

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



| Part   | Checklist of Required Schedules (continued)   |            |     |  |
|--------|---|------------|-----|--|
| 21     | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations   |            | Yes | No   |
| 22     | In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21         |     | 1  |
|        | on Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III  | 22         |     | 1  |
| 23     | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.               | 20         |     | 1  |
| 24a    | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than   | 23         |     | <del>                                     </del> |
|        | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25   | 24a        |     | 1  |
|        | 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        |     | <del> </del>                                     |
| 25a    |   | 25a        |     | 1  |
| b      | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b        |     |  |
| 26     | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.                             | 26         |     | 1  |
| 27     | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III      | 27         |     | 1  |
| 28     | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |            |     | 1.   |
| a<br>b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                                 | 28a<br>28b | -   | 1  |
| С      | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c        |     | 1  |
| 29     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29         |     | 1  |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 30         |     | 1  |
| 31     | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31         |     | 1  |
| 32     | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  | 32         |     | 1  |
| 33     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  | 33         |     | 1  |
| 34     | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1   | 34         | 1   | 1  |
| 35     | Is any related organization a controlled entity within the meaning of section 512(b)(13)?   | 35         | +-  | 1  |
| а      | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   |            |     |  |
| 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         |     | 1  |
| 37     | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                                       | 37         |     | 1  |
| 38     | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O.  | 00         | 1,  | 1  |

| ,Part  |   |   |              | Page !       |
|--------|---|---|--------------|--------------|
|        | Check if Schedule O contains a response to any question in this Part V  | • •   | Yes          | No           |
| 1a     | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  |   | res          | No           |
| b      | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  |   |              | 1            |
| c      | Did the organization comply with backup withholding rules for reportable payments to vendors and  | - 1   |              | 1            |
|        | reportable gaming (gambling) winnings to prize winners?   | 1c  | -            | ~            |
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   |   |              | <b> </b>     |
|        | Statements, filed for the calendar year ending with or within the year covered by this return 2a 13   |   |              |              |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b  | 1            |              |
|        | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  |   |              | ] .          |
| 3a     | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a  |              | 1            |
| þ      | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  | 3b  |              | ļ            |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority   |   |              | 1            |
|        | over, a financial account in a foreign country (such as a bank account, securities account, or other financial  |   |              |              |
| p.     | account)?   | 4a  |              | 1            |
| b      | If "Yes," enter the name of the foreign country: ►  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  |   |              |              |
| 5a     | -   |   | -            |              |
| b      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?        | 5a<br>5b  |              | 1            |
| c      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c  |              | +            |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the  | -   |              | †            |
|        | organization solicit any contributions that were not tax deductible?  | 6a  |              | 1            |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or  |   |              | 1            |
|        | gifts were not tax deductible?  | 6b  |              | 1            |
| 7      | Organizations that may receive deductible contributions under section 170(c).   |   |              | T            |
| а      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods   |   |              | _            |
|        | and services provided to the payor?   | 7a  |              | 1            |
| b      | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b  |              | <del> </del> |
| С      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was  | _   |              |              |
| د      | required to file Form 8282?   | 7c  |              | 1            |
| d<br>e | If "Yes," indicate the number of Forms 8282 filed during the year   | <br>7-  |              | 1,           |
| f      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7e<br>7f  | <del> </del> | 1            |
| g      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g  |              | +            |
| h      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h  |              | +            |
| 8      | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting   | <del>, , , , , , , , , , , , , , , , , , , </del> |              | +            |
|        | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring  |   | }            |              |
|        | organization, have excess business holdings at any time during the year?  | 8   | <u> </u>     | 1_           |
| 9      | Sponsoring organizations maintaining donor advised funds.   |   |              |              |
| а      | Did the organization make any taxable distributions under section 4966?   | 9a  | ļ            |              |
| þ      | Did the organization make a distribution to a donor, donor advisor, or related person?  | 9b  | ļ            |              |
| 10     | Section 501(c)(7) organizations. Enter.   |   |              | 1            |
| a      | Initiation fees and capital contributions included on Part VIII, line 12  | ٠,  |              |              |
| b      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]   |   | 1            |              |
| 11     | Section 501(c)(12) organizations. Enter   | , , , , , , , , , , , , , , , , , , ,             | .[           | 1            |
| a<br>b | Gross income from members or shareholders   |   | 1            |              |
| ~      | against amounts due or received from them.)   | 4.5   | -            |              |
| 12a    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a   |              |              |
| b      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year .   | 128   | †            | +            |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.  | 1   |              |              |
| а      | Is the organization licensed to issue qualified health plans in more than one state?  | 13a   | 1            | +-           |
|        | Note. See the instructions for additional information the organization must report on Schedule O.   |   | :            | 1            |
| b      | Enter the amount of reserves the organization is required to maintain by the states in which  | Ι΄  | 4            | 1            |

the organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year? .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

c Enter the amount of reserves on hand . .

14a

14b

13b

13c

| Part              | "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.  Check if Schedule O contains a response to any question in this Part VI   |             |               |              |
|-------------------|--|-------------|---------------|--------------|
| Section           | on A. Governing Body and Management  |             |               | _            |
| 1a                | Enter the number of voting members of the governing body at the end of the tax year .  |             | Yes           | -<br>{\      |
| ь<br>2            | Enter the number of voting members included in line 1a, above, who are independent .   1b 21  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           | 1             |              |
| 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           |               | 1            |
| 4<br>5<br>6<br>7a | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Does the organization have members or stockholders?  Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?   | 4<br>5<br>6 |               | <b>✓ ✓ ✓</b> |
| ь<br>8            | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following   | 7b          |               | 4,           |
| а                 | The governing body?  | 8a          | ✓             |              |
| _                 | Each committee with authority to act on behalf of the governing body?  | 8b          | ✓             |              |
| 9                 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | 9           | ✓             |              |
| Secti             | on B. Policies (This Section B requests information about policies not required by the Internal Reven  | ue C        |               | ~            |
| 40                | Described to the state of the s |             | Yes           | No           |
| 10a<br>b          | Does the organization have local chapters, branches, or affiliates?  | 10a<br>10b  |               | 1            |
| 11a               | · ·  | 11a         |               | 1            |
| b<br>12a          | Describe in Schedule O the process, if any, used by the organization to review this Form 990  Does the organization have a written conflict of interest policy? If "No," go to line 13   | 12a         | <u>.</u>      |              |
| b                 | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b         | 1             |              |
| С                 | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.  | 12c         |               | 1            |
| 13                | Does the organization have a written whistleblower policy?   | 13          | 1             | ļ            |
| 14<br>15          | Does the organization have a written document retention and destruction policy?  | 14          | <b>√</b><br>; | <del> </del> |
| a<br>b            | The organization's CEO, Executive Director, or top management official   | 15a         |               | -            |
| 16a               | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)   | 16a         | 31            | · ·          |
| b                 | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?   | 16b         | ,             | 1            |
| Sect              | ion C. Disclosure  |             |               |              |
| 17<br>18          | List the states with which a copy of this Form 990 is required to be filed Florida  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) for public inspection. Indicate how you make these available. Check all that apply.  | l)s on      | ly) av        | aılab        |
| 19                | Own website Another's website V Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public  |             |               | polic        |
| 20                | State the name, physical address, and telephone number of the person who possesses the books and records organization. Nakia Bowling, 510 N. W. 121st Street, Miami, Florida 33168   | of th       | е             |              |

| Form | 990 | (201) | O) |
|------|-----|-------|----|

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount c compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- · List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| Check this box if neither the organization noi | any related  | d orga         | anız                  | atıo     | n co         | ompe                            | nsa          | ited any curren   | t officer, director  | , or trustee.  |
|--|--|----------------|-----------------------|----------|--------------|---------------------------------|--------------|---|--|--|
| (A)  | (B)  |                |                       | (0       | >)           |                                 |              | (D)   | (E)  | (F)  |
| Name and Title                                 | Average hours per week (describe hours for related organizations in Schedule | Individual tri | institutional trustee | Officer  | Key employee | Highest compensated at employee | S Former     | Reportable compensation from the organization (W-2/1099-MISC) | Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| (1) Mike Abrams                                | 10   |                |                       |          |              |                                 |              |   |  |  |
| Board Member                                   | 10   | ✓              |                       |          |              |                                 |              | 0   | 0  | 0  |
| (2) Yolanda Cash-Brown                         | 1.0  |                |                       |          |              |                                 |              | 0   | o  | 0  |
| Board Member                                   | 1.0  | <b>/</b>       |                       |          |              |                                 |              |   | 0  |  |
| (3) Carrie P Meek                              | 1.0  |                |                       |          |              |                                 |              | o   | o  | 0  |
| Director/President                             | 1.0  | ✓              |                       | ✓        |              |                                 |              | -   |  |  |
| (4) Aletha Player                              | 10   |                |                       |          |              |                                 |              | o   | o  | 0  |
| Board Member                                   |  | 1              | L.                    |          |              |                                 | _            |   | J  |  |
| (5) Cynthia Stafford                           | 1.0  |                |                       |          |              |                                 |              | . 0   | o  | 0  |
| Director/Vice President                        | ļ  | 1              |                       | 1        | ļ            |                                 |              |   |  |  |
| (6) Charles Wellons Treasurer                  | 1.0  | 1              |                       | 1        |              |                                 |              | 0   | 0  | 0  |
| (7) Hugh Westbrook  Board Member               | 1.0  | 1              |                       |          |              |                                 |              | 0   | 0  | 0  |
| (8) David Wilson                               | 10   | <u> </u>       |                       |          |              |                                 |              | 0   | 0  | 0  |
| Board Member                                   |  | 1              |                       | <u></u>  | _            |                                 | <u> </u>     |   | 0  |  |
| (9) Dr. Craig Wilson Board Member              | 1.0  | 1              |                       |          |              |                                 |              | 0   | o  | 0  |
| (10) George Yap                                | 1.0  | 1              |                       |          |              | <b> </b>                        |              | 0   |  | 0  |
| Board Member                                   | ļ  | 1              | ļ                     |          | ļ            |                                 | ↓_           |   |  |  |
| (11) Guylene Barry  Board Member               | 10   | 1              |                       |          |              |                                 |              |   | 0  | 0  |
| (12) Dean Harry Hoffman                        | 1.0  |                |                       |          |              |                                 |              |   | 0  | 0  |
| Board Member                                   | ļ  | 1              | ↓                     | <u> </u> | <u> </u>     | ļ                               | <del> </del> |   | ļ  |  |
| (13) Jerry Rushin<br>Board Member              | 1.0  | 1              |                       |          |              |                                 |              | 0   | 0  | 0  |
| (14) Margarita Ollett                          | 1  | † <del></del>  |                       | _        | _            | †                               | 1            | 1   |  |  |
| Secretary                                      | 1.0  | 1              |                       | 1        |              |                                 |              |   | 0  | 0  |
| (15) Jaime Etienne                             | ] ,,   |                | Π                     | T        |              |                                 | T            |   | _  |  |
| Board Member                                   | 1.0  | 1              |                       | 1        |              |                                 |              | (   | 0  | 0  |
| (16) Rev Darryl Baxter                         | 1.0  |                |                       |          | Π            |                                 |              |   | 0  | 0  |
| Board Member                                   |  | 1              |                       | L        |              | <u> </u>                        | L            | <u> </u>  | 1  |  |

| Part   | ۷III     | Statement of Revenue   |                |                      |  |  |   |
|--|----------|--|----------------|----------------------|--|--|---|
|  |          |  |                | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue          | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| छ छ  | 1a       | Federated campaigns 1a   |                |                      |  |  |   |
| ra i   | b        | Membership dues 1b   |                |                      |  |  |   |
| 9,6  | C        | Fundraising events 1c  |                |                      |  |  |   |
| ar a   | d        | Related organizations 1d   |                |                      |  |  |   |
| mil.   | e        | Government grants (contributions) 1e                                   |                | ļ                    |  |  |   |
| tion<br>r si   | f        | All other contributions, gifts, grants,                                | }              | {                    |  |  |   |
| ib c   |          | and similar amounts not included above 1f                              | 4,893,872      | İ                    | !                                      |  |   |
| Contributions, gifts, grants and other similar amounts | 9        | Noncash contributions included in lines 1a-1f \$                       |                | }                    |  |  | •   |
|  | <u>h</u> | Total. Add lines 1a-1f   | · · · · •      | 4,893,872            |  |  |   |
| Program Service Revenue                                |          |  | Business Code  | 1                    |  |  |   |
| eve  | 2a       |  |                |                      | <del></del>                            |  |   |
| e œ  | b        |  |                |                      | <del></del>                            | <del></del>                                      | <del></del>   |
| ryic   | C        |  |                |                      |  |  | <del></del>   |
| Se   | d        |  |                |                      |  |  |   |
| гап  | e<br>,   | All other program service revenue                                      | <del></del>    |                      |  |  |   |
| rog  | f<br>g   | Total. Add lines 2a–2f   | •              |                      |  | <u> </u>   |   |
|  | 3        | Investment income (including divide                                    |                |                      | <del></del>                            | <del></del>                                      |   |
|  |          | and other similar amounts) .   |                | 721                  |  | ,  | 721   |
|  | 4        | Income from investment of tax-exempt bo                                | ond proceeds ► | <u></u>              |  | ·  |   |
|  | 5        | Royalties .  |                |                      |  |  |   |
|  | •        | (i) Real   | (II) Personal  |                      | <del></del>                            |  | <del></del>   |
|  | 6a       | Gross Rents  |                |                      |  |  |   |
|  | b        | Less: rental expenses  |                |                      |  | <u> </u>   |   |
|  | C        | Rental Income or (loss)  |                |                      |  |  |   |
|  | d        | Net rental income or (loss) .  | ▶              |                      |  | l  |   |
|  | 7a       | Gross amount from sales of (i) Securities                              | (ii) Other     |                      |  |  |   |
|  | 1        | assets other than inventory  |                |                      |  |  |   |
|  | b        | Less cost or other basis   |                |                      |  | ŧ  |   |
|  | 1        | and sales expenses   | <del> </del>   |                      |  | 1  |   |
|  | C        | Gain or (loss)   |                |                      |  |  |   |
|  | d        | Net gain or (loss)   | . 🏲            |                      |  |  |   |
| venue  | 8a       | Gross income from fundraising  |                |                      |  |  |   |
| Ver  | ł        | events (not including \$   |                |                      |  | (  |   |
| æ  |          | of contributions reported on line 1c).                                 |                |                      |  |  | Į.  |
| ē  | - [      | See Part IV, line 18 a   |                |                      | 1                                      |  |   |
| Other  | b        | Less direct expenses <b>b</b>  | <del></del>    |                      | Į                                      |  |   |
| _  | c        | Net income or (loss) from fundraising                                  | events . >     | <u> </u>             |  | ļ  |   |
|  | 9a       | Gross income from gaming activities. See Part IV, line 19              |                |                      |  |  | ĺ   |
|  |          | -  |                | {                    | ĺ                                      |  |   |
|  | b        | Less: direct expenses . <b>b</b>                                       |                | {                    | · ·                                    | į  |   |
|  | C        | Net income or (loss) from gaming act<br>Gross sales of inventory, less | ivities        | <del> </del>         | <del> </del>                           | <del> </del>                                     | <del> </del>  |
|  | 10a      | returns and allowances . a   | l              | [                    |  | į  | į   |
|  | 1.       | Less: cost of goods sold b   | <del></del>    | {                    |  | -  | Į   |
|  | þ        | Net income or (loss) from sales of inv                                 |                | {                    | ł                                      |  |   |
|  | <u>c</u> | Miscellaneous Revenue  | Business Code  | <del> </del>         | <del> </del>                           |  | <del> </del>  |
|  | 445      |  |                | 1                    | 1                                      |  |   |
|  | 11a      |  | <del></del>    | <del> </del>         | <del> </del>                           | <del> </del>                                     | <del> </del>  |
|  | b        | •••••  | ļ              | <del> </del>         | t                                      | 1  | <del> </del>  |
|  | d        | All adher varionis   |                |                      | t                                      | <del> </del>                                     | <del> </del>  |
|  | e        | Takal Add Imaa 11a 11d   |                | <del> </del>         | t ————                                 | †  | <del> </del>  |
|  | 12       | Total revenue. See instructions.                                       |                | 4,894,593            |  | <del>                                     </del> | 721   |

### 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).

|         | not include amounts reported on lines 6b,<br>3b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | (D)<br>Fundraising<br>expenses |
|---------|---|-----------------------|------------------------------|-------------------------------------|--------------------------------|
| 1       | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .   | 4,118,271             | 4,118,271                    |                                     |                                |
| 2       | Grants and other assistance to individuals in the U.S. See Part IV, line 22.  | 1,110,211             | 4,110,271                    |                                     | 7                              |
| 3       | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  |                       |                              |                                     |                                |
| 4<br>5  | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees  | 119,129               |                              | 119,129                             |                                |
| 6       | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                              |                                     |                                |
| 7<br>8  | Other salaries and wages  Pension plan contributions (include section 401(k) and section 403(b) employer contributions)   | 122,578               |                              | 122,578                             |                                |
| 9       | Other employee benefits   |                       |                              |                                     |                                |
| 10      | Payroll taxes   | 18,953                |                              | 18,953                              |                                |
| 11      | Fees for services (non-employees)   |                       |                              |                                     |                                |
| а       | Management  |                       |                              |                                     |                                |
| Ь       | Legal   | 10,565                |                              | 10,565                              |                                |
| C       | Accounting  | 27,080                |                              | 27,080                              |                                |
| d       | Lobbying  |                       |                              |                                     |                                |
| e<br>•  | Professional fundraising services See Part IV, line 17  |                       |                              |                                     |                                |
| f       | Investment management fees Other  |                       |                              |                                     |                                |
| 9<br>12 | Advertising and promotion   | <del> </del>          |                              |                                     |                                |
| 13      | Office expenses   | 20,131                |                              | 14,660                              | 5,471                          |
| 14      | Information technology .  | 20,131                |                              | 14,000                              |                                |
| 15      | Royalties   |                       |                              |                                     |                                |
| 16      | Occupancy .   | 53,722                |                              | 53,722                              |                                |
| 17      | Travel  | 1,607                 |                              | 1,607                               |                                |
| 18      | Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       | ,                            |                                     |                                |
| 19      | Conferences, conventions, and meetings .  |                       |                              |                                     | <u> </u>                       |
| 20      | Interest  |                       |                              |                                     |                                |
| 21      | Payments to affiliates  |                       |                              |                                     |                                |
| 22      | Depreciation, depletion, and amortization .   |                       | <del></del>                  |                                     | <u> </u>                       |
| 23      | Insurance   | 6,704                 |                              | 6,704                               |                                |
| 24      | Other expenses. Itemize expenses not covered  |                       |                              | ,                                   |                                |
|         | above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column  |                       |                              |                                     | .,                             |
|         | (A) amount, list line 24f expenses on Schedule O.)  |                       |                              |                                     |                                |
| а       | Summer Splach   | 30,885                | 30,885                       |                                     | <del> </del>                   |
| a<br>b  | Lin Lin 4 Hoalth  | 41,588                |                              | <del> </del>                        |                                |
| c       | Classroom   | 9,500                 |                              |                                     |                                |
| d       |   | -,,,,,,               | 2,000                        |                                     |                                |
| e       |   |                       |                              |                                     |                                |
| f       | All other expenses  |                       |                              |                                     |                                |
| 25      | Total functional expenses. Add lines 1 through 24f  | 4,580,713             | 4,200,244                    | 374,998                             | 5,471                          |
| 26      | Joint costs. Check here ▶☐ If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. |                       |                              |                                     |                                |

Net Assets

30

31

32

33

**Balance Sheet** Part'X (A) (B) Beginning of year End of year 1,456,085 2,287,009 Cash—non-interest-bearing . . . . . . . . 2 Savings and temporary cash investments . . . 470.026 2 735,226 3 Pledges and grants receivable, net . . . . 513,206 3 4 279,500 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Assets 7 Notes and loans receivable, net . . . 7 Inventories for sale or use . 8 Prepaid expenses and deferred charges . 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b Less accumulated depreciation . 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 . . . . . 305 15 305 16 Total assets. Add lines 1 through 15 (must equal line 34) 2.719.122 16 3.022.540 17 Accounts payable and accrued expenses 4.806 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Payables to current and former officers, directors, trustees, key employees, 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 to unrelated third parties . . . 24 Other liabilities Complete Part X of Schedule D . . . . . 25 5,656 25 Total liabilities. Add lines 17 through 25 . 10,462 26 Organizations that follow SFAS 117, check here ▶ ☐ and complete Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . 779,187 745,027 27 28 Temporarily restricted net assets 1,963,633 28 2,243,353 or Fund 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . . .

Total liabilities and net assets/fund balances . . . .

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Form 990 (2010)

3,022,540

3,022,540

30

31

32

33

34

2,708,660

2,719,122

Separate basis Consolidated basis Both consolidated and separate basis

the Single Audit Act and OMB Circular A-133?.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

.

. . . .

. .

За

Form **990** (2010)

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

## **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

The Carrie Meek Foundation, Inc.

Employer identification number 35-2159943

| Par   | t I      | Reason fo                     | r Public Char                         | ity Status (All organ                           | nizations                     | must co                 | omplete               | this par              | t.) See ır  | struction    | ns.                  |
|-------|----------|-------------------------------|---------------------------------------|---|-------------------------------|-------------------------|-----------------------|-----------------------|-------------|--------------|----------------------|
| The o | organi   |                               |                                       | tion because it is: (For                        |                               |                         |                       |                       |             |              |                      |
| 1     | □ A      | church, conv                  | ention of church                      | nes, or association of                          | churches                      | describe                | d in sect             | ion 170(l             | b)(1)(A)(i) |              |                      |
| 2     | □ A      | school descr                  | ibed in <b>section</b>                | 170(b)(1)(A)(ii). (Attac                        | h Schedu                      | ıle E.)                 |                       |                       |             |              |                      |
| 3     |          |                               |                                       | pital service organiza                          |                               |                         |                       |                       |             |              |                      |
| 4     | □ A      | medical rese                  | arch organizatio                      | n operated in conjunc                           | ction with                    | a hospita               | al describ            | ed in <b>se</b> d     | ction 170   | (b)(1)(A)(i  | ii). Enter the       |
|       | ho       | ospital's nam                 | e, city, and state                    | )   |                               |                         |                       |                       |             |              |                      |
| 5     |          |                               | n operated for t<br>(1)(A)(iv). (Comp | he benefit of a collect<br>plete Part II.)      | ge or univ                    | ersity ow               | vned or o             | perated               | by a gov    | vernmenta    | Il unit described in |
| 6     | $\Box$ A | federal, state                | e, or local govern                    | ment or governmenta                             | al unit des                   | scribed in              | section               | 170(b)(1              | )(A)(v).    |              |                      |
| 7     |          |                               |                                       | receives a substantia<br>(A)(vi). (Complete Par |                               | ts suppo                | rt from a             | governn               | nental un   | it or from   | the general public   |
| 8     | Ą.Ē,Ą    | community to                  | rust described in                     | section 170(b)(1)(A)                            | (vi). (Con                    | nplete Pa               | rt ll )               |                       |             |              |                      |
| 9.    | ☑ Àı     | n organizatio                 | n that normally i                     | receives <sup>.</sup> (1) more tha              | ın 33¹/₃%                     | of its su               | pport fro             | m contri              | butions, r  | nembersh     | nip fees, and gross  |
| į     | ⊸ re     | ceipts from                   | activities related                    | to its exempt functi                            | ons-sub                       | ject to c               | ertaın ex             | ceptions              | , and (2)   | no more      | than 331/3% of its   |
|       | sı<br>ad | upport from<br>equired by the | gross investmei<br>e organization af  | nt income and unrel<br>fter June 30, 1975. Se   | ated bus<br>e <b>sectio</b> i | iness tax<br>n 509(a)(2 | able inc<br>2). (Comp | ome (les<br>lete Part | s section   | 1 511 tax    | ) from businesses    |
| 10    |          |                               |                                       | operated exclusively                            |                               |                         |                       |                       |             | <b>1</b> ).  |                      |
| 11    |          |                               |                                       | d operated exclusive                            |                               |                         |                       |                       |             |              | or to carry out the  |
|       | pı       | urposes of o                  | ne or more pub                        | licly supported organ                           | izations (                    | described               | ın secti              | on 509(a              | )(1) or se  | ction 509    | (a)(2) See section   |
|       |          |                               |                                       | describes the type of s                         |                               |                         |                       |                       |             |              |                      |
|       | а        | ☐ Type                        | l b □                                 | Type II c                                       | □ Тур                         | e III-Fund              | ctionally i           | ntegrated             | d           | d Ē          | Type III-Other       |
| е     | □в       | v checkina th                 |                                       | that the organization                           |                               |                         | •                     | •                     |             |              | - ,,                 |
|       |          |                               |                                       | rs and other than one                           |                               |                         |                       |                       |             |              |                      |
|       |          | r section 509                 |                                       |   |                               | . ,                     |                       |                       |             |              | ,,,,                 |
| f     | lf       | the organiza                  | ation received a                      | written determination                           | on from t                     | he IRS t                | hat it is             | a Type                | I. Type I   | I, or Type   | e III supporting     |
|       |          |                               | heck this box .                       |   |                               |                         |                       | ,,                    | , ,,        |              |                      |
| g     | S        | ince August                   | 17, 2006, has th                      | ne organization accep                           | oted any                      | gift or co              | ontributio            | n from a              | ny of the   |              | _                    |
| _     |          | ollowing perso                |                                       | ,   | •                             | J                       |                       |                       | •           |              |                      |
|       | (i)      | A person v                    | vho directly or in                    | ndirectly controls, eith                        | ner alone                     | or togetl               | her with              | persons               | described   | d in (ii) an | d Yes No             |
|       |          |                               |                                       | ody of the supported o                          |                               |                         |                       |                       |             | `            | 11g(i)               |
|       | (ii      | i) A family me                | ember of a perso                      | on described in (i) abo                         | ve?                           |                         |                       |                       |             |              | 11g(ii)              |
|       |          | -                             | •                                     | a person described in                           |                               | above?                  |                       |                       |             |              | 11g(in)              |
| h     | -        |                               | •                                     | on about the support                            |                               |                         |                       | •                     | •           | •            | (*·si/               |
| (i)   |          | of supported                  | (n) EIN                               | (iii) Type of organization                      |                               | rganization             | (v) Did y             | ou notify             | (vi) I      | s the        | (vii) Amount of      |
| •     |          | nization                      | , ,                                   | (described on lines 1-9                         | in col (i) lis                | sted in your            | the organ             | ization in            | organizat   | ion in col   | support              |
|       |          |                               |                                       | above or IRC section (see instructions))        | governing                     | document?               | col (i)<br>supp       | ort?                  | (i) organi  | zed in the   |                      |
|       |          |                               |                                       | (500  | Yes                           | No                      | Yes                   | No                    | Yes         | No           |                      |
| (A)   |          |                               |                                       |   |                               |                         |                       |                       |             |              |                      |
| (B)   | _        | <del></del>                   |                                       |   |                               |                         |                       |                       |             |              |                      |
|       |          |                               |                                       |   |                               |                         |                       |                       |             |              |                      |
| (C)   |          |                               |                                       |   |                               |                         |                       |                       |             |              |                      |
| (D)   |          |                               |                                       |   |                               |                         |                       |                       |             |              |                      |
| (E)   |          |                               |                                       |   |                               |                         |                       |                       |             |              |                      |
|       |          |                               |                                       |   | <u> </u>                      | <u> </u>                |                       |                       | <u> </u>    |              |                      |

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section | on A. Public Support  |                                    |                                 |                                     |                                   |  |                        |
|---------|---|------------------------------------|---------------------------------|-------------------------------------|-----------------------------------|--|------------------------|
| Calen   | dar year (or fiscal year beginning in) 🕨  | (a) 2006                           | <b>(b)</b> 2007                 | (c) 2008                            | (d) 2009                          | (e) 2010                                   | (f) Total              |
| 1       | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")   | 291,880                            | 2,979,833                       | 5,596,996                           | 4,878,258                         | 7,893,872                                  | 18,307,839             |
| 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  | 291,880                            | 2,979,833                       | 5,596,996                           | 4,545,258                         | 4,893,872                                  | 18,307,839             |
| 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) | ,                                  | *                               |                                     | - t-<br>'                         |  | -0-                    |
| 6       | Public support. Subtract line 5 from line 4.  |                                    |                                 |                                     | · ·                               |  | 18,307,839             |
| Secti   | on B. Total Support   |                                    |                                 |                                     |                                   |  |                        |
| Calen   | dar year (or fiscal year beginning in) 🕨  | (a) 2006                           | <b>(b)</b> 2007                 | (c) 2008                            | (d) 2009                          | (e) 2010                                   | (f) Total              |
| 7       | Amounts from line 4 .   | 291,880                            | 2,979,833                       | 5,596,996                           | 4,545,258                         | 4.893,872                                  | 18,307,839             |
| 8       | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |                                    |                                 | 3,759                               | 1,992                             | 721  | 6,472                  |
| 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)   | 5,823                              | 2,626                           | 15,928                              | 6,781                             |  | 31,158                 |
| 11      | Total support. Add lines 7 through 10   |                                    |                                 |                                     |                                   |  | 18,345,469             |
| 12      | Gross receipts from related activities, etc   |                                    |                                 |                                     |                                   | 12   | 18,345,469             |
| 13      | First five years. If the Form 990 is for the  |                                    | n's first, secon                | d, third, fourth                    | , or fifth tax y                  | ear as a sectio                            | n 501(c)(3)            |
|         | organization, check this box and stop he  |                                    |                                 | <u>.</u>                            | <u> </u>                          | <u> </u>                                   | <u> </u>               |
|         | on C. Computation of Public Suppor  |                                    |                                 |                                     |                                   | <del></del>                                |                        |
| 14      | Public support percentage for 2010 (line to   |                                    | -                               | 11, column (f))                     |                                   | 14   | 99.79 %                |
| 15      | Public support percentage from 2009 Scl   |                                    |                                 |                                     |                                   | 15   | 99.73 %                |
| 16a     | 331/3% support test – 2010. If the organi<br>box and stop here. The organization qua  |                                    |                                 |                                     |                                   |  |                        |
| b       | 331/3% support test—2009. If the organ  | -                                  |                                 | _                                   |                                   |  |                        |
| b       | check this box and <b>stop here.</b> The organ  |                                    |                                 |                                     |                                   |  | or more,  ▶ □          |
| 170     | ·   |                                    | -                               |                                     |                                   |  | <del></del>            |
| 17a     | 10%-facts-and-circumstances test—2<br>10% or more, and if the organization me<br>Part IV how the organization meets the "lorganization  | ets the "facts-<br>facts-and-circi | and-circumsta<br>umstances" te  | ances" test, cho<br>st. The organiz | eck this box a<br>ation qualifies | nd <b>stop here.</b> E                     | Explain in<br>upported |
| L       | ·   |                                    |                                 |                                     |                                   |  |                        |
| b       | 10%-facts-and-circumstances test—2<br>15 is 10% or more, and if the organiza<br>Explain in Part IV how the organization in  | tion meets the<br>neets the "fact  | e "facts-and-c<br>s-and-circums | ercumstances"<br>stances" test 1    | test, check the organization      | his box and <b>st</b><br>on qualifies as a | op here.<br>a publicly |
|         | supported organization  |                                    |                                 |                                     |                                   |  |                        |
| 18      | Private foundation. If the organization d instructions  |                                    |                                 |                                     |                                   |  |                        |

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

|       | The organization range to quality   | dildoi tilo to  | oto noted ben    | ow, picase ec     | mpicte i ait      | ··· <i>/</i>    |              |
|-------|---|-----------------|------------------|-------------------|-------------------|-----------------|--------------|
|       | on A. Public Support  | (-) 0000        | 4.1.0007         | ( ) 0000          | 4.0.000           | (1) 0010        | <u> </u>     |
| _     | dar year (or fiscal year beginning in)  | (a) 2006        | <b>(b)</b> 2007  | (c) 2008          | (d) 2009          | (e) 2010        | (f) Total    |
| 1     | Gifts, grants, contributions, and membership fees                                     |                 |                  | ļ                 |                   |                 |              |
| _     | received. (Do not include any "unusual grants.")                                      |                 |                  |                   |                   |                 |              |
| 2     | Gross receipts from admissions, merchandise sold or services performed, or facilities |                 |                  |                   |                   |                 |              |
|       | furnished in any activity that is related to the                                      |                 | 1                | ]                 |                   | ,               |              |
|       | organization's tax-exempt purpose .   |                 |                  |                   |                   |                 |              |
| 3     | Gross receipts from activities that are not an  |                 | }                |                   |                   |                 |              |
|       | unrelated trade or business under section 513   |                 |                  | 1                 |                   |                 |              |
| 4     | Tax revenues levied for the   |                 |                  |                   |                   |                 |              |
|       | organization's benefit and either paid  |                 |                  |                   |                   |                 |              |
|       | to or expended on its behalf .  |                 |                  |                   |                   |                 |              |
| 5     | The value of services or facilities   |                 |                  |                   |                   |                 |              |
|       | furnished by a governmental unit to the   |                 |                  |                   |                   |                 |              |
|       | organization without charge .   |                 |                  | 1                 | }                 |                 |              |
| 6     | Total. Add lines 1 through 5  |                 |                  |                   |                   |                 |              |
| 7a    | Amounts included on lines 1, 2, and 3   |                 |                  |                   | <u> </u>          |                 |              |
|       | received from disqualified persons .  |                 |                  | ľ                 | 1                 |                 |              |
| b     | Amounts included on lines 2 and 3   |                 |                  |                   |                   |                 |              |
| -     | received from other than disqualified   |                 |                  |                   |                   |                 |              |
|       | persons that exceed the greater of \$5,000  |                 |                  | 1                 | 1                 |                 |              |
|       | or 1% of the amount on line 13 for the year   |                 | 1                | 1                 | 1                 |                 | Ì            |
| С     | Add lines 7a and 7b   |                 |                  |                   |                   |                 |              |
| 8     | Public support (Subtract line 7c from   |                 |                  |                   |                   | , ,             |              |
|       | line 6)   |                 |                  |                   |                   | ·               |              |
| Secti | on B. Total Support   |                 |                  |                   |                   |                 |              |
| Calen | dar year (or fiscal year beginning in)  | (a) 2006        | <b>(b)</b> 2007  | (c) 2008          | (d) 2009          | (e) 2010        | (f) Total    |
| 9     | Amounts from line 6   |                 |                  |                   |                   |                 |              |
| 10a   | Gross income from interest, dividends,  |                 |                  |                   |                   |                 |              |
|       | payments received on securities loans, rents,   |                 |                  |                   |                   |                 | 1            |
|       | royalties and income from similar sources   |                 |                  |                   | <u> </u>          | l               |              |
| b     | Unrelated business taxable income (less   |                 |                  |                   |                   |                 |              |
|       | section 511 taxes) from businesses  |                 |                  | 1                 |                   |                 | 1            |
|       | acquired after June 30, 1975 .  |                 |                  |                   | L                 |                 |              |
| С     | Add lines 10a and 10b -   | -               |                  |                   |                   |                 |              |
| 11    | Net income from unrelated business  |                 |                  |                   |                   |                 |              |
|       | activities not included in line 10b, whether  |                 |                  |                   |                   |                 |              |
|       | or not the business is regularly carried on   |                 |                  |                   |                   | <u> </u>        |              |
| 12    | Other income Do not include gain or   |                 |                  |                   |                   |                 |              |
|       | loss from the sale of capital assets  |                 |                  | 1                 |                   |                 |              |
|       | (Explain in Part IV) .  |                 | <b>_</b>         |                   | <u> </u>          |                 |              |
| 13    | Total support. (Add lines 9, 10c, 11,   |                 |                  |                   |                   |                 |              |
|       | and 12.)  | L               |                  | <u></u>           | <u> </u>          | <u> </u>        | <u></u>      |
| 14    | First five years. If the Form 990 is for the  | -               | n's first, secor | nd, third, fourt  | h, or fifth tax y | ear as a secti  | on 501(c)(3) |
|       | organization, check this box and stop he  | re              |                  | <u> </u>          |                   | <u> </u>        | <u> 🕨 🗆</u>  |
| Sect  | ion C. Computation of Public Support  |                 |                  |                   |                   |                 |              |
| 15    | Public support percentage for 2010 (line  | 8, column (f) o | divided by line  | 13, column (f))   |                   | 15              | %_           |
| 16    | Public support percentage from 2009 Sc  |                 |                  | <u> </u>          | <u> </u>          | 16              | %            |
| Sect  | ion D. Computation of Investment In   |                 |                  |                   |                   |                 |              |
| 17    | Investment income percentage for 2010   | (lıne 10c, colu | mn (f) divided l | by line 13, colu  | ımn (f)) .        | 17              | %            |
| 18    | Investment income percentage from 200   |                 |                  |                   |                   | . 18            | %            |
| 19a   | 331/3% support tests - 2010. If the organ   |                 |                  |                   |                   |                 |              |
|       | 17 is not more than 331/2%, check this box  | and stop here   | e. The organizat | tion qualifies as | a publicly supp   | oorted organiza | tion , 🕨 🗌   |
| þ     | 331/2% support tests - 2009. If the organi  |                 |                  |                   |                   |                 |              |
|       | line 18 is not more than 3318%, check this  | box and stop    | here. The organ  | nization qualifie | s as a publicly   | supported orga  | nızatıon 🕨 🔲 |
| 20    | Private foundation, If the organization d   | id not check a  | hox on line 1    | 4 19a or 19b      | check this hos    | and see instr   | uctions 🕨 🖂  |

|              | orm 990 or 990-EZ) 2010  | Page 4  |
|--------------|--|---------|
| Part IV      | <b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). |         |
|              | ilistructions).  | ·       |
| Par II, Line | 10 - Funds received from low-income housing joint venture with Biscayne Housing and the Carlisle Group   |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  | <b></b> |
|              |  |         |
|              |  |         |
|              |  |         |
|              |  | **      |
|              |  |         |

# **SCHEDULE 1** (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

|--|

| Department of the Treasury<br>Internal Revenue Service  | •   |                               | Me organization answered 1 tes 10 for 10 graphs   ► Attach to Form 990. | Form 990.                             | 1990.  |  | Open to Public Inspection          |
|---|---|-------------------------------|---|---------------------------------------|--|--|------------------------------------|
| Name of the organization  |   |                               |   |                                       |  | Emplo  | Employer identification number     |
| The Carrie Meek Foundation, Inc.  |   |                               |   |                                       |  |  | 35-2159943                         |
| Part   General Information on Grants and Assista  | on on Grants and                            | Assistance                    |   |                                       |  |  |                                    |
| 1 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? | ntain records to sub<br>to award the grants | stantiate the amou            | int of the grants or  | assistance, the g                     | rantees' eligibility for   | the grants or assistance   | e, and                             |
| Desc  | anization's procedul                        | es for monitoring             | the use of grant fur  | nds in the United                     | States.  |  |                                    |
| Part II Grants and Other  | Assistance to Go                            | vernments and                 | <b>Organizations</b> i  | n the United Si                       | tates. Complete if   | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to  | vered "Yes" to                     |
| Form 990, Part IV, line 21, for any recipient that re can be duplicated if additional space is needed.  | line 21, for any rec<br>if additional space | sipient that receivis needed  | /ed more than \$5   | 5,000. Check thi                      | s box if no one rec  | 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. Part II can be duplicated if additional space is needed. | than \$5,000. Part II              |
| 1 (a) Name and address of organization or government  | (p) EIN                                     | (c) IRC section if applicable | (d) Amount of cash<br>grant   | (e) Amount of non-<br>cash assistance | (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) | (g) Description of non-cash assistance   | (h) Purpose of grant or assistance |
| (1) Florida School Choice Fund<br>337 S. Plant Ave, Tampa, Fl 33606   | 59-3640371                                  | 501 (c) 3                     | \$4,118,271   |                                       |  |  | Award Scholarships                 |
| (2)   |   |                               |   |                                       |  |  |                                    |
| (3)   |   |                               |   |                                       |  |  |                                    |
| (4)   |   |                               |   |                                       |  |  |                                    |
| (5)   | •   |                               |   |                                       |  |  |                                    |
| (9)   |   |                               |   |                                       |  |  |                                    |
| (a)   |   |                               |   |                                       |  |  |                                    |
| (8)   |   |                               |   |                                       |  |  |                                    |
| (6)   |   |                               |   |                                       |  |  |                                    |
| (10)  |   |                               |   |                                       |  |  |                                    |
| (11)  |   |                               |   |                                       |  |  |                                    |
| (12)  |   |                               |   |                                       |  |  |                                    |
| <ul> <li>2 Enter total number of section 501(c)(3) and government organizations</li> <li>3 Enter total number of other organizations</li> </ul>   | on 501(c)(3) and gov<br>organizations       | ernment organizat             | ons snoi  |                                       |  |  | <b>.</b>                           |

| Part III           | Part III Grants and Other Assistance to Individuals   |                          | Jnited States. Con       | nplete if the organiz             | ation answered "Yes" to                               | in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. |
|--------------------|---|--------------------------|--------------------------|-----------------------------------|---|--|
|                    | (a) Type of grant or assistance (b) Number recipies   | (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   |
| -                  |   |                          |                          |                                   |   |  |
| 2                  |   |                          |                          |                                   |   |  |
| ဇ                  |   |                          |                          |                                   |   |  |
| 4                  |   |                          |                          |                                   |   |  |
| 5                  |   |                          |                          |                                   |   |  |
| 9                  |   |                          |                          |                                   |   |  |
| 7                  |   |                          |                          |                                   |   |  |
| Part IV            | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.   | e this part to pro       | wide the informatio      | n required in Part I,             | line 2, and any other add                             | ditional information.  |
| Grant Funds        | 18  |                          |                          |                                   |   |  |
| Schedule I         | Schedule I, Part 1, Line 2  |                          |                          |                                   |   |  |
| The majori         | The majority of the organizations grants are issued to the Florida School Choice Fund (Florida P.R.I.D.E.) and further distributions of those funds floow the policies of the Florida | Florida School Ch        | oice Fund (Florida P R   | .I.D.E.) and further dist         | tributions of those funds floo                        | w the policies of the Florida  |
| School Choice Fund | oice Fund   |                          |                          |                                   |   |  |
|                    |   |                          |                          |                                   |   |  |
|                    |   |                          |                          |                                   |   |  |
|                    |   |                          |                          |                                   |   |  |
|                    |   |                          |                          |                                   |   |  |
|                    |   | 'n                       |                          |                                   |   |  |
|                    |   |                          |                          |                                   |   | Schedule I (Form 990) (2010)   |

#### **SCHEDULE J** (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► See separate instructions.

OMB No 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Carrie Meek Foundation, Inc.

Employer identification number

35-2159943

| Part   | Questions Regarding Compensation  |              |                |          |
|--------|---|--------------|----------------|----------|
|        |   |              | Yes            | No       |
| 1a     | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. |              | -              | , ,      |
|        | ☐ First-class or charter travel ☐ Housing allowance or residence for personal use   | ·<br>        |                |          |
|        | ☐ Travel for companions ☐ Payments for business use of personal residence   | 1.5          | ₹              | l        |
|        | ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees   | -`           |                |          |
|        | ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)  |              |                | -        |
| b      | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain            | 1b           | ~- ~           | _        |
| 2      | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?                      | .2           |                |          |
| 3      | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply.   | ,            |                | , , ,    |
|        |   |              | -,             | 1        |
|        |   | -14          | ١ ٪            | ,        |
|        | ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee  | ` `          |                |          |
|        | ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee   |              | , ,            | ;        |
| 4      | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization   | . 4.         | : . /          |          |
| а      | Receive a severance payment or change-of-control payment from the organization or a related organization?   | 4a           |                | 1        |
| b      | Participate in, or receive payment from, a supplemental nonqualified retirement plan?   | 4b           |                | <b>7</b> |
| С      | Participate in; or receive payment from, an equity-based compensation arrangement?  | 4c           |                | 1        |
|        | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  |              | يا عَزِّه      |          |
| 5      | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of      | The state of |                |          |
| а      | The organization?   | 5a           |                | 1        |
| b      | Any related organization?   | 5b           |                | ✓        |
| 6      | If "Yes" to line 5a or 5b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of.                            |              |                |          |
| •      | The organization?   | 1            |                |          |
| a<br>b | Any related organization?   | 6a<br>6b     |                | 1        |
| b      | If "Yes" to line 6a or 6b, describe in Part III.  | OD           | <del> </del> - | ✓        |
| 7      | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed  |              | - · š- ·       |          |
|        | payments not described in lines 5 and 6? If "Yes," describe in Part III   | 7            |                | 1        |
| 8      | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe                   |              |                |          |
|        | ın Part III   | 8            |                | ✓        |
| 9      | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?  | 9            | }              |          |

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| benefits (B)()-(D)                                 |              |             | (a) Dicardowill                         | (b) Dieaklowii oi W-2 alid/or 1039-10113C compensation                                      | o compensation                        | (C) Retirement and                      | (D) Montavable   | (E) Total of columns   | (F) Compensation   |
|--|--------------|-------------|---|---|---------------------------------------|---|--|--|--|
| Denise Milis (i) (i) (ii) (ii) (ii) (ii) (ii) (ii) | (A) Name     |             | (i) Base<br>compensation                | (ii) Bonus & incentive compensation   | (iii) Other reportable compensation   | other deferred<br>compensation          | benefits   | (B)(I)-(D)   | reported in prior<br>Form 990 or<br>Form 990-EZ  |
|  | Denise Mills | Ξ           | 119,129                                 |   |                                       |   |  |  |  |
|  |              | 3           |   | ;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>; |                                       |   |  |  |  |
|  |              | Ξ           |   |   |                                       |   |  |  |  |
|  | 2            | 3           | : : : : : : : : : : : : : : : : : : :   |   |                                       |   |  |  |  |
|  |              | €           |   |   |                                       |   |  |  |  |
|  | ო            | 3           |   |   |                                       |   |  |  |  |
|  |              | ε           |   |   |                                       |   |  |  |  |
|  | 4            | Ξ           |   |   |                                       | 1 | ***************************************  |  |  |
|  |              | Ξ           |   |   |                                       |   |  |  |  |
|  | 5            | Ξ           |   | 1   | d                                     | 1 | ***************************************  |  |  |
|  |              | Ξ           |   |   |                                       |   |  |  |  |
|  | 9            | Ξ           | 1 |   | 1                                     |   |  |  |  |
|  |              | Ξ           |   |   |                                       |   |  |  |  |
|  | 7            | Ξ           |   | 1   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1                                       | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |  |  |
|  |              | €           |   |   |                                       |   |  |  |  |
|  | 8            | <b>E</b>    |   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | 1                                     | : : : : : : : : : : : : : : : : : : :   | ;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;<br>;      |  |  |
|  |              | (3)         |   |   |                                       |   |  |  |  |
|  | 6            | <u>(i</u> ) |   |   |                                       |   |  |  |  |
|  |              | (9)         |   |   |                                       |   |  |  |  |
|  | 10           | E           |   |   | :                                     |   |  |  |  |
|  |              | (1)         |   |   |                                       |   |  |  |  |
|  | 11           | €           |   |   |                                       |   |  |  |  |
|  |              | <b>E</b>    |   |   |                                       |   |  |  |  |
|  | 12           | (ii)        |   |   |                                       |   |  | 1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1      | • • • • • • • • • • • • • • • • • • •  |
|  |              | (3)         |   |   |                                       |   |  |  |  |
| (a)<br>(b)<br>(c)                                  | 13           | (ii)        |   |   |                                       |   | 1  | 1  | 1<br>1<br>1<br>1<br>1<br>4<br>4<br>4<br>4<br>4<br>4<br>4<br>4<br>4<br>4<br>1<br>1<br>1<br>1<br>1 |
| (a)  |              | Ξ           |   |   |                                       |   |  |  |  |
| (1)  | 14           | (ii)        |   |   |                                       |   | 6<br>6<br>7<br>8<br>8<br>8<br>8<br>8<br>8<br>8<br>8<br>8<br>8<br>8<br>8<br>8<br>8<br>8<br>8<br>8 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | 9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9<br>9      |
| (0)  |              | 3           |   |   |                                       |   |  |  |  |
|  | 15           | Ξ           |   |   |                                       |   | 0<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1 | 0<br>0<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1 | 1  |
|  |              | 3           |   |   |                                       |   |  |  |  |
|  | 16           | €           |   |   |                                       |   |  |  |  |

| Schedule J (Form 990) 2010   |
|--|
| 12 2   |
| Schedule J Part I 3 - The full board approved the compensation of the executive director |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| Schedule J (Form 990) 2010   |

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

## Supplemental Information to Form 990 or 990-EZ

Employer identification number

35-2159943

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Carrie Meek Foundation, Inc.

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

► Attach to Form 990 or 990-EZ.

| Part VI- Line 11b - We provided a final copy of the 2010 Form 99 to each board member before we filed the return with IRS However, the |
|--|
| board did not review the Form 990 before or after it was filed as part of its board activities.  |
|  |
| Part VI- Line 19 - We make our Form 990 available to the public upon request   |
|  |
| General - An amended Form 990 was prepared by staff due to an error of saving a draft copy with errors in the computer rather than     |
| the final reviewed copy  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |