

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning January 1, 2009, and ending December 31, 20 09

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **Uweza Aid Foundation**
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
P.O. BOX 266
 City or town, state or country, and ZIP + 4
Lumberton, NJ 08048-0266

D Employer identification number: **26-2098595**

E Telephone number: **609 234 8472**

F Group Exemption Number ▶

G Accounting Method: Cash Accrual
 Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ <http://www.uweza.org>

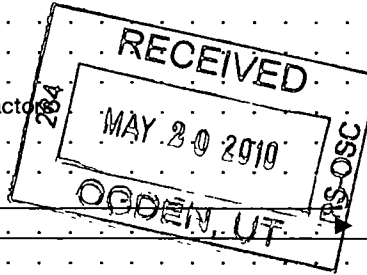
J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **32,638**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1		27,461	
Revenue	1	Contributions, gifts, grants, and similar amounts received	1		27,461
	2	Program service revenue including government fees and contracts	2		-0-
	3	Membership dues and assessments	3		-0-
	4	Investment income	4		-0-
	5a	Gross amount from sale of assets other than inventory	5a		-0-
	5b	Less: cost or other basis and sales expenses	5b		-0-
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		-0-
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>			
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a		-0-
	6b	Less: direct expenses other than fundraising expenses	6b		-0-
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		-0-	
7a	Gross sales of inventory, less returns and allowances	7a		5,177	
7b	Less: cost of goods sold	7b		4,014	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		1,163	
8	Other revenue (describe ▶ <u>None</u>)	8		-0-	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9		28,624	
Expenses	10	Grants and similar amounts paid (attach schedule)	10		19,615
	11	Benefits paid to or for members	11		-0-
	12	Salaries, other compensation, and employee benefits	12		4,520
	13	Professional fees and other payments to independent contractors	13		-0-
	14	Occupancy, rent, utilities, and maintenance	14		-0-
	15	Printing, publications, postage, and shipping	15		79
	16	Other expenses (describe ▶ <u>See Attachment C</u>)	16		1,327
	17	Total expenses. Add lines 10 through 16	17		25,541
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18		3,083
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19		1,611
	20	Other changes in net assets or fund balances (attach explanation)	20		-0-
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21		4,694



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	1,611	4,694
23	Land and buildings	-0-	-0-
24	Other assets (describe ▶ <u>None</u>)	-0-	-0-
25	Total assets	1,611	4,694
26	Total liabilities (describe ▶ <u>None</u>)	-0-	-0-
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,611	4,694

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	<input type="checkbox"/>	<input type="checkbox"/>
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____ -0-	<input type="checkbox"/>	<input type="checkbox"/>
b	Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 period covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____	<input type="checkbox"/>	<input type="checkbox"/>
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a _____		
b	Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ -0- ; section 4912 ▶ _____ -0- ; section 4955 ▶ _____ -0-		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ -0-	<input type="checkbox"/>	<input type="checkbox"/>
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____ -0-	<input type="checkbox"/>	<input type="checkbox"/>
e	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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶ <u>None</u>		
42a	The organization's books are in care of ▶ <u>Meghann Perez</u> Telephone no. ▶ <u>330-212-0726</u> Located at ▶ <u>3449 South Scoville Ave, Berwyn, IL</u> ZIP + 4 ▶ <u>60402-3886</u>		
b	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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	If "Yes," enter the name of the foreign country: ▶ <u>Kenya</u>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------|
| 46 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 | 46 | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | 49b | <input checked="" type="checkbox"/> |
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributors to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ▶ -0-

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 . . . ▶ -0-

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Meghan Perez Date 5/10/2010

▶ **Meghann Perez, Vice-President**

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____ Preparer's identifying number (See instructions) _____

EIN ▶ _____ Phone no ▶ _____

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes 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 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

Uweza Aid Foundation

26

2098595

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
10 An organization organized and operated exclusively to test for public safety.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I b Type II c Type III-Functionally integrated d Type III-Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons...
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Table with 3 columns: Question, Yes, No. Rows 11g(i), 11g(ii), 11g(iii)

Main table with 7 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col (i) listed in your governing document?, (v) Did you notify the organization in col (i) of your support?, (vi) Is the organization in col (i) organized in the U S?, (vii) Amount of support.

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")				17,387	27,431	44,818
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				0	5,177	5,177
3 Gross receipts from activities that are not an unrelated trade or business under section 513				0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge				0	0	0
6 Total. Add lines 1 through 5				17,387	32,608	49,995
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				0	0	0
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				0	0	0
c Add lines 7a and 7b				0	0	0
8 Public support (Subtract line 7c from line 6)						49,995

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6				17,387	32,608	49,995
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				0	0	0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				0	0	0
c Add lines 10a and 10b				0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)				0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12)				17,387	32,608	49,995
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	100 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	N/A %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	N/A %

- 19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Uweza Aid Foundation
EIN #26-2098595

Attachment A

**Uweza Aid Foundation
Line B
Statement of Change of Registered Office**

FORM NFP 105.10/105.20 (rev. Dec. 2003)
**STATEMENT OF CHANGE
 OF REGISTERED AGENT AND/OR
 REGISTERED OFFICE**
 General Not For Profit Corporation Act

Jesse White, Secretary of State
 Department of Business Services
 501 S. Second St., Rm. 328
 Springfield, IL 62756
 217-782-7808
 www.cyberdriveillinois.com

SECRETARY OF STATE JESSE WHITE FILED 08/12/09

Remit payment in the form of a
 check or money order payable
 to Secretary of State.

File # 66011135 Filing Fee: \$5 Approved: SG

Submit in duplicate Type or Print clearly in black ink Do not write above this line

1. Corporate Name: Uweza Aid Foundation

2. State or Country of Incorporation: Illinois



CP0808171

3. Name and Address of Registered Agent and Registered Office as they appear on the records of the Office of the Secretary of State (before change):

Registered Agent:	<u>Meghann</u>	<u>Ariana</u>	<u>Perez</u>
	First Name	Middle Name	Last Name
Registered Office:	<u>2251</u>	<u>Sheridan Road</u>	<u>Room 204</u>
	Number	Street	Suite # (P.O. Box alone is unacceptable)
	<u>Evanston</u>	<u>60201</u>	<u>Cook</u>
	City	ZIP Code	County

4. Name and Address of Registered Agent and Registered Office shall be (after all changes herein reported):

Registered Agent:	<u>Meghann</u>	<u>Ariana</u>	<u>Perez</u>
	First Name	Middle Name	Last Name
Registered Office:	<u>3449</u>	<u>South Scoville Ave</u>	
	Number	Street	Suite # (P.O. Box alone is unacceptable)
	<u>Berwyn</u>	<u>60402</u>	<u>Cook</u>
	City	ZIP Code	County

5. The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.

6. The above change was authorized by: ("X" one box only)
- a. Resolution duly adopted by the board of directors. (See Note 5 on reverse.)
 - b. Action of the registered agent. (See Note 6 on reverse.)

SEE REVERSE FOR SIGNATURE(S).



7. If authorized by the board of directors, sign here. (See Note 5 below.)

The undersigned corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

Dated _____, _____, _____
Month & Day Year Exact Name of Corporation

Any Authorized Officer's Signature

Name and Title (type or print)

If change of registered office by registered agent, sign here. (See Note 6 below.)

The undersigned, under penalties of perjury, affirms that the facts stated herein are true and correct.

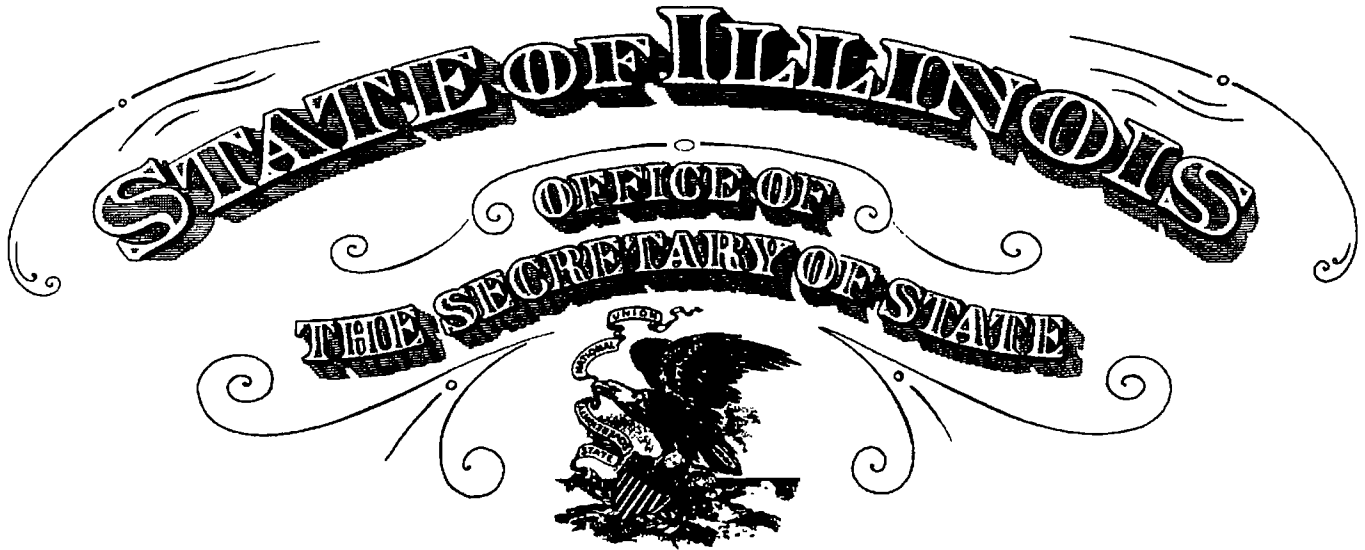
Dated August 3, 2009, _____
Month & Day Year Signature of Registered Agent of Record

Name (type or print)

If Registered Agent is a corporation,
Name and Title of officer who is signing on its behalf.

NOTES

1. The registered office may, but need not be, the same as the principal office of the corporation. However, the registered office and the office address of the registered agent must be the same.
2. The registered office must include a street or road address (P.O. Box alone is unacceptable).
3. A corporation cannot act as its own registered agent.
4. If the registered office is changed from one county to another, the corporation must file with the Recorder of Deeds of the new county a certified copy of the Articles of Incorporation and a certified copy of the Statement of Change of Registered Office. Such certified copies may be obtained ONLY from the Secretary of State.
5. Any change of registered agent must be by resolution adopted by the board of directors. This statement must be signed by a duly authorized officer.
6. The registered agent may report a change of the registered office of the corporation for which he/she is a registered agent. When the agent reports such a change, this statement must be signed by the registered agent. If a corporation is acting as the registered agent, a duly authorized officer of such corporation must sign this statement.



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

THE FOREGOING AND HERETO ATTACHED IS A TRUE AND CORRECT COPY, CONSISTING OF 2 PAGES, AS TAKEN FROM THE ORIGINAL ON FILE IN THIS OFFICE FOR UWEZA AID FOUNDATION. *****

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 20TH day of APRIL A.D. 2010 .



Jesse White

Uweza Aid Foundation
EIN #26-2098595

Attachment B

**Uweza Aid Foundation
Part I Line 10
Grants and similar amounts paid**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances
Line 10 Grants and similar amounts paid

YOUTH SOCCER LEAGUE PROGRAM	Amount \$
<i>Nairobi Sports House</i>	
1. Soccer Balls	\$225
2. Soccer Shoes	\$196
4. Soccer Shorts	\$74
5. Goal Posts	\$18
6. Goal Nets	\$21
7. Practice Cones	\$49
8. Coaching Whistles	\$20
<i>Toi Primary Market</i>	
1. Uniform washing	\$72
2. Equipment repair	\$50
<i>Toi Primary School</i>	
1. Soccer field usage	\$268
<i>Various Tournament Organizers</i>	
1. Tournament entry fees	\$47
2. Prizes	\$24
3. Tournament Food	\$44
<i>Medical Pharma Chemist</i>	
1. First aid	\$85
HEALTH OUTREACH PROGRAM	
<i>Specific assistance to individuals for:</i>	
1. Medical hospital bills	\$466
2. Food	\$2,886
3. Medication	\$2,107
4. Medical Supplies	\$102
<i>Specific assistance to orphaned children for:</i>	
1. Food	\$421
2. First/Aid Medication	\$13
<i>Ushirika and Kawangware HIV-positive support groups:</i>	
1. Microlending business investments program	\$837
<i>Specific assistance to hospitalized individuals for:</i>	
1. Hospital visit food, supplies, etc	\$23
<i>Specific assistance to needy families for:</i>	
1. Christmas Food Fund Program	\$257
<i>Specific assistance to individual families for:</i>	
1. Funeral costs	\$242
<i>Rongai Chicken Breeders</i>	
1. Chickens for egg production to be used in feeding program	\$375
CHARITY SCHOOLS PROGRAM	
<i>Salima Children's Center</i>	
1. Feeding Program	\$259
2. Kitchen Supplies	\$68
<i>Government of Kenya:</i>	
1. Charity School Registration Fees	\$66
ORPHANAGE PROGRAM	
<i>Tunza Children's Center:</i>	
1. Feeding Program	\$2,877
2. Electricity, Water, Firewood	\$670

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances
Line 10 Grants and similiar amounts paid

3. Supplemental Nutritional Foods	\$210
4. Medical Hospital Fees	\$37
5. Medication	\$13
6. Clothing	\$57
7. Additional Supplies for Child Welfare	\$560
8. Recreational Activities	\$16
EDUCATIONAL SCHOLARSHIP PROGRAM	
<i>Ayany Primary, Olympic Primary, and Joseph Kangathe, and Musa Gitau Primary Schools</i>	
1. School Tuition/Exam/Trip Fees	\$1,714
2. School Entrance Fees	\$267
3. Feeding Program Fees	\$64
<i>Specific assistance to sponsored children for:</i>	
1. Emergency Healthcare	\$1,381
2. School Uniforms	\$1,408
3. Educational Supplies (books, stationary, etc)	\$1,026
TOTAL	\$19,615

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Attachment C

**Uweza Aid Foundation
Part I Line 16
Other expenses**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances
Line 16 Other Expenses

YOUTH SOCCER LEAGUE PROGRAM	Amount \$
Communication	\$23
Transportation	\$39
HEALTH OUTREACH PROGRAM	
Hospital Care	
1. Transportation	\$17
Communication	\$245
Transportation	\$93
CHARITY SCHOOLS PROGRAM	
ORPHANAGES PROGRAM	
Health Clinics	
1. Transportation	\$1
Communication	\$0
Transportation	\$90
EDUCATIONAL SCHOLARSHIPS PROGRAM	
Transportation	\$63
ADMINISTRATIVE COSTS PROGRAM	
Money sending fees	\$5
General communication	\$119
Paypal fees	\$433
ATM fees	\$115
Bank fees	\$84
TOTAL	\$1,327

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Attachment D

Part III
Statement of Program Service Accomplishments

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

1. HEALTH OUTREACH PROGRAM

The Health Outreach Program provided assistance to 120 men, women and children in the Kibera slum of Nairobi and other impoverished communities that were suffering from illness and injury, mainly HIV/AIDS. The program had one director who facilitated home visit and support group programs. Through home visits, individuals were assisted in their own homes or during hospital stays with essential food and medication as well as first aid supplies and payment of hospital bills in the event of emergencies. The Health Outreach Program also provided care for 80 orphaned children ages 1-18 in a children's home, especially those who were HIV positive. Nutritious foods, medication and first aid were provided. A microlending project was developed to assist men and women participating in HIV/AIDS support groups through business loans and guidance.

Total Grants (taken from Line 10): \$7,729

Total Expenses (taken from Line 17): \$9,029

****Amounts include foreign grants.**

2. ORPHANAGE PROGRAM

The Orphanage Program provided support to a children's center home to 80 needy and orphaned children ages 1-18 as well as 10 adult staff members. The home has little to no source of income and struggles to provide for the needs of all of the children. Uweza Aid Foundation assisted in providing food, clothing, school supplies, toiletries and other essentials in order to ensure the every day well-being and health of all of the children. In addition to every day food items, the program provided the children with nutritious fruits, vegetables and meat in order to create a more well-rounded diet. Assistance was also provided for maintenance of supplies of water and electricity in the home. Other assistance included firewood for cooking and kitchen supplies. Lastly, one female and one male social worker were hired to mentor the children while providing weekly sessions to identify problems and mentor them regarding such issues as life skills, psychological stress, and health awareness.

Total Grants (taken from Line 10): \$4,440

Total Expenses (taken from Line 17): \$6,677

****Amounts include foreign grants.**

3. EDUCATIONAL SCHOLARSHIP PROGRAM

The Educational Scholarship Program provided educational scholarships and health care to 22 children from the Kibera slum and other impoverished communities. Included in the scholarships is payment of all school fees, provision of school uniforms, school supplies and coverage of hospital fees and medication in the event of illness. 22 children were selected as the recipients of scholarships based on neediness and/or performance in school. In addition to providing for selected children, the program also provided occasional uniforms, school supplies and/or school fees to needy other children living in the slum. The program has ensured that the children supported have everything they need to receive a quality education, including one hired tutor to help the children maintain their performance.

Total Grants (taken from Line 10): \$5,860

Total Expenses (taken from Line 17): \$6,135

****Amounts include foreign grants.**

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4. YOUTH SOCCER LEAGUE PROGRAM

The Youth Soccer League program provided weekly soccer training for 70 youth ages 6-18 from throughout the slum of Kibera in Nairobi, Kenya. The program provided five trained coaches that not only taught soccer instruction, but acted as mentors discussing life skills. The program also provides equipment and a soccer field to the youth for regular, weekly practices. The program not only gives low-income youth an opportunity to play, but also strives to build and self esteem in these youth. In addition to weekly practices, the youth participate in tournaments both within and outside of the slum. The program involves a prize-giving program to encourage behaviors such as discipline and timeliness. An HIV/AIDS facilitator has volunteered to mentor and educate the team members.

Total Grants (taken from Line 10): \$1,193

Total Expenses (taken from Line 10 + Line 17): \$2,032

****Amounts include foreign grants.**

5. CHARITY SCHOOLS PROGRAM

The Charity Schools Program provided assistance and support to a small, charity school in the Kibera slum. The school provides free education and meals to 40 needy and vulnerable children, ages 3-9. Assistance was provided in purchasing food for the feeding program so that the children could eat at least one full meal every day. For many of the children, it was the only meal that they received. Assistance was also provided in purchasing dishware, cutlery and kitchen supplies and in holding an end of the year celebration for the students. Additionally, two teachers were hired to attend to the children and provide meaningful instruction. The school officially registered with the government of Kenya after receiving financial support from Uweza Aid Foundation in order to do so.

Total Grants (taken from Line 10): \$393

Total Expenses (taken from Line 10 + Line 17): \$833

****Amounts include foreign grants.**

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Attachment E

**Part V Line 33
Description of Newly Engaged Activities**

DESCRIPTION OF NEWLY ENGAGED ACTIVITIES

1

Since its inception in 2008, Uweza Aid Foundation has supported a health outreach program in impoverished communities, primarily the Kibera slum of Nairobi, Kenya. The health outreach has provided essential food, medication and first aid, hospital care and emotional support to individuals afflicted with illnesses and injuries. The program has predominantly worked with low-income HIV positive men and women. Most of these men and women are head of their families and have trouble finding steady work. Combined with debilitating illnesses, they have a difficult time supporting themselves and their families. The health outreach, conducted under the name "Tumaini Health Outreach" attempts to assist individuals in regaining their health and improving their quality of life.

The health outreach consists of two main components, a home visit program and a support group program. Through home visits, Uweza Aid Foundation employees and volunteers visit patients in their homes or at the hospital when they are admitted and try to assist where possible. The support group program was started by HIV positive patients living in the Kibera slum as a way to support and encourage each other. The members of the groups meet once a week to conduct a money savings program, share experiences and advice, and create beadwork and bags as a way to earn income. Starting in late 2008, Uweza Aid Foundation began to work with two different groups from Kibera, each consisting of about 20 members. The members are mostly women and all are mothers. The groups were initially created, developed and managed on their own without the assistance of Uweza Aid Foundation. Starting in late 2008, Uweza Aid Foundation began to sell their beadwork and bags as a way of assisting with their health needs. Funds raised from the sale were used to purchase essential medication and food as well as cover hospital care for members of the group.

In 2009, Uweza Aid Foundation developed a new microlending program using the proceeds of the sales of the items created by the support groups. As part of the program, the members of the groups organized themselves into smaller groups and developed a business plan for a current business to be sustained or a new business to be developed. Examples include a vegetable stand and a soap making business. Each group received a small loan to support their business. The groups then developed a repayment plan for the loan and planned to return the seed business money to a group bank account with interest over the course of six months. Money returned can be used by the group as funds for additional loans, for conducting group activities and as emergency funds in the case of illness of group members. Loan repayment is organized and managed by the support groups themselves and monthly reports are given to Uweza Aid Foundation.

Currently, approximately 4% of the organizations resources are devoted toward the support of the microlending program. Uweza Aid Foundation is monitoring the success of the program, based on repayment as well as the success of the businesses originated and may expand the program to others and/or provide additional loans, depending on the success of the original program and on sales of the items created by the group members. Future plans with the program may also include business and skill-building seminars.

Support for the health outreach microlending program is funded through a portion of the funds received through the sale of goods created by the support groups (as described on Part I, line 7a).

This Uweza Aid Foundation activity is charitable in nature and serves three fundamental purposes (1) the promotion of health and (2) the promotion of social welfare.

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(1) Promotion of Health

The microlending program provides a way for men and women struggling with illness to better support themselves and their families. A large portion of the incomes of many families in the impoverished communities where we work goes toward hospital bills, medication and food. By developing the group members ability to support themselves, this activity also promotes their ability to support their own health and nutrition as well as that of their family members and children. Additionally, it promotes better mental and emotional health. The inability to provide for their family in combination with a stressful disease such as HIV/AIDS takes a toll on the members of these support groups. The microlending program allows them to take control of their own finances, builds their confidence in their abilities and helps alleviate some of the stress of the financial burdens that they deal with.

(2) Promotion of Social Welfare

The members of the support groups are dedicated to improving their own quality of life as well as the quality of life of others in their community. Although they are dealing with a disease that is often coupled with stigma and discrimination, they are free and open about their status and making every effort to not let their illness take over their lives. By living in a positive way and making efforts to support themselves through businesses and a microlending program, the group members are contributing to the social welfare of not only themselves and their families but their friends and neighbors as well.

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Attachment F

**Part V Line 35
Explanation of Income from Business Activities**

Uweza Aid Foundation
EIN #26-2098595

Explanation of Income from Business Activities

1

The amount of income from business activity identified in line 7a is raised through the sales of inventory created by members of HIV/AIDS support groups as a part of the Health Outreach Program. The inventory is collected from members of the Health Outreach Program's support groups and advances our tax-exempt purposes because the sale of such goods helps to provide economically for the impoverished HIV-positive men and women in the support groups. Additionally, the proceeds from these sales are used to support the Health Outreach Program's support group activities. These activities include financial assistance to members of the support groups, purchase of medication and food for HIV positive patients, provision of hospital care in the event of illness and a microlending program to support small businesses created by support group members. Although the sale of goods is a business activity, the use of these funds furthers the tax-exempt purposes of the organization. The funds raised are invested back into programs that are charitable in nature, as they promote both health and social welfare. By providing essential medication, food and hospital care, the program ensures the health and well-being of HIV positive patients as well as the health of the entire community by preventing the continuation and/or spread of illness. The microlending program, which is supported by the sales, not only ensures that individuals assisted will be able to provide health care for themselves and their families but promotes social welfare through growth of small business and confidence building in the community.