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Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

		of the Treasury	The organization may have to use a copy of this return to satisfy stal	te reno	ortina i	requirem	ients		specti	on
_		enue Service	endar year, or tax year beginning , 2008, and ending		Jimiy i	equirein	CIIIS	. 20		UII
				'	D En	nployer ic	dentifica			
R c	heck if ap					5-215				
-	chang	netat a		suite		lephone r				
-	4	type.				-		E 2 E		
-	┥	return See Specifi				305)9	33-0.	323		
4	Amen	ination Instruc		ŀ	G Gr	ross receij	nts \$	5	616	603
\ <u>^</u>	retur		MIAMI GARDENDS, FM 33169 ame and address of principal officer CARRIE MEEK			s this a gro	·		Yes	, 683. X No
L	_ pendi	···y		,	ťε	affiliates?		<u> </u>	Yes	Ĥ No
1111 PARK CENTRE BLVD, # 202 MIAMI GARDENS, FL 33169 H(b) Are all affiliates included? I Tax-exempt status X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 If "No," attach a list (see ins									J	
I Tax-exempt status X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 If "No," attach a list (see inst J Website: ► WWW.CARRIEMEEKFOUNDATION.ORG									2101137	
				formati					micilo	
		of organization		-	2	JOTI MI		i legal do	miche	FL
Pa		Summar	5							
	1	•	ribe the organization's mission or most significant activities							
8			OVE THE OVERALL QUALITY OF LIFE AND BUILD A STRON							
Jan			URAGING INVESTMENT AND PARTNERSHIPS IN THE DIVERS	2E_0	KBA	N TWW	ER			
Governance	_		IGHBORHOODS.							
တိ	2	Check this b		1 25%	of its	assets	1 - 1			. -
න්	3		oting members of the governing body (Part VI, line 1a)				. 3			25
Ë	4		ndependent voting members of the governing body (Part VI, line 1b)				. 4			25
Activities	5		er of employees (Part V, line 2a)			. .	. 5		<u>NO</u>	
¥	6		of volunteers (estimate if necessary)				. 6	_ 		6
	7a	Total gross	elated business revenue from Part VIII, line 12, column (C)			. .	. <mark>7a </mark>			
	b	Net unrelate	usiness taxable income from Form 990-7, line 37-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0			· • • • ·	. 7b			
					Pri	or Year			ent Y	
ē	8	Contributio	1 grants-(Part VIII, line 1h) HE revenue (Part VIII, line 2g)-		2,	979,8	33.	5 ,	596	<u>,996.</u>
e G	9	Program sε	HF revenue (Part VIII, line 2g)							NON
Revenue	10		S Ine (Part VIII, column (A), lines 3, 4, an didd)			2,6	26.		3	<u>,759.</u>
_	11	Other reven	ECT°art VIII, column (A), lines 5, 6d, 8c, 9c, 10c and lei N						15	<u>,928.</u>
	12	Total revenu	IND dd lines 8 through 11 (must equal Part VIII, collumb A), inter12		2,	982,4	59.	5,	616	<u>,683.</u>
	13	Grants and	si'r amounts paid (Part IX, column (A), lines 1-3)		1,0	055,1	19.	4,	367	,010.
	14	Benefits pai	d t for members (Part IX, column (A), line 4)							NON
so.	15	Salaries, oth	nernpensation, employee benefits (Part IX, column (A), lines 5-10)							NONE
Expenses	16a	Professiona	func using fees (Part IX, column (A), line 11e)		:	296,5	36.		_	NONE
8 X	Ь		ising erpenses, Part IX, column (D), line 25) ▶ 9,519.							
ш	17		ses (Part IX, column (A), lines 11a-11d, 11f-24f)	T		218,7	99.		608	,281.
	18	Total expens	ses Add lines 13-17 (must equal Part IX, column (A), line 25)			570,4		4,	975	,291.
	19	Revenue les	s expenses Subtract line 18 from line 12		1,4	412,0	05.			, 392.
58				-В		ing of Y		Enc	of Ye	
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)		2,	329,3	33.	2,	887	,528.
Ass	21	Total liabiliti	es (Part X, line 26)		<u> </u>		ONE			,300.
¥5.5	22		or fund balances Subtract line 21 from line 20		2.	329,3		2,		,228.
	rtII		re Block							
			ues of perjury, I declare that I have examined this return, including accompanying schedule	es and	staten	nents an	d to the	best of	my kn	owledge
		and belief, i	As true, correct, and complete Declaration of preparer (other than officer) is based on a	ll infor	mation	of whic	h prepa	rer has a	iny kn	owledge
Ś	ign		Carrie P. Muck			سلد	L 12	2	117)
	ere	Signat	ure of officer?			Date	7	, , 	1/L1 =	
<u></u>		-	Carrie P. Week			C)			
		Type o	r print name and title President	-						
			Date Che	ck if			parer's i		numbe	 er
Paid	1	Preparer's signature	//a // self-	loyed	_ [e instruct	ions)		
Prep	oarer's	Firm's name		.5,50	EIN			05414		
Use	Only	If self-employ	ed).	-+	Phone			-1986		
Mari	the I	address, and	one of the state o			<u>-</u>		5 377		
			his return with the preparer shown above? (See Instructions)					X Y		<u>No</u> (2008)
1 01	vd	vy muldiiu f	appliture readition has nouse, see the separate mouthly.					ror	ハコンし	/ (ZUUD)

(Expenses \$ 102,778. including grants of \$ 4e Total program service expenses ►\$ 4,566,364 (Must equal Part IX, Line 25, column (B)) JSA

4d Other program services (Describe in Schedule O)

8E1020 1 000

Form 990 (2008)

) (Revenue \$

SEE STATEMENT 1

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	<u> </u>		
	Schodula C. Part II	4		x
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	<u> </u>		<u> </u>
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-0		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	7		X
0	complete Schedule D, Part III			۱,,
0	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	8		X
9				
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
4.0	complete Schedule D, Part IV Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	9		<u>X</u>
10		10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
4.0	Parts VI, VII, VII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		_X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants-or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did-the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III.	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5 000 on Part IX, column (A), line 2? If "Yes," complete_Schedule I, Parts I and !!!-	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than-			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K If "No," go to question 25	24a		_X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction		I	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х
SA			~~~	

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee	-		
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a	x	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		Х
С				
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	section 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35	Ī	Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		х

Form **990** (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			<u>'</u>
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return La NONE			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3 b		
4a	, , , , , , , , , , , , , , , , , , , ,			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country	000	INDICATE TO	- G 24
IJ	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts	*		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $$75^\circ$.	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible-personal property for which-it was	70		v
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			i
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9Ь	-	 -
0	Section 501(c)(7) organizations. Enter	l		1
	Initiation fees and capital contributions included on Part VIII, line 12	İ	[
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Cross medice from members of shareholders			1
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	amounts due or received from them)	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			1
— - —		1	~~	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sect	ion A. Governing Body and Management			
	, the state of the		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body	-		
ь	Enter the number of voting members that are independent 1b 25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3_		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u> X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		Х
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9 b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations		1	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Х
Sect	on B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees; and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13		Χ
14	Does the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability-data, and ₂contemporaneous substantiation of the deliberation and decision	1	1	
а	, , , , , , , , , , , , , , , , , , , ,	! I		
	The organization's CEO, Executive Director, or top management official?	15a	х	
Ь		15a 15b	X X	
D	The organization's CEO, Executive Director, or top management official?			
_	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization?			
_	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process-in Schedule O (see instructions)			x
16a	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a toyable patty during the year?	15b		Х
16a	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	15b		х
16a	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process-in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	15b 16a		Х
16a b	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process-in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	15b 16a		X
16a b Sect	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed FL,	15b 16a 16b	X	X
16a b Secti	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? In C. Disclosure	15b 16a 16b	X	x
16a b	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed FL,	15b 16a 16b	X	x
16a b Secti	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? In C. Disclosure List the states with which a copy of this Form 990 is required to be filed FL, Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) available for public inspection. Indicate how you make these available.	15b 16a 16b	X	X
16a b Sect 17 18	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? In C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ FL, Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)) available for public inspection. Indicate how you make these available. Check all that apply. Own website X Another's website X Upon request	16a 16b	X	x
16a b Secti	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? In C. Disclosure List the states with which a copy of this Form 990 is required to be filed Fel. Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) available for public inspection. Indicate how you make these available. Check all that apply. Own website X Another's website X Upon request. Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interior.	16a 16b	X	x
16a b Secti 17 18	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? In C. Disclosure List the states with which a copy of this Form 990 is required to be filed Fel. Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)) available for public inspection. Indicate how you make these available. Check all that apply. Own website X Another's website X Upon request. Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public.	16a 16b s only)	X	X
16a b Sect 17 18	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process-in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? In C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ FL. Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) available for public inspection. Indicate how you make these available. Check all that apply. Own website ▼ Another's website ▼ Upon request. Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the second interpolicy.	16a 16b s only)	X	
16a b Secti 17 18	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? In C. Disclosure List the states with which a copy of this Form 990 is required to be filed Fel. Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)) available for public inspection. Indicate how you make these available. Check all that apply. Own website X Another's website X Upon request. Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public.	16a 16b s only)	X	

Form 990 (2008)

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

X Check this box if the organization did not compensate any officer, director, trustee, or key employee (E) (F) Name and Title Average Position (check all that apply) Reportable Reportable Estimated hours per 윽 Officer employee Highest compensated compensation compensation amount of Individual trustee Key employee institutional trustee week director from from related other organizations the compensation organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization and related organizations SEE SCHEDULE J-2

Form 990 (2008)

Part VII Section A. Office	ers, Directors, Tru	istees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Employ	ees (c	ontinue	d)
(A) Name and title	•	(B) Average hours per week		_	•		that app	ply) Former	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) imated ount of other
		Week	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner	the organization (W-2/1099-MISC)	organizal (W-2/1099-	tions	comp fro orga and	ensation om the nization related nizations
													
												<u> </u>	
		-											
		-								1			
									:				
										·····			
1b Total	<u> </u>	<i></i> .		<u> </u>		<u>.</u> .			NONE		NONE		NONE
2 Total number of individual organization ► NONE	als (including those	e in 1a) w	/ho r	ecei	ived	l m	ore tl	han	\$100,000 in rep	oortable co	mpens	ation fr	om the
3 Did the organization list	any former office	er, directo	or or	tru	ste	e, 1	κey−ε	emp	loyee ,= or=highest	compens	ated		Yes No
employee on line 1a? If "Ye 4 For any individual listed	•											3	X
the organization and relaindividual	ited organizations	greater th	an \$	150	,00	0٧	If "Y	'es, "	complete Sched	ule J for s	such	4	x
5 Did any person listed of	n line 1a receive	e or accr	ue co	omp	ens	atio	n fro	m	any unrelated o	rganization	for		
services rendered to the or Section B. Independent Contra		complete s	scried	uie .	101	Su	cri pei	SOL	<i> </i>	<u> </u>	• •	5	<u> </u>
Complete this table for your compensation from the org	your five highest	compensat	ed in	dep	end	lent	cont	trac	tors that received	d more tha	ın \$10	0,000	of
(A) (B) (C) Name and business address Description of services Compensation						ation							
								Ħ				•	
	.							-	-				
2 Total number of independ compensation from the org		ncluding th	nose	in 1	i) w	vho	rece	ived	d more than \$10	0,000 in			

Pa	rt VII	Statement of Revenue				35-2159943		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1a	Federated campaigns	1a					\$
E	ь	Membership dues	1b					į
B, S	С	Fundraising events	1c					
Contributions, gifts, grants and other similar amounts	d	Related organizations	1d					
S, E	e	Government grants (contribution	ns)1e	135,954.				
utlo er s	f	All other contributions, gifts, grants,					:	
흔		and similar amounts not included ab	ove. 1f	5,461,042.				_
P P	g	Noncash contributions included in lir						
	h	Total. Add lines 1a-1f	· · · · · · ·		5,596,996.			-,
Service Revenue				Business Code		÷		
e e	2a							
oz e	b							
2	C				_,			
Se	d							<u> </u>
Ē	e						<u></u>	
Program	f	All other program service revenu						
<u>ة</u>	g	Total. Add lines 2a-2f	• • • • • •	<u></u>	NONE			
	3	Investment income (including d						
		other similar amounts)			3,759.	 -		3,759.
	4	Income from investment of tax-			NONE			
	5	Royalties	(i) Real	(II) Personal	NONE			
			(I) Real	(ii) Feisurai				
	6a	Gross Rents						
	b	Less rental expenses						
	C							
	d	Net rental income or (loss)	(i) Securities	(II) Other	NONE	*		
	7a	Gross amount from sales of	i) occurrics	(ii) Otilei				
		assets other than inventory	.			ş		
	Ь	Less cost or other basis				<u></u>		
		and sales expenses				,		
	C di	Gain or (loss)		L	NONE			
					NONE			+
o)	8a							
ž		events (not including \$ of contributions reported on line						
Revenue		- See-Part IV, line 18	•			-		
<u> </u>	ь	Less direct expenses						
Other	c	Net income or (loss) from fundra		1	NONE			
_	9a	Gross income from gaming activ	_					
	""	See Part IV, line 19						İ
	ь	Less direct expenses		l				
	c	Net income or (loss) from gamir			NONE			
	10a	Gross sales of inventory,	less					
		returns and allowances	а					
	b	Less cost of goods sold					· · · · · · · · · · · · · · · · · · ·	
	С	Net income or (loss) from sales			NONE			
		Miscellaneous Revenue		Business Code				!
	11a	OHTER INCOME	···		15,928.			15,928.
	ь							
	С							
	d	All other revenue						
	e	Total. Add lines 11a-11d			15,928.			<u> </u>
	12	Total Revenue. Add lines 1h, 2g	g, 3, 4, 5, 6d, 7	'd, 8c,				
		9c, 10c, and 11e		<u></u>	5,616,683.			19,687

Part IX Statement of Functional Expenses

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

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

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and							
	organizations in the U.S. See Part IV, line 21	4,367,010.	4,367,010.					
2	Grants and other assistance to individuals in		, ,					
	the U.S. See Part IV, line 22	NONE						
3	Grants and other assistance to governments,							
_	organizations, and individuals outside the							
	U.S. See Part IV, lines 15 and 16	NONE						
4	Benefits paid to or for members	NONE	· · · · · · · · · · · · · · · · · · ·					
5	Compensation of current officers, directors,			· · · · · · · · · · · · · · · · · ·				
·	trustees, and key employees	NONE						
6	Compensation not included above, to disqualified	NONE						
0	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	NONE						
7	Other salaries and wages	NONE	-					
		NONE						
8	Pension plan contributions (include section 401	NONE						
_	(k) and section 403(b) employer contributions).	NONE						
9	Other employee benefits	NONE						
10	Payroll taxes	NONE						
11	Fees for services (non-employees)	25. 5.5						
	Management	254,565.		254,565.				
b	Legal	18,149.	16,640.	1,509.				
C	Accounting	4,000.		4,000.				
d	Lobbying	NONE						
е	Professional fundraising services See Part IV, line 17	NONE						
f	Investment management fees	NONE						
g	Other	20,275.		10,756.	9,519.			
12	Advertising and promotion	94,523.	64,924.	29,599.				
13	Office expenses	NONE						
14	Information technology	NONE						
15	Royalties	NONE						
16	Occupancy	38,520.		38,520.				
17	Travel	1,198.		1,198.				
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	NONE						
19	Conferences, conventions, and meetings	247.		247.				
20	Interest	NONE						
21	Payments to affiliates	NONE						
22	Depreciation, depletion, and amortization	NONE						
23	Insurance	1,109.	1,109.					
24	Other expenses Itemize expenses not	2,200.	-,					
	covered above (Expenses grouped together							
	and labeled miscellaneous may not exceed							
	5% of total expenses shown on line 25 below.)							
_	HIP_HOP_4_HEALTH_GRANTS	7,500.	7,500.					
	HIP_HOP_4_HEALTH_PRIZES	7,334.	7,334.					
		7,334.	7,334.					
	HEALTH_FAIR_VENUE	· i		4 220				
	PRINTING	6,159.	1,930.	4,229.				
	TELEPHONE	6,897.	00.017	6,897.				
	All other expenses	140,805.	92,917.	47,888.				
	Total functional expenses. Add lines 1 through 24f	4,975,291.	4,566,364.	399,408.	9,519.			
26	Joint Costs. Check here ▶ ☐ If following							
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a							
	combined educational campaign and fundraising							
JSA	solicitation	<u></u>						
*30					Form 990 (2008)			

Pa	irt X	Balance Sheet						
			(A) Beginning of year			End (B) of yea	ar
	1	Cash - non-interest-bearing	1,606,256.	1			955,	724
	2	Savings and temporary cash investments	200,931.	2			511,	809
	3	Pledges and grants receivable, net	418,750.	3		1,	100,	000
	4	Accounts receivable, net	98,396.	4			318,	750
	5	Receivables from current and former officers, directors, trustees, key						
		employees, or other related parties Complete Part II of Schedule L		5				
	6	Receivables from other disqualified persons (as defined under section						
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II						
		of Schedule L		6				
2	7	Notes and loans receivable, net		7				
Assets	8	Inventories for sales or use		8				
ĕ	9	Prepaid expenses and deferred charges		9		·		
	10a	Land, buildings, and equipment cost basis 10a	!					
	b	Less accumulated depreciation Complete						
		Part VI of Schedule D		10c				
	11	Investments - publicly traded securities		11				
	12	Investments - other securities See Part IV, line 11 · · · · · · · · · · · ·		12				
	13	Investments - program-related See Part IV, line 11		13				
	14	Intangible assets		14				
	15	Other assets See Part IV, line 11	5,000.	15			1,	245
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,329,333.	16		2,	887,	528
	17	Accounts payable and accrued expenses	NONE	17				300
	18	Grants payable		18				
	19	Deferred revenue		19				
8	20	Tax-exempt bond liabilities		20				
	21	Escrow account liability Complete Part IV of Schedule D		21				
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,						
abi		highest compensated employees, and disqualified persons. Complete Part II						
=		of Schedule L		22				
	23	Secured mortgages and notes payable-to unrelated third parties		23				
	24	Unsecured notes and loans payable		24				
	25	Other liabilities. Complete Part X of Schedule D	NONE	25			20,	000
	26	Total liabilities. Add lines 17 through 25	NONE	26			20,	300
se		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.						
anc	27	Unrestricted net assets	758,470.	27		•	735,	866
Balances	28	Temporarily_restricted net assets	1,570,863.	28		2,	131,	362
٦	29	Permanently restricted net assets		29				
or Fund		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds		30				
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31				
¥	32	Retained earnings, endowment, accumulated income, or other funds		32				
Š	33	Total net assets or fund balances	2,329,333.	33		2,8	367,	228
	34	Total liabilities and net assets/fund balances	2,329,333.	34			387,	
Pa	rt XI	Financial Statements and Reporting						
							Yes	No
1		unting method used to prepare the Form 990 CashX Accrual Other						١
2a		the organization's financial statements compiled or reviewed by an independent account				2a		X
b		the organization's financial statements audited by an independent accountant?		• • •	• • •	2b	Х	
С		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility	-					1
3 -		, review, or compilation of its financial statements and selection of an independent accou		· · · ·	• • •	2c_	X	
3a		result of a federal award, was the organization required to undergo an audit or audits as s						١.,
L		single Audit Act and OMB Circular A-133?				3a		X
b	11 16	es," did the organization undergo the required audit or audits?	<u> </u>	<u></u> .		3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number THE CARRIE MEEK FOUNDATION, INC. 35-2159943 Reason for Public Charity Status (All organizations must complete this part) (see instructions) The organization is not a private foundation because it is (Please check only one organization) 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), (Attach Schedule H) 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv), (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h С Type III - Functionally Integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) 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 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) Yes No and (iii) below, the governing body of the supported organization? 11g(i) Х (ii) A family member of a person described in (i) above? 11a(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information_about the organizations_the_organization supports h (iii) Type of organization (vii) Amount of (i) Name of supported (ii) EIN (iv) Is the organization (v) Did you notify (vi) is the organization (described on lines 1-9) in col (i) listed in your the organization in organization in col support col (i) of your above or IRC section (i) organized in the governing document? (see instructions)) support? US? Yes No Yes No Yes No Total

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

Schedule A (Form 990 or 990-EZ) 2008

Par	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)							
Sec	tion A. Public Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-3							
5	The portion of total contributions by each	• •		1 , ,	. , 5	i		
	person (other than a governmental unit or		· ·			`		
	publicly supported organization) included		ξ "	*	2 , ,			
	on line 1 that exceeds 2% of the amount	e as comment				330000 00000000000000000000000000000000		
	shown on line 11, column (f)		*.			/ *		
6	Public support. Subtract line 5 from line 4							
	tion B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
7 8	Amounts from line 4							
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. (S	See instructions)				12		
13	First five years. If the Form 990 is for the	organization's fire	st, second, third, fo	ourth, or fifth tax ye	ear as a 501(c)(3)			
	organization, check this box and stop here			<i>.</i>			<u> ▶ </u>	
Sec	tion C. Computation of Public Sup		~					
14	Public support percentage for 2008 (In	ne 6, column (f) divided by line	11, column (f))		14	<u></u>	
15	Public support percentage from 2007	Schedule A, Pa	art IV-A, line 26f			[15]	<u>%</u>	
16a	33-1/3% support test - 2008. If the o							
	and stop here. The organization qualif							
b	33 1/3% support test - 2007. If the o							
	box and stop here. The organization q	-	• • •	-				
17a	10%-facts-and-circumstances test - 2	2008. If the orga	anization did not	check a box or	n line 13, 16a oi	16b, and line 1	4	
	is 10% or more, and if the organization					-		
	in Part IV how the organization meets			_			1 1	
	organization							
b	10%-facts-and-circumstances test - 2	_					line	
	15 is 10% or more, and if the organization					-		
	Explain in Part IV how the organization					•	*	
	supported organization						▶ □	
18	Private foundation. If the organization						<u>, </u>	
	instructions	· · · · · · · · · ·	· · · · · · · · ·				▶ <u> </u>	

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

Sec	tion A. Public Support				··········		
C	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include						
	any "unusual grants ")	3,575.	131,268.	291,880.	2,979,833.	5,596,996.	9,003,552.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities					ŀ	
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	ıts behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the	1		·		1	
	organization without charge						
6	Total. Add lines 1-5	3,575.	131,268.	291,880.	2,979,833.	5,596,996.	9,003,552.
7 a	Amounts included on lines 1, 2, and 3		·				
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)						9,003,552.
Sec	tion B. Total Support					•	
C	alendar year (or fiscal year beginning in)-▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9.	Amounts from line 6	3,575	131,268.	291,880.	2,979,833.	5,596 , 996.	9,003,552.
	Gross income from interest, dividends,						
	payments-received on securities loans, rents, royalties and income from similar						
	sources					3,759.	3,759
b	Unrelated business taxable income (less					1	
	section 511 taxes) from businesses		-				
	acquired after June 30, 1975						
С	Add lines 10a and 10b					3,759.	3,759.
11	Net income from unrelated business		ļ				
	activities not included in line 10b, whether or not the business is regularly			İ			
	carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets			į		İ	
	(Explain in Part IV)			5,823.	2,626.	15,928.	24,377.
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						9,031,688.
14	First five years. If the Form 990 is for	the organization	's first, second, i	third, fourth, or	fifth tax year as	a section 501(c)(3)
	organization, check this box and stop here.		<u> </u>	<u></u>	<u> </u>		▶
<u>Sec</u>	tion C. Computation of Public Sup						
15	Public support percentage for 2008 (line 8,					15	99.69%
16	Public support percentage from 2007 Sche		•	· · · · · · · · · · · · · · · · · · ·	<u></u>	16	NONE%
<u>Sec</u>	tion D. Computation of Investmen						
17	Investment income percentage for 2008 (lin			3, column (f))		17	0.04%
18	Investment income percentage from 2007 S					18	NONE %
19a	33 1/3% support tests - 2008. If the org						line
	17 is not more than 33 1/3 %, check this box						► X
b	33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
	tine 18 is not more than 33 1/3 %, check this		-			• • • •	▶
20	Private foundation. If the organization did r	ot check a box o	n line 14, 19a, or	19b, check this bo	ox and see instruc	tions	▶

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

	<u> 2008</u>					
at	Open to Public					
or 12.	Inspection					
Employer identificat	ion number					

mii	E CARRIE MEET EQUARACION THE	35-2159943
	CARRIE MEEK FOUNDATION, INC. TI Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	
Ρā	the organization answered "Yes" to Form 990, Part IV, line 6	Accounts. Complete if
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2.	Aggregate contributions to (during year)	
3-	Aggregate grants from (dunng year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor	or advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
	used only for charitable purposes and not for the benefit of the donor or donor advisor or other	
	impermissible private benefit?	Yes No
Pa	mpermissible private benefit? rt II Conservation Easements. Complete if the organization answered "Yes" to For	m 990, Part IV, line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or pleasure) Preservation of a	an historically importantly land area
	Protection of natural habitat	certified historic structure
	Preservation of open space	
2	Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of	of a conservation easement
	on the last day of the tax year	
		Held at the End of the Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	?b
C	Number of conservation easements on a certified_historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	?d
3	Number of conservation easements modified, transferred, released,-extinguished, or terminate	ed₌by the organization during
	the taxable year	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, viola	
	enforcement of the conservation easements it holds?	
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the ye	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	1 1 1
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ı)?	
9	In Part XIV, describe how the organization reports conservation-easements in its revenue and e	•
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	statements that describes
	the organization's accounting for conservation easements	N-11 A4-
Ра ——	Organizations Maintaining Collections of Art, Historical Treasures, or Other S Complete if the organization answered "Yes" to Form 990, Part IV, line 8	ommar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement, historical treasures, or other similar assets held for public exhibition, education, or research provide, in Part XIV, the text of the footnote to its financial statements that describes these items	h in furtherance of public service.
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement an historical treasures, or other similar assets held for public exhibition, education, or research in provide the following amounts relating to these items	furtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for	financial gain, provide the
	following amounts required to be reported under SFAS 116 relating to these items	
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	▶ \$
	Privacy Act and Pananyork Paduction Act Notice see the Instructions for Form 990	Sabadula D (Form 990) 2008

Pa	t III Organizations Maintaining Coll	ections of Art,	Historical	Treasure	s, or Otl	ner Similar /	Assets (continued,	
3	Using the 'organization's accession and other	er records, check	cany of the	following t	hat are a	a significant u	se of its o	collection	
	items (check all that apply)	,	•	J		J			
а	Public exhibition	· ·	j 🗍	Loan or ex	change p	orograms			
b	Scholarly research	•	, H	Other					
С	Preservation for future generations	S							
4	Provide a description of the organization's of		xplain how	they further	the orga	anization's ex	empt pur	pose in	
	Part XIV			-				•	
5	During the year, did the organization solicit	or receive donat	ions of art	historical t	reasures	, or other simi	lar		
	assets to be sold to raise funds rather than						_	Yes	No
Par	Trust, Escrow and Custodial Ar Part IV, line 9, or reported an ar	rangements. C	omplete 990, Part	f organiza X, line 21	tion ans	wered "Yes"	to Form	990,	
							_		
1a	Is the organization an agent, trustee, custoo	dian or other inte	rmediary fo	or contributi	ons or o	ther assets no	ot		
	ıncluded on Form 990, Part X?						[Yes	No
b	If "Yes," explain the arrangement in Part XIV	/ and complete t	he following	g table					
						Д	mount		
C	Beginning balance								
d	Additions during the year				1d				
e	Distributions during the year				1e				
	Ending balance				1f				
2a	Did the organization include an amount on	Form 990, Part 2	K, line 21?				[Yes	No
b	If "Yes," explain the arrangement in Part XIV	and the second s							
Par			inswered '	'Yes" to Fo	rm 990	, Part IV, line	10.		
		rent Year (b)	Prior year	(c) Two ye	ars back	(d) Three ye	ars back	(e) Four yea	ars back
1a	Beginning of year balance								
b	Contributions					<u> </u>			
С	Investment earnings or losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses					<u> </u>			
g	End of year balance					ļ			
2	Provide the estimated percentage of the ye	ar end balance h	eld as						
а	Board designated or quasi-endowment ▶_	%							
b	Permanent endowment ▶ %								
C	Term endowment ▶%								
3 a	Are there endowment funds not in the poss	session of the org	ganization	that are held	d and ad	ministered for	the		
	organization by							Ye	s No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
þ	If-"Yes" to 3a(II), are the related organization							3b	<u> </u>
4	Describe in Part XIV the intended uses of the								
Par	t VI Investments - Land, Buildings, a	and Equipment	. See For	m 990, Pa	rt X, line	: 10.			
	Description of investment	(a) Cost or other t (investment)	oasis (t) Cost or other basis (other)	(c)	Depreciation	(0	d) Book value	
1 a	Land								
b	Buildings	-							
c	Leasehold improvements								
d	Equipment	-							
е	Other								
Tota	I. Add lines 1a-1e (Column (d) should equal	Form 990, Part X	, column (l	3), line 10(c))) <u></u> .	. <u></u> >			
		-							

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. See F	orm 990, Part X, lin	ne 12	
(a) Description of security or category '(including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion et value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
	 		
	'		
7.1.1 (O.1.2.11) - 1.15-2.200 Part V - 1.17(V) - 1.20 Part V			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) Part VIII Investments - Program Related. See F	orm 990 Part Y Jur	20 13	
(a) Description of investment type	(b) Book value	(c) Method of valuati Cost or end-of-year mark	on et value
			······································
		-	-
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X,-	ine-15		
	Description		(b) Book.value
	·-·		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15)		<u> </u>	
Part X Other Liabilities. See Form 990, Part X			
(a) Description of liability	(b) Amount		
Federal income taxes			
PREPAID INCOME	20,000.		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	20 000		
Toda, (Solution (s) should equal to only sol, tall X, tot (b) line 25)	20,000.	,	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Schedule D (Form 990) 2008

Part				
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		<u>5,616,683</u> .
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		4,975,291.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3_	<u> </u>	641,392.
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5	ļ	
6	Investment expenses	6		
7	Prior period adjustments	7	<u> </u>	
8	Other (Describe in Part XIV)	8		
9	Total adjustments (net) Add lines 4-8	9	1	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10		641,392.
Part			<u> </u>	
1	Total revenue, gains, and other support per audited financial statements	_	1	<u>5,616,683</u> .
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	İ		
а	Net unrealized gains on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV) 2d	_		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	· • _	3	5,616,683.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV)			
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		5	5,616,683.
	Reconciliation of Expenses per Audited Financial Statements With Expenses per I	₹etu		
1	Total expenses and losses per audited financial statements	-	1	4,975,291.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
a	Donated services and use of facilities 2a			
b	Prior year adjustments 2b			
C	Losses reported on Form 990, Part IX, line 25			
d	Other (Describe in Part XIV)		_	
е	Add lines 2a-through 2d	• • ⊢	2e	
3	Subtract line 2e from line 1	· •	3	4,975,291.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		ľ	
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)			
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) XIV==Supplemental Information	!	5	4,975,291.
Comp	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	art IV	, lines	3 1b
		- 		

Schedule D (Fo	rm 990) 2008	35-2159943	Page 5
DALL VIV	Supplemental Information (continued)		
. Part AIV	Supplemental information (continued)	· · · · · · · · · · · · · · · · · · ·	 _
		*	
		-	
			

Schedule D (Form 990) 2008

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations,

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990. Governments, and Individuals in the U.S.

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ine of the diganization						Employer Identification number	on number
HE CARRIE MEEK FOUNDATION, INC	C.					35-2159943	
art Ceneral Information on Grants and Assistance	and Assista	Jce					
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant finds in the United States.	o substantiate rants or assista ocedures for m	the amount of ince?	the grants or assisti	ance, the grantees' e	eligibility for the grants or assistance, and	or assistance, and	Yes X No
Crants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed	o Governme any recipient orm 990) if a	ints and Orga that received	nizations in the Un d more than \$5,000	nited States. Comp	olete if the organizar one recipient r	ts and Organizations in the United States. Complete if the organization answered "Yes" on hat received more than \$5,000. Check this box if no one recipient received more than \$5,00 litional space is needed.	\$5,000
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(d) Amount of cash grant (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORIDA SCHOOL CHOICE FUND (FLORIDA P.R.I.D.) 7 S PLANT AVE TAMPA, FL 33606	59-3649371	501(C)(3)	4,367,010.				AWARD SCHOLARSHIPS
Enter total number of section 501(c)(3) and government	nd governmer	nt organizations				A	1
Enter total number of other organizations						•	NONE
or Privacy Act and Paperwork Reduction Act Notice, see	Act Notice, se		the Instructions for Form 990.			o do Co	Schedule I (Form 990) 200

23

	dditional space is	needed			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to	plete this part to		provide the information required in Part I, line 2,	d in Part I, line 2, and any	and any other additional information
				! ! ! ! ! !	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

THE CARRIE MEEK FOUNDATION, INC.

Employer Identification number

35-2159943

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees**

(A) Name and Title	(A) (B) (C) Name and Title Average hours Position (check all that appli		nlv)	(D) Reportable	(E) Reportable	(F)				
Tame did tide	per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
MIKE ABRAMS BOARD MEMBER	1.	х						NONE	NONE	NON
YOLANDA CASH-BROWN	1.	 ^ -						NONE	NONE	NON
BOARD MEMBER	1.	x		ı				NONE	NONE	NON
CARRIE P. MEEK		^						NONE	NONE	NON
DIRECTOR/ PRESIDENT	1.	х		х				NONE	NONE	NON
ALETHA PLAYER	<u> </u>	1		^				NONE	NONE	NON
BOARD MEMBER	1.	х						NONE	NONE	NON
CYNTHIA STAFFORD	<u> </u>							NONE	NONE	NOIN
DIRECTOR/VICE PRESIDENT	1.	x		x			,	NONE	NONE	NON
CHARLES WELLONA		 ^- -		Λ				NONE	NONE	NON
BOARD MEMBER	1.	Х						NONE	NONE	NON
HUGH WESTBROOK	1.	-23						NONE	NONE	NON
BOARD MEMBER	1 1.	x						NONE	NONE	NON
DAVID WILSON	1	11						NONE	NONE	11011
BOARD MEMBER	1.	X						NONE	NONE	мом
DR. CRAIG WILSON		11						HOME	HOILE	HON
BOARD MEMBER	1.	x						NONE	NONE	NON
GEORGE YAP										
BOARD MEMBER	1.	Х						NONE	NONE	NON
GUYLENE BARRY										
BOARD MEMBER	1.	x						NONE	NONE	NON
DEAN HARRY HOFFMAN				\neg						
BOARD MEMBER	1.	x						NONE	NONE	NON
JERRY RUSHIN			\neg	Ì						
BOARD MEMBER	1.	x	İ					NONE	NONE	NON
MARGARITA OLLETT										
BOARD MEMBER	1.	_X					.	NONE	NONE	NON:
MARIE ETIENNE										
BOARD MEMBER	1.	x						NONE	NONE	NON
REV DARRYL BAXTER				Ì						•
BOARD MEMBER	1.	х			ı			NONE	NONE	NON:
RHONDA WIMBERLY										
BOARD MEMBER	1.	x						NONE	NONE	NON
CRAIG_BARKLEY		ĺ	_							
BOARD MEMBER	1.	x						NONE	NONE	NON
LUCIA_DAVIS-RAIFORD			\neg	\neg						
BOARD_MEMBER	1.	x				ļ		NONE	NONE	NON:
VINCENT_BROWN					-					
BOARD MEMBER	1.	x		- 1		Í		NONE	NONE	NON

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

Schedule J-2 (Form 990) 2008

, SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38b or 40b.

Open To Public Inspection

lame of the organization								Employer Identification number						
THE CARRIE MEEK FOUNDATION,		- 504(-)	(2)	-4	35-2159943 ons only)									
Part I Excess Benefit Transacations To be completed by organizations	(section that a	nswered	"Yes" on Fo	orm 990, F)(4) organiz Part IV, lines	25a or 25b	o, or Fo	orm 99	90-EZ	, Part	V, line	e 40b		
1 (a) Name of disqualified person			(b) Description of transaction									rected?		
(a) Name of disqualities person					, 2000. priori di Mandadolori						Yes	No		
						-								
			·											
				·										
	46				.6. d	- d 4b-								
2 Enter the amount of tax imposed on under section 4958	_		•	•	•	_	-)	▶\$					
3 Enter the amount of tax, if any, on lin									\$ _					
Part II Loans to and/or From Intere	sted F	ersons	_							-				
To be completed by organizatio				Form 990,	Part IV, line	26, or Fon	n 990	EZ, P	art V,	line 3	8a			
(a) Name of interested person and purpose	1 ' '	n to or from j anization?	(c) Orig principal		(d) Bala	ince due	(e) In (default?		ard or	(g) Written agreement?			
	То	From					Yes	No	Yes	No	Yes	No		
	ļ·		,											
							 							
							+							
otal	<u> </u>			▶\$	<u> </u>		 							
Part III Grants or Assistance Benef To be completed by organizatio	itting l	ntereste	ed Persons		Part IV line	27								
(a) Name of interested person			p between int			(c) Amo	ount of	grant	or type	e of as	sistan	ce ce		
			organiza			, ,								
	ļ													
									<u>-</u>					
	ļ													
Part IV Business Transactions Invo	lving Ir	ntereste	d Persons.											
To be completed by organization	ns that	answere	d "Yes" on f		Part IV, line									
(a) Name of interested person		ested per	person and the anization (c) Amount of transaction		(d) Des	(d) Description of transaction			on	(e) Shan organizat revenue				
			<u></u>								Yes	No		
INCENT BROWN	BOARD	MEMBER			1,400.	BOARD MEET	ING C	ATERIN	G			Х		
		······								-				
				-										

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

Schedule L (Form 990 or 990-EZ) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047	
2008	
Open to Public	

Department of the Treasury Internal Revenue Service

Inspection

Name of the organization	Employer Identification number
THE CARRIE MEEK FOUNDATION, INC.	35-2159943
GOVERNING BODY REVIEW OF 990	
PAGE 6, PART VI, SECTION A, QUESTION 10	
THE ENTIRE GOVERNING BODY REVIEWS FORM 990 AT A SCHEDULED BOARD ME	FTINC
THE ENTIRE GOVERNING BODT REVIEWS FORT 330 AT A SCHEDOLED BOARD ME	E11NG4
BEFORE BEING FILED.	

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
THE CARRIE MEEK FOUNDATION, INC.	35-2159943
DISCLOSURE	
PAGE 6, PART VI, SECTION C, QUESTION 19	
THE ORGANZIATION WILL MAKE THE GOVERNING DOCUMENTS, CONFLICT OF I	NTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQ	UEST.

Schedule O (Form 990) 2008	Page 2
-Name of the organization	Employer identification number
THE CARRIE MEEK FOUNDATION, INC.	35-2159943
COMPENSATION	
PAGE 6, PART VI, SECTION B, QUESTION 15A-B	
COMPENSATION FOR THE CEO, EXECUTIVE DIRECTOR, TOP MANAGEMENT OFFI	CALS,
AND KEY EMPLOYEES ARE DETERMINED BY OBTAINING COMPENSATION COMPAR	RABILITY
DATA FROM CURRENT MARKET RELATED SALARY SURVEYS, AND 990S FROM	
ORGANIZATIONS COMPARABLE TO THE CARRIE MEEK FOUNDATION.	
**	

Schedule O (Form 990) 2008	Page 2
-Name of the organization	Employer identification number
THE CARRIE MEEK FOUNDATION, INC.	35-2159943
CONFLICT OF INTEREST POLICY	
PAGE 6, PART VI SECTION B, QUESTION 12A-B	
THE CONFLICT OF INTEREST POLICY IS MONITORED BY REQUESTING TOOKES	_TO
COMPLETE AN ANNUAL CONFLICT OF INTEREST CERTIFICATE OF ACKMOWLEDG	MENT.

FORM 990, PART VIII - INVESTMENT INCOME

(D)	EXCLUDED	REVENUE	3,759.		3,759.
(C)	UNRELATED	BUSINESS REV.			
(B)	RELATED OR	EXEMPT REVENUE			
(A)	TOTAL	REVENUE	3,759.	1	3,759.
		DESCRIPTION	INTEREST INCOME		TOTALS

ς,

STATEMENT

77450

	REVENUE	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	 	
	EXPENSES		102,778.	102,778.
	GRANTS	1 1 1		
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES	DESCRIPTION		OTHER PROGRAM EXPENSES	TOTALS