's five highest comp organization if there is n	ensated independent one, enter "None."		γ			tha
51 	Complete this table for the organiza \$100,000 of compensation from the	ation's five highest comp organization if there is n	ensated independent one, enter "None."		γ			tha
51 	Complete this table for the organiza \$100,000 of compensation from the	ation's five highest comp organization if there is n	ensated independent one, enter "None."		γ			tha
51	Complete this table for the organiza \$100,000 of compensation from the  (a) Name and business address of each and	ation's five highest comp organization If there is no dependent contractor	ensated independent one, enter "None." (b) Type of ser		(c)			tha
51 //A	Complete this table for the organize \$100,000 of compensation from the (a) Name and business address of each and the compensation of each and the compensation complete Science \$100,000 of compensation complete \$100 of the organization complete \$100 of the organization complete \$100 of the compensation complete \$100 of the organization complete	ation's five highest comporganization of there is no dependent contractor	ensated independent one, enter "None." (b) Type of ser	vice	(c)	Compensati	zon	
51  JIA  d 52	Complete this table for the organize \$100,000 of compensation from the  (a) Name and business address of each and	ation's five highest comporganization of there is no dependent contractor.  In the pendent contractor on tractors each receiving the dule A? Note: All sets this return, including accompanion.	ensated independent one, enter "None."  (b) Type of ser  (b) Type of ser  (c) Type of ser  (d) Type of ser  (e) Type of ser	anizations	must attach	Compensation of the compen	oon .	No
51  JIA  d 52	Complete this table for the organize \$100,000 of compensation from the (a) Name and business address of each and the compensation of the independent of the organization complete Scientific Schedule A completed Schedule A	ation's five highest comporganization of there is no dependent contractor.  In the pendent contractor on tractors each receiving the dule A? Note: All sets this return, including accompanion.	ensated independent one, enter "None."  (b) Type of ser  (b) Type of ser  (c) Type of ser  (d) Type of ser  (e) Type of ser	anizations	must attach	Compensation of the compen	oon .	No
/A d d 552	Complete this table for the organize \$100,000 of compensation from the (a) Name and business address of each and (b) Name and business address of each and (c) Name and business address of each and Total number of other independent of Did the organization complete Scientific Schedule A challies of penjury 1 decrare that I have examined and complete Declaration of preparer (other	ation's five highest comporganization of there is no dependent contractor.  In the pendent contractor on tractors each receiving the dule A? Note: All sets this return, including accompanion.	ensated independent one, enter "None."  (b) Type of ser  (b) Type of ser  (c) Type of ser  (d) Type of ser  (e) Type of ser	anizations	must attach	Compensation of the compen	oon .	No
d d 552	Complete this table for the organize \$100,000 of compensation from the (a) Name and business address of each and (b) Name and business address of each and (c) Name and business address of each and Total number of other independent of Did the organization complete Scientific Completed Schedule A complete Declaration of preparer (other Charless Cha	ontractors each receiving hedule A? Note: All set this return, including accompany or than officer; is based on all informations.	ensated independent one, enter "None."  (b) Type of ser  (b) Type of ser  (c) Type of ser  (d) Type of ser  (e) Type of ser	anizations has any know	must attach	Compensation of the compen	oon .	No
d d 52	Complete this table for the organize \$100,000 of compensation from the (a) Name and business address of each and (a) Name and business address of each and (b) Name and business address of each and Complete Schedule A completed Schedule A complete Schedule A	ontractors each receiving hedule A? Note: All set this return, including accompany or than officer; is based on all informations.	ensated independent one, enter "None."  (b) Type of ser  (b) Type of ser  (c) Type of ser  (d) Type of ser  (d) Type of ser  (e) Type of ser  (h) Type of ser	anizations has any know	must attach	Compensation of the control of the c	oon .	No
d d 52 ign lere	Complete this table for the organize \$100,000 of compensation from the [a] Name and business address of each model.  Total number of other independent of Did the organization complete So completed Schedule A completed Schedule A complete of porjury I docare that I have examinous and compete to Oceanation of propers (other complete Schedules Charles D. Laliberte Executive Type or print name and title Pnat/Type preparer's name are completed.	ontractors each receiving hedule A? Note: All set than officer, is based on all information.	ensated independent one, enter "None."  (b) Type of ser  (b) Type of ser  (c) Type of ser  (d) Type of ser  (d) Type of ser  (e) Type of ser  (h) Type of ser	anizations tents, and to the has any know	must attach se best of my kn odge ( Z. / S	Compensation of the control of the c	oon .	No
d d 52 mder prus cer	Complete this table for the organize \$100,000 of compensation from the [a] Name and business address of each model.  Total number of other independent of Did the organization complete So completed Schedule A completed Schedule A complete of porjury I docare that I have examinous and compete to Oceanation of propers (other complete Schedules Charles D. Laliberte Executive Type or print name and title Pnat/Type preparer's name are completed.	ontractors each receiving hedule A? Note: All set than officer, is based on all information.	ensated independent one, enter "None."  (b) Type of ser  (b) Type of ser  (c) Type of ser  (d) Type of ser  (d) Type of ser  (e) Type of ser  (h) Type of ser	Anizations Hents, and to the has any known	must attach  re best of my kn odge  (Z/S)  Check  sett-employ m's EIN	Compensation of the control of the c	oon .	No
d d 52 Prinder	Complete this table for the organize \$100,000 of compensation from the [a] Name and business address of each model.  Total number of other independent of the organization complete So completed Schedule A challes of printy I declare that I have examine that an complete Declaration of propers (other Signature of officer Charles D. Laliberte Executive Type or print name and title Phat/Type preparer's name are Firm's name.	ontractors each receiving hedule A? Note: All se transfer is not the return, including accompany than officer; is based on all informations.	ensated independent one, enter "None."  (b) Type of ser (b) Type of ser (c) Ty	Anizations Hents, and to the has any known	must attach se best of my kn odge ( Z. / S	Compensation of the control of the c	3 [] I	No

#### 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

2015

Mr Juhn		4947(a	)(1) nonexempt chanta	ble trust.		
17 ما سم سو .	ent of the Treasury		ch to Form 990 or Form			Open to Public
erral I	Revenue Service Information abou	ut Schedule A (Forn	n 990 or 990-EZ) and its	instructions is		المراجع والمراجع
	of the organization				Employer identifice	
niidri Part	enUP  Reason for Public Cha	rity Status (All	organizations must	complete t		-0134556
	rganization is not a private founda					AUDI S.
	A church, convention of church		,		•	
	A school described in section					
	A hospital or a cooperative ho					
4	A medical research organization hospital's name, city, and state		onjunction with a hosp	ontal describe	d in section 170(b)(1)	(A)(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned or op	erated by a governm	ental unit described in
	A federal, state, or local gover	•				
	An organization that normally described in section 170(b)(1)	)(A)(vi). (Complet	te Part II.)	•	overnmental unit or f	rom the general public
	A community trust described					
9	An organization that normally receipts from activities relate support from gross investme acquired by the organization a	d to its exempt ent income and	functions—subject to unrelated business	certain excitaxable incor	eptions, and (2) no m ne (less section 511	ore than 331/3% of its
0	An organization organized and	d operated exclus	sively to test for publi	c safety See	section 509(a)(4).	
1	An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations d	leschbed in section 5	09(a){1} or se	ction 509(a)(2). See se	ection 509(a)(3). Check
а	☐ Type f. A supporting organia			•	•	-
•	the supported organization(s organization, You must con	s) the power to re	gularly appoint or ele			
b	☐ Type II. A supporting organic control or management of the organization(s). You must c	ization supervise he supporting org	d or controlled in conganization vested in th			
С	Type III functionally integri	ated. A supportin	ng organization opera			nally integrated with,
d	☐ Type Ill non-functionally in that is not functionally integ- requirement (see instruction	itegrated A supprated. The organi	porting organization o	perated in co satisfy a dist	nnection with its supp inbution requirement a	<b>y-</b> , ,
е	Check this box if the organize functionally integrated, or Ty	zation received a	written determination	from the IRS	that it is a Type I, Typ	oe II, Type III
	Enter the number of supported	- · ·				
1						. 1 1
1 9	Provide the following informatio	n about the supp	orted organization(s)	_	- •	
g		on about the supp	(iii) Type of organization (s) (described on lines 1-9 above (see instructions))	(iv) is the organi listed in your gov document	eming support (see	ary (vi) Amount of other support (see instructions)
g	Provide the following information	<del>,</del>	(iii) Type of organization (described on lines 1-9	document	aming support (see instructions)	other support (see
g	Provide the following information	<del>,</del>	(iii) Type of organization (described on lines 1-9	document	aming support (see	other support (see
g	Provide the following information	<del>,</del>	(iii) Type of organization (described on lines 1-9	document	aming support (see instructions)	other support (see
g )	Provide the following information	<del>,</del>	(iii) Type of organization (described on lines 1-9	document	aming support (see instructions)	other support (see
g )	Provide the following information	<del>,</del>	(iii) Type of organization (described on lines 1-9	document	aming support (see instructions)	other support (see
g	Provide the following information	<del>,</del>	(iii) Type of organization (described on lines 1-9	document	aming support (see instructions)	other support (see
g )	Provide the following information	<del>,</del>	(iii) Type of organization (described on lines 1-9	document	aming support (see instructions)	other support (see
g ) )	Provide the following information	<del>,</del>	(iii) Type of organization (described on lines 1-9	document	aming support (see instructions)	other support (see

	le A (Form 990 or 990 EZ) 2015						Page 2
Part	Support Schedule for Organiza	ations Descri	bed in Secti	ons 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi	<del>)</del>
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	alify under
	Part III If the organization fails to	qualify unde	r the tests lis	ted below, p	lease comple	te Part III)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants contributions and					1	
	membership fees received (Do not					ļ ,	
_	include any "unusual grants ")	58,422	63,587	50 477	77,252	50 221	299,959
2	Tax revenues revied for the	]				!	
	organization's benefit and either paid					)	
	to or expended on its behalf .	0	0	0	. 0	0	
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	<u> </u>	0	0	0	0	
4	Total. Add lines 1 through 3 .	58.422	63,587	50,477	77,252	50,221	299,959
5	The portion of total contributions by	1				1,	
	each person (other than a	1 ': 1			١ , ١		
	governmental unit or publicly	<b>!</b> . ,					
	supported organization) included on line that exceeds 2% of the amount	' - '.					
	shown on line 11, column (f)	54.4			بالمراجع المراجع	30	
6	Public support Subtract line 5 from line 4				* 19.		79,449
	on B. Total Support	<del></del>			L	L	220,510
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	58,422	63,587	50 477	77.252	50,221	
8	Gross income from interest dividends,	30,412	43,307	30 477	17.232	30,221	299,959
~	payments received on securities loans,	!				]	
	rents, royalties and income from similar					j j	
	sources	22	158	151	190	159	680
9	Net income from unrelated business						
9	Net income from unrelated business activities, whether or not the business						
9		0	0	0	0	0	0
9	activities, whether or not the business is regularly carried on.  Other income. Do not include gain or						0
	activities, whether or not the business is regularly carried on.  Other income. Do not include gain or toss from the sale of capital assets.						0
	activities, whether or not the business is regularly carried on.  Other income. Do not include gain or						0
10	activities, whether or not the business is regularly carried on.  Other income. Do not include gain or toss from the sale of capital assets.	0	0	0	0	0	
10 11 12	activities, whether or not the business is regularly carried on.  Other income. Do not include gain or toss from the sale of capital assets. (Explain in Part VI.)  Total support. Add lines 7 through 10. Gross receipts from related activities, etc.	o (see instructio	0 0 (ns) .	0	0	0	300,639
10	activities, whether or not the business is regularly carried on.  Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI).  Total support. Add lines 7 through 10.  Gross receipts from related activities, etc.  First five years. If the Form 990 is for the	0 (see instructione organization	0 0 (ns) .	0	0	0	300,639 1 501(c)(3)
10 11 12 13	activities, whether or not the business is regularly carried on.  Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI).  Total support. Add lines 7 through 10.  Gross receipts from related activities, etc.  First five years. If the Form 990 is for thorganization check this box and stop he	(see instruction to organization to	o ons) .	0	0	0	300,639
10 11 12 13 Secti	activities, whether or not the business is regularly carried on.  Other income Do not include gain or toss from the sale of capital assets (Explain in Part VI).  Total support. Add lines 7 through 10.  Gross receipts from related activities, etc.  First five years. If the Form 990 is for the organization check this box and stop he on C. Computation of Public Support	(see instructione organization	o ons) . 's first second	o a d. third, fourth	0	0 0 12 car as a section	300,639 1 501(c)(3)
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10 11 12 13 Secti 14 15 16a	activities, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  Total support. Add lines 7 through 10.  Gross receipts from related activities, etc.  First five years. If the Form 990 is for it organization check this box and stop he on C. Computation of Public Support.  Public support percentage for 2015 (line to Public support percentage from 2014 Sch. 331/2% support test—2015. If the organization quality of the support of the organization quality is required.	(see instruction the organization of the Percentage of column (f) divided in the column of the colum	ons) To first second  I line 14 Theck the box city supported	d, third, fourth  1, column (f)) on line 13, and	o of fifth tax yes	12 ear as a section  14 15 a% or more, ch	300,639 1 501(c)(3) 1 501(c)(3) 1 501(c)(3) 1 501(c)(3) 1 501(c)(3) 1 501(c)(3)
10 11 12 13 Secti 14 15	activities, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  Total support. Add lines 7 through 10.  Gross receipts from related activities, etc.  First five years. If the Form 990 is for it organization check this box and stop he on C. Computation of Public Support Public support percentage from 2014 Sch. 331/2% support test—2015. If the organization qual 331/2% support test—2014.	(see instructione organization feedule A, Part I zation cid not clif es as a publication did not did n	ons)  a first second  added by line 1  line 14 theck the box dly supported t check a box	0. d. third, fourth 1, column (f)) on line 13, and organization on line 13 or	o of fifth tax yet of the state	12 ear as a section  14 15 a% or more, ch	300,639  1 501(c)(3)  73 % 63 % seek this
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(Form 990 or 990-EZ)

Supplemental Information Regarding Fundralsing or Gaming Activities OMB No 1545-0047 SCHEDULE G Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 18, or if the organization entered more than \$15,000 on Form 990-EZ, line 8a. 2015 ► Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service Information about Schedule G (Form 990 or 990-E2) and its instructions is at we Name of the organization Employer identification number Children UP 71-0134556 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply a Mail solicitations e 🔲 Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser 8steo in cot (i) (III) Did fundralser have custody or control of contributions? (vi) Amount paid to (or rotained by) organization (i) Name and address of individual (IV) Gross receipts from activity (ii) Activity or entity (fundraiser) Yes No 3 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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		gross receipts greater tha	(a) Event #1 May 2016 Gala (event type)	(event type)	(c) Other events  1 (total number)	(d) Total events (add col. (a) through col. (c))
	1	Gross receipts	\$16,801	N/A	\$\$1,459	\$18,260
	2	Less Contributions . Gross income (line 1 minus	\$13,593	<del></del>	486	\$14,079
+	<b></b>	line 2)	\$3208		\$973	\$4,181
	4	Cash prizes .	0	<del> </del>		0
	5	Noncash prizes	О		0	0
	6	Rent/facility costs .	0		0	0
1	7	Food and beverages .	\$3,432		0	\$3,432
	8	Entertainment .	0		0	0
	9	Other cirect expenses	0		0	0
	10 11	Direct expense summary, Ad Net income summary, Subtra				\$3,432 \$749
1	rt III	Gaming. Complete if the	e organization answer		i, Part IV, line 19, or re	eported more
-1		than \$15,000 on Form 9	ľ	(b) Pull tabsAnstant		(d) Total gaming (add
	Į	!	(a) Burgo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
	1	Gross revenue	N/A	N/A	N/A	N/A
	2	Cash prizes .		j		
The same of the sa	3	Noncash prizes				
1	4	Rent/facility costs				
•	5	Other direct expenses .				
	1	· · · · · · · · · · · · · · · · · · ·	Yes %	☐ Yes % [ ☐ No [	☐ Yes % ☐ No	
	e	Volunteer labor			· ·	
	6	Direct expense summary, Ad	ld lines 2 through 5 in oc	nutra (d)	▶ 🛴	
		Direct expense summary, Ad	-			
	7	Direct expense summary. Ad	y. Subtract line 7 from lir	ne 1, calumn (d) .		
9	7 8 En	Direct expense summary. Ad Net gaming income summary inter the state(s) in which the on	y. Subtract line 7 from lir	ne 1, column (d)		. 🗍 Yes 🗍 No
9	7 8 En	Direct expense summary. Ad Net gaming income summary inter the state(s) in which the or the organization licensed to co	y. Subtract line 7 from lir ganization conducts gar onduct gaming activities	ne 1, column (d)	? . <i></i>	. 🔲 Yes 🗍 No
9	7 8 En	Direct expense summary. Ad Net gaming income summary inter the state(s) in which the or the organization licensed to co	y. Subtract line 7 from lir ganization conducts gar onduct gaming activities	ne 1, column (d) ming activities s in each of these states?	? . <i></i>	. 🔲 Yes 🗍 No
9 1	7 8 En a Isi	Net gaming income summary. Ad Net gaming income summary inter the state(s) in which the on the organization licensed to co "No," explain	y. Subtract line 7 from lir ganization conducts gar onduct garning activities	ne 1, column (d) ming activities s in each of these states?	ed during the tax year?	. Yes No

	Children UP - EIN 71-0134556				_			
	lo G (Form 990 or 990 EZ) 2015  Does the organization conduct gaming activities with nonmembers?		Yes		3e 3			
2	is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer chantable gaming?		Yes	_				
3	Indicate the percentage of gaming activity conducted in	_						
	The organization's facility				% %			
b	An outside facility				70			
	Name ► N/A							
	Address ▶		<b></b> .	·•				
5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	Ø	No			
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	_						
C	If "Yes," enter name and address of the third party							
	Name ►							
	Address							
6	Garring manager information:							
	Name							
	Garning manager compensation ► \$							
	Description of services provided ►							
	□ Director/officer □ Employee □ Independent contractor							
17	Mandatory distributions							
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Var	П	<b>.</b>			
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or sperit in the organization's own exempt activities during the tax year	_	163	<u>.</u>	110			
art	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informativations)							
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	Scheduls Q (Forn	n 990	or 990	)-EZ) :	2015			
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#### SCHĘDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

омв No. 1545-0047 2015

Employer identification number

➤ Attach to Form 990 or 990-EZ.

Department of the Treasury internal Revenue Sorvice Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990.

Open to Public Inspection

Children UP	71-0134556
Part I, line 15, Included in this line are costs for government licensing fees, credit card charges and b	bank wire transfer fees
Part If line 26 Liability: Children UP is recording a loss expense this year. A purse snatching, include	ding \$5,050 of Children UP funds,
occurred on May 20, 2016 after our coordinators left a Gulu Uganda bank with money to pay tuition:	and supplies for term 2.
A police report was filed. No money was recovered. A donor has pledged to add \$1,000/year for five	years to rebuild the loss.
Part III line 28 Explanation of Gulu Education Project: Our Gulu Secondary School Project has expan	nded and been renamed the Gulu
Education Project. Twelve students are in the secondary schools. Beyond that nine students study	in vocational/diploma/university
programs. It is our hope that some of our students will qualify for government scholarships to univer	rsity program. One of our students has
so qualified this year in a medical program. One of our Children UP goals is student self-sufficiency	y. Two certificate students completed
their coursework and are now employed in their fields!	
Children UP provides students with the important service of mentoring. The secondary school r	mentors attend to the student needs and
issues arising within the particular school. Our coordinators serve as mentors to all our students ad	dressing additional concerns and
assuring tuition fees, supplies, transportation expenses are paid. They advocate for health needs th	at cannot be met by families.
Children UP board strives to add, equal numbers of young men and women into our program.	The board requires that we have
funds to support a student through SIX years of schooling before we invite a new beneficiary. To be	eligible for yearly renewal, a student
must achieve grade results in division I or fl, be disciplined and maintain regular communication with	h the mentors and coordinators
In 2016, a branch of Children UP, Children UP Uganda, was officially recognized by the govern	ment as an NGO
Through presentations, our website, e-newsletters, social media and personal communication	here in the USA, we illustrate our
students' educational experiences and offer a view into their culture for our supporters and the gene	ral public.
Part III line 29. In 2016, Children UP supported one student completing his advanced university cour	sework in Project Management.
Part IV: The Director and board members can be reached through the office of Children UP. All volu	inteer their time, skills and resources.
There are no salaries or office expenses within the USA. Ugandan administrative costs are supporte	ed by several donors
Part V Line 42b Children UP uses bank wire transfers to Centenary Rural Development Bank, Gulu E	
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