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## Form 990

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

2011

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

Open to Public Inspection

OMB No 1545-0047

_	ro	r the 2	of I calendar year, or tax year beginning an	a enaing	_	
В	Che app	ck if licable	C Name of organization		D Employer identific	cation number
		ddress	TAKE STOCK IN CHILDREN, INC.			
		lame :hange	Doing Business As		59-3	331584
	;	nitiai etum	Number and street (or P 0, box if mail is not delivered to street address)	Room/suite	E Telephone number	
	<u></u>	ermin- ited	8600 NW 36TH STREET	500	(786	
		lmended eturn	City or town, state or country, and ZIP + 4		G Gross receipts \$	8,332,396.
		on .	MIAMI, FL 33166		H(a) Is this a group re	
	F	ending	F Name and address of principal officer: EMILIO ALONSO-MENI		for affiliates?	Yes X No
			8600 NW 36TH STREET, STE 500, MIAMI, I	FL 33	H(b) Are all affiliates inc	luded? Yes No
			pt status: X 501(c)(3) 501(c) ( ) ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	) or 527	If "No," attach a	list. (see instructions)
J	We	bsite:	▶ WWW.TAKESTOCKINCHILDREN.ORG	<del></del>	H(c) Group exemption	
			ganization X Corporation Trust Association Other ►	L Year	r of formation: 1996 N	$\P$ State of legal domicile ${ m FL}$
P	ar		ummary			
9	2	1 Br	refly describe the organization's mission or most significant activities: PRO	VIDES I	MENTORS, COL.	LEGE
Activities & Governance		<u>S(</u>	CHOLARSHIPS AND HOPE TO AT-RISK STUDEN			<del></del>
<u> </u>		2 Ch	neck this box 🕨 🔛 if the organization discontinued its operations or disp	osed of mor	e than 25% of its net as	
ò		3 Nu	umber of voting members of the governing body (Part VI, line 1a)		3	19
8	5	4 Nu	imber of independent voting members of the governing body (Part VI, line 1b	)	4	18
es	3	<b>5</b> To	tal number of individuals employed in calendar year 2011 (Part V, line 2a)		. 5	46
Ξ		<b>6</b> To	tal number of volunteers (estimate if necessary)		6	7200
Act	[	<b>7 a</b> To	tal unrelated business revenue from Part VIII, column (C), line 12		. <u>7a</u>	0.
_	_	b Ne	et unrelated business taxable income from Form 990-T, line 34		7b	0.
				<u> </u>	Prior Year	Current Year
9	2	8 Cc	ontributions and grants (Part VIII, line 1h)	ļ	6,030,343.	6,723,012.
Revenue			ogram service revenue (Part VIII, line 2g)		0.	0.
g e	[ ]		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		36,229.	39,440.
	Ī   '		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	337,863.	153,160.
	1	12 To	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u> </u>	6,404,435.	6,915,612.
	1.		rants and similar amounts paid (Part IX, column (A), lines 1·3)	<u> </u> _	2,770,547.	3,624,001.
	'		enefits paid to or for members (Part IX, column (A), line 4)	-	0.	0.
200	ğ .		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	").	1,234,151.	1,764,446.
			ofessional fundraising fees (Part IX, column (A), line 11e)	000	0.	0.
	<u>국</u>		otal fundraising expenses (Part IX, column (D), line 25)	928.	1 5 4 7 0 20	1 002 070
€"	٠   ١		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	1,547,930.	1,803,870.
	-   '		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	5,552,628.	7,192,317.
ַ_ַּכ	باي	19 Re	evenue less expenses. Subtract line 18 from line 12		851,807.	-276,705.
Net Assets or	힘		RECEIVED	<b>¬</b>	eginning of Current Year	End of Year
SS	읆) :		otal assets (Part X, line 16)	)/ <b>⊢</b>	9,993,887.	9,042,577.
et A	힐	<b>21</b> To	otal liabilities (Part X, line 26)	}	2,311,904.	1,697,372.
2,	된				7,681,983.	7,345,205.
1	ar					<del></del>
Un	nder	penaltie	es of perjury, I declare that I have examined this return, including accompanying selleding and complete. Declaration of preparer (other than officer) is based or all information of	ires and stater	ments, and to the best of m	y knowledge and belief, it is
tru	Je, c	orrect, a	and complete. Declaration of preparer (other than officer) is based or all into matter of	wnich prepare	er nas any knowledge	<del></del>
٠.			Signature of officer		l Date	
	ign		•	EΟ	Duto	
Н	ere		EMILIO ALONSO-MENDOZA, PRESIDENT & C.  Type or print name and title	EO	<del></del>	
_				<del>-</del>	Date Check	PTIN
D-	aid		Print/Type preparer's name  SRAEL J. GOMEZ  Preparer's signature	CPS	<b>a</b>	
	aių repa	-			S Firm's EIN ►	59-1363792
	se O	<u> </u>	irm's name KEEFE, MCCULLOUGH & CO., ELP, irm's address 6550 N FEDERAL HIGHWAY, SUITE		- IHH S CHV	JJ 100017 <u>L</u>
U	<i>U</i>	··· <b>'</b>	FT. LAUDERDALE, FL 33308	110	Phone no 9	54-771-0896
M	av •	he IPS	6 discuss this return with the preparer shown above? (see instructions)	<del> </del>	Ti none no	X Yes No
171	<u>سر</u> ا	. 10 11 10				

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Form 990 (2011) TAKE STOCK IN CHILDREN, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
_	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	_4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		Х
_	Similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
^	Schedule D, Part III	8		Α_
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	_		х
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	_9	-	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	X	
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X		- 11	
••				
2	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1.0		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11Ь	Х	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
	Schedule D, Parts XI, XII, and XIII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	۱		v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4=		v
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	46		x
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		A
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
12	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<del>  ^</del>
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	- <del>''0</del>		<del> </del>
. 5	complete Schedule G, Part III	19		х
20a		20a	<del>                                     </del>	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
	to to the control of the organization and the control interior described to the control to the control to the control of the c		990	(2011)
				,

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Pa	rt IV Checklist of Required Schedules (continued)	<del></del>		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	1		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	ļ
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		1	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		ł
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	ļ	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		ĺ	Ĭ
	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	L	<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	ļ		ļ
	of any of these persons? If "Yes," complete Schedule L, Part III	27	L	X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		i	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	<u></u>	X
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	L	X
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		X
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_		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			

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X

X

35b

36

37

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Note. All Form 990 filers are required to complete Schedule O

If "Yes," complete Schedule R, Part V, line 2

Form 990 (2011) TAKE STOCK IN CHILDREN, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	ĺ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return . 2a 2a 46			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	l
	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		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь		L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	İ		1
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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.			ŀ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
_	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		İ	.,
	any contributions that were not tax deductible?	6a		X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	١ ,,	1	
7	were not tax deductible?	. 6b	,,,,,	<del></del>
7	Organizations that may receive deductible contributions under section 170(c).	7.		Х
a b	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? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	76		<del>                                     </del>
Ŭ	to file Form 8282?	7c	{	х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	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 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		
9	Sponsoring organizations maintaining donor advised funds.			ĺ
а	Did the organization make any taxable distributions under section 4966?	9a		<b></b> _
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		
10	Section 501(c)(7) organizations. Enter:			ĺ
a	Initiation fees and capital contributions included on Part VIII, line 12			
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]			
11 a	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			İ
	Gross income from other sources (Do not net amounts due or paid to other sources against			
•	amounts due or received from them.)			İ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ł
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	1 711.	- "	<del></del>
b	Enter the amount of reserves the organization is required to maintain by the states in which the			ĺ
	organization is licensed to issue qualified health plans			ĺ
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		L
		Form	990 (	20111

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	to mo da, do, do, do you belon, desained the directinateless, processes, or driving a modification of the directions.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management	<del></del>		
	Enter the number of voting members of the governing body at the end of the tax year 19		Yes	No
1a	The state of the s			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0  Enter the number of voting members included in line 1a, above, who are independent 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		Х
2	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision			21
3		3		X
4	of officers, directors, or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	<u> </u>		
70	more members of the governing body?	7a		Х
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	,,,,		
U	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	1		<del></del>
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	ļ
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	Х	ļ
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	-
4.0	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	46-		Х
	taxable entity during the year?	16a		
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b		1
500	exempt status with respect to such arrangements?	1 100	<u> </u>	L. —
<u>3ec</u>	List the states with which a copy of this Form 990 is required to be filed ▶FL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	le	
	for public inspection. Indicate how you made these available. Check all that apply.	_,		
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ıtion: ▶	•	
	JOHN LOCKE, COMPTROLLER - 786-369-5134			
	8600 NW 36TH STREET, STE. 500, MIAMI, FL 33166			
13200		Form	990	(2011)

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

Check if Schedule O contains a response to any question in this Part VII

#### 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 of 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.

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	/do	not c	tion		ODE	Reportable	Reportable	Estimated	
	hours per	kod	, unie cer ar	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	<del> </del>	Cer ar	lo a o	recu	M/II US	100,	from	from related	other
	(describe hours for	or director	1			_	l	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	50	B			Safe		(W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	trustae	nstitutional trustee		8	E E		(** 2 1000 111100)		and related
	ın Schedule	Individual	r <del>f</del> g	<sub>15</sub>	Кеу етріоуев	oy es	<b>5</b> 0			organizations
	O)	- Ipul	Inst-	Officer	ķ	Highest compensated employee	Former			
(1) RICHARD A. BERKOWITZ										
CHAIRMAN	1.00	X		X				0.	0.	0
(2) MICHELLE BRAUN										
DIRECTOR	1.00	X				l		0.	0.	0
(3) THEODORE N. CARTER										
DIRECTOR	1.00	X						0.	0.	0
(4) BETTEE M. COLLISTER										
DIRECTOR	1.00	X					<u>.                                    </u>	0.	0.	0
(5) CLAUDIA DAVANT		Π								
DIRECTOR	1.00	X					l	0.	0.	0
(6) MICHAEL HILL							Ì			
DIRECTOR	1.00	X		_				0.	0.	0
(7) JOSH LEIBOWITZ							Γ			
DIRECTOR	1.00	X				ĺ	ĺ	0.	0.	0
(8) DONALD P. PEMBERTON										
DIRECTOR	1.00	X						_0.	0.	0
(9) VINCE ROIG			Γ							
DIRECTOR	1.00	X						0.	0.	0
(10) MARIA A. SASTRE		Γ								
DIRECTOR	1.00	X						0.	0.	0
(11) MARK ASOFSKY										
DIRECTOR	1.00	X						0.	0.	0
(12) CESAR ALVAREZ										
DIRECTOR	1.00	X				_		0.	0.	0
(13) GALE BUTLER		Ţ								
DIRECTOR	1.00	X			Ĺ			0.	0.	0
(14) KLAYTON FENNELL										
DIRECTOR	1.00	X		]	]	l		0.	0.	0
(15) SALVADOR FERRADAS										
DIRECTOR	1.00	X	$\perp$		L	L		0.	0.	0
(16) MADELINE PUMARIEGA										
DIRECTOR	1.00	X		<u>L</u>			L	0.	0.	0
(17) JOE ZEDNIK										
DIRECTOR	1.00	X	1	1				0.	0.	0

	OCK IN C								59-333	158	4	Page
Part VII Section A. Officers, Directors, (A) Name and title	Trustees, Key Er  (B)  Average hours per week	(do	not c		c) ition more rson	than	one than	(D)  Reportable compensation from	(E) Reportable compensation from related	i i	(F) Estima amour	ated nt of
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	o	from from rganiz and rel ganiza	ation ated
(18) JARED TORRES	1 00											
DIRECTOR	1.00	X	<u> </u>			├	<del> </del>	0.	0	) •		0
(19) EMILIO ALONSO-MENDOZA	45.00	1		X				105,127.	0		5	375
PRESIDENT/CEO (20) CINDY STODDART-COOPER	43.00	╁	-	^	$\vdash$	<del> </del>	-	105,127.		-	<u> </u>	3/3
VICE PRESIDENT	45.00			х		<u> </u>		113,800.	0	).	6,	828
										_		
								218,927.		).	12	203
1b Sub-total	4 \/II C4: A				•			0.		):	12,	203
<ul> <li>Total from continuation sheets to Par</li> <li>d Total (add lines 1b and 1c)</li> </ul>	rt VII, Section A							218,927.			12.	203
Total number of individuals (including becompensation from the organization)		nose	liste	ed a	bov	e) w	ho r	<del></del>	<u> </u>			
compensation norm the organization											Ye	s No
3 Did the organization list any former offi line 1a? If "Yes," complete Schedule J i			e, ke	еу ег	mpk	oyee	, or	highest compensated e	mployee on	3		Х
4 For any individual listed on line 1a, is th									the organization	4		x
<ul><li>and related organizations greater than \$</li><li>Did any person listed on line 1a receive</li></ul>			-						dual for services	-	+	<del>- </del>
rendered to the organization? If "Yes,"										5	ĺ	X
Section B. Independent Contractors												
1 Complete this table for your five highes	•									ensatio	n from	1
the organization. Report compensation	for the calendar	/ear	end	ing v	<u>vith</u>	or v	vithi	n the organization's tax (B)	year.		(C)	
(A) Name and busin	ess address	N	ON	E				Description of s	services	Com	pensat	tion
			_									
					•							
	<del></del>											
												<del></del>

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

ra		1   Statement of Revel	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Giffs, Grants and Other Similar Amounts	c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included in lines	nts, and ove 1f	5340147. 1382865. 132,552.				
ರ್ಷ ಕ	h	Total. Add lines 1a-1f		<b>•</b>	6723012.		······	
Program Service Revenue	2 a b			Business Code				
Nen S	C							<del> </del>
Re	d e			<b> </b>				<del></del>
٩	f	All other program service reve	enue					
_		Total. Add lines 2a-2f		<b>•</b>			<del></del>	
;	3 4 5	Investment income (including other similar amounts) Income from investment of ta Royalties		<b>&gt;</b>	31,285.			31,285.
	•	Noyames	(i) Real	(ii) Personal			····	
	6 a b	Gross rents Less: rental expenses	- William					
- 1		Rental income or (loss)						
- 1	d	Net rental income or (loss)		<b>&gt;</b>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	ь	assets other than inventory Less: cost or other basis and sales expenses	1,312,791					
		Gain or (loss)  Net gain or (loss)	8,155.		8,155.			8,155.
Other Revenue		Gross income from fundraisin including \$ contributions reported on line Part IV, line 18	of e 1c). See	110140			,	
ਰੋ∤		Less: direct expenses  Net income or (loss) from fund	b	112140.	153,160.			153,160.
		Gross income from gaming a			133/100.		······································	133,100.
		Part IV, line 19	а					
1		Less: direct expenses  Net income or (loss) from gan	b nina activities	<b>'</b>	,			
		Gross sales of inventory, less and allowances					<del></del>	
İ	Ь	Less: cost of goods sold	. <b>b</b>					
ļ	С	Net income or (loss) from sale	es of inventory	<b>&gt;</b>				
]		Miscellaneous Revenu	u <u>e</u>	Business Code				
	11 a							<del> </del>
	b			<del> </del>				<del> </del>
	9	All other revenue		<del> </del>		<del> </del>		<del> </del>
	u _	Total. Add lines 11a-11d		<b>—</b>				<del> </del>
	12	Total revenue. See instructions	_		6915612.	0.	0	192,600.
13200								

### 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).

Do n	Check if Schedule O contains a response to include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	Sb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to governments and	2 262 215	2 262 015		
	organizations in the United States See Part IV, line 21	3,362,815.	3,362,815.		····
2	Grants and other assistance to individuals in	061 106	261 106		
	the United States. See Part IV, line 22	261,186.	261,186.	*************************************	<u>,,, **********************************</u>
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		172 247	50 071	c 022
	trustees, and key employees	231,151.	173,347.	50,871.	6,933.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 2 2 2 2 2 2	070 500	211 220	70 077
7	Other salaries and wages	1,262,897.	872,500.	311,320.	79,077.
8	Pension plan accruals and contributions (include	01 050	16 222	4 400	1 115
	section 401(k) and section 403(b) employer contributions)	21,953. 133,398.	16,339. 98,255.	4,499. 25,401.	1,115. 9,742. 7,114.
9	Other employee benefits		98,255.	25,401.	9,742
10	Payroll taxes	115,047.	85,141.	22,792.	/,114.
11	Fees for services (non-employees):				
а	Management			405	
b	Legal .	405.		405.	
¢	Accounting	25,110.		25,110.	
đ	Lobbying .				
е	Professional fundraising services. See Part IV, line 17			12 265	
f	Investment management fees	12,265.	500 010	12,265.	
g	Other	571,354.	520,310.	51,044.	0 624
12	Advertising and promotion	100,470.	241 457	90,846.	9,624 16,158
13	Office expenses	405,743.	341,457.	48,128.	10,138
14	Information technology				<del> </del>
15	Royalties		00 005	5 036	706
16	Occupancy	35,527.	28,895.	5,836.	796
17	Travel ,	142,348.	32,519.	103,727.	6,102
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		0.014		
19	Conferences, conventions, and meetings	9,814.	9,814.		
20	Interest .				
21	Payments to affiliates		10 006	2 071	202
22	Depreciation, depletion, and amortization	13,289.	10,026.	2,871.	392
23	Insurance	69,848.	50,677.	13,296.	5,875
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а	MENTORING AND ADVOCACY	414,667.	414,667.		
b	MISCELLANEOUS	3,030.	745.	2,285.	
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,192,317.	6,278,693.	770,696.	142,928
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here III if following SOP 98-2 (ASC 958-720)				

	t X	Balance Sheet	CHIEDREN, IN				
					(A) Beginning of year		( <b>B)</b> End of year
	1	Cash - non-interest-bearing		. [	2,379,406.	1	2,783,930.
	2	Savings and temporary cash investments	•		14,060.	2	0.
	3	Pledges and grants receivable, net			1,735,246.	3	492,598.
	4	Accounts receivable, net			122,962.	4	252,389.
	5	Receivables from current and former officers, di	rectors, trustees, key				
		employees, and highest compensated employee	es. Complete Part II				
		of Schedule L		Ĺ		5	
	6	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 sections	tion 501(c)(9) voluntary				
		employees' beneficiary organizations (see instru		L		6	
Assets	7	Notes and loans receivable, net		L		7	
Ass	8	Inventories for sale or use				8	
,	9	Prepaid expenses and deferred charges			6,782.	9	39,044.
	10a	Land, buildings, and equipment: cost or other		ł			
	ļ	basis. Complete Part VI of Schedule D	10a 72,	221.			
	ь	Less: accumulated depreciation	10b 41,	408.	42,526.	10c	30,813. 399,639.
	11	Investments - publicly traded securities			1,635,780.	11	399,639.
	12	Investments - other securities. See Part IV, line	11			12	950,061.
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	•	1	4,057,125.	15	4,094,103.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)		9,993,887.	16	9,042,577.
	17	Accounts payable and accrued expenses			158,932.	17	101,586.
	18	Grants payable	ļ	1 010 506	18	026 042	
	19	Deferred revenue	1	1,310,586.	19	936,842.	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete		}		21	
Liabilities	22	Payables to current and former officers, director					
iab		highest compensated employees, and disqualif	ied persons. Complete Pa	art II			
		of Schedule L	•			22	
	23	Secured mortgages and notes payable to unrel		-		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17·24). Complete Part >	ot	842,386.	-	658,944.
		Schedule D			2,311,904.	25 26	1,697,372.
	26	Total liabilities. Add lines 17 through 25	<b>▶</b> 🔽 .	1.4.	2,311,304.	20	1,001,312.
	1	Organizations that follow SFAS 117, check h	ere ▶ X and com	piete			
ces		lines 27 through 29, and lines 33 and 34.			4,909,205.	27	4,901,492.
<u>la</u> u	27	Unrestricted net assets			1,772,778.	28	1,443,713.
Ва	28	Temporarily restricted net assets			1,000,000.	-	1,000,000.
Net Assets or Fund Balances	29	Permanently restricted net assets	shook horo	nd	1,000,000	1 20	1 -,
Ę.		Organizations that do not follow SFAS 117, o	meck nere 🚩 [] a	ii.			
Š		complete lines 30 through 34.				30	İ
set	30	Capital stock or trust principal, or current funds				31	
As	31	Paid-in or capital surplus, or land, building, or e				32	
Š	32	Retained earnings, endowment, accumulated in	ncome, or other funds		7,681,983.		7,345,205.
•	33	Total net assets or fund balances		• •	9,993,887.		9,042,577.
	34	Total liabilities and net assets/fund balances	<del> </del>		2,233,031	, ,,	

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Х

Form 990 (2011)

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

Department of the Treasury Internal Revenue Service

### **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.

Inspection

Name of the organization

Employer identification number

		TAKE ST	OCK IN CHILD	REN,	INC.				59	9-3331	584	
Part I	Reason	for Public Chari	ty Status (All organiz	ations mus	st complete	e this part	.) See inst	ructions.				
he orga	nization is not a	private foundation i	pecause it is: (For lines 1	through 1	1, check c	nly one b	ox.)					
1	A church, cor	nvention of churches	s, or association of churc	ches descr	ibed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2	A school dese	cribed in section 17	<b>0(b)(1)(A)(ii).</b> (Attach Scl	hedule E.)								
з 🗀	A hospital or	a cooperative hospit	al service organization of	described i	n section	170(b)(1)(	A)(iii).					
4			operated in conjunction					(b)(1)(A)(iii	i). Enter t	he hospital	's name	,
	city, and state											
5 [_	An organizati	on operated for the	benefit of a college or un	niversity ov	vned or op	erated by	a governr	nental unit	describe	ed in		
	section 170(b)(1)(A)(iv). (Complete Part II.)											
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 X												
	section 170(	b)(1)(A)(vi). (Comple	te Part II.)									
8 🗀	A community	trust described in s	ection 170(b)(1)(A)(vi). (	(Complete	Part II.)							
9 [	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fr	om contril	outions, m	embership	o fees, ar	nd gross re	ceipts fr	om
			nctions - subject to certa									
			axable income (less sect									
		<b>509(a)(2).</b> (Complete										
10 🗀	An organizati	on organized and or	perated exclusively to te	st for publi	c safety. S	ee <b>sectio</b>	n 509(a)(4	l).				
11 🗀	An organizati	on organized and or	perated exclusively for th	ne benefit d	of, to perfo	rm the fur	ictions of,	or to carry	out the	purposes o	of one or	
	more publicly	supported organiza	ations described in section	on 509(a)(1	l) or sectio	n 509(a)(2	). See <b>se</b> c	tion 509(a	a)(3). Che	eck the box	that	
	describes the	type of supporting	organization and comple	ete lines 11	le through	11h.				_		
	a Type i				e III • Func	_	-		d 🗀	Type III - 0		
e			t the organization is not									
	foundation m	nanagers and other t	han one or more publich	y supporte	d organiza	tions desc	onbed in s	ection 509	9(a)(1) or	section 509	9(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		rganization, check th										
9			organization accepted ar									
			irectly controls, either al	one or tog	ether with	persons d	lescribed i	in (ii) and (i	iii) below,		Yes	No
	-	- ·	upported organization?							11g(i)	+-+	
	• •		n described in (i) above?		_					11g(ii)		
	•	-	person described in (i) of							11g(iii)	Ш	
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
	<del></del>	<del></del>	(iii) Type of	kr. v		( ) D.d		(vi) Is	the			
	ne of supported	(ii) EIN	organization		organization sted in your			lorganizátio	on in col		mount of	
01	rganization		(described on lines 1-9		document?		support?	(i) organiz U S	ed in the j	Sut	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
· · · · · · · ·			(444	1						•		
				1								
	<del></del>											
	<u> </u>									<u></u>		

132021 01-24-12

Form 990 or 990-EZ.

2011.04010 TAKE STOCK IN CHILDREN, INC F5933311

Schedule A (Form 990 or 990-EZ) 2011

LHA For Paperwork Reduction Act Notice, see the Instructions for

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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and	_					
	membership fees received. (Do not					}	
	include any "unusual grants.")	8,815,198.	7,545,911.	5,917,022.	6,090,693.	6,743,872.	35,112,696.
2	Tax revenues levied for the organ-					i	
	ization'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	8,815,198.	7,545,911.	5,917,022.	6,090,693.	6,743,872.	35,112,696.
5	The portion of total contributions						
	by each person (other than a				·		
	governmental unit or publicly					,	
	supported organization) included	`	I				
	on line 1 that exceeds 2% of the					ĺ	
	amount shown on line 11,						
	column (f)						283,802.
6	Public support. Subtract line 5 from line 4						34,828,894.
	ction B. Total Support		-				
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	8,815,198.	7,545,911.	5,917,022.	6,090,693.	6,743,872.	35,112,696.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	155,880.	89,438.	70,083.	43,802.	31,285.	390,488.
9	Net income from unrelated business					i	
	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.)		4,275.	82.	302,360.		306,717.
11	Total support. Add lines 7 through 10						35,809,901.
12		, etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	p here		· · · · · ·	· · · · ·		<u> </u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage			T- I	
14	Public support percentage for 2011 (	line 6, column (f) di	vided by line 11, c	olumn (f))		14	97.26 %
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	97.10 %
168	a 33 1/3% support test - 2011. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies						► X
	33 1/3% support test - 2010. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/39	6 or more, check th	nis box
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation		• •	
178	a 10% -facts-and-circumstances tes	t - 2011. If the org	anization did not d	heck a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and <b>stop</b> h	iere. Explain in Pa	rt IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶
ı	o 10% -facts-and-circumstances tes	t - <b>2010.</b> If the org	anızatıon did not d	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t						
	organization meets the "facts-and-cir						▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l	o, check this box a	and see instruction	s <b>▶</b> 🗔
_					Sch	edule A (Form 990	or 990-EZ) 2011

# Schedule A (Form 990 or 990-EZ) 2011 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 t
Qualify under the tests listed heless places complete Dort II.)

Sec	ction A. Public Support	slow, please com	piete Fart II.)	-			
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and		13,232	1-7		, , =	1,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions.						
_	merchandise sold or services per-					ľ	
	formed, or facilities furnished in						
	any activity that is related to the						
•	organization's tax-exempt purpose	<del></del> -			<del> </del>	<del> </del>	<u> </u>
3	Gross receipts from activities that				ļ		
	are not an unrelated trade or bus-				İ		
	iness under section 513	<del></del> _	<del></del>				
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to			ļ			
	or expended on its behalf		<u> </u>				
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	<u> </u>					
7 a	Amounts included on lines 1, 2, and	<del></del>					
	3 received from disqualified persons	<u></u>				<u> </u>	
t	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that	I					
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	Ì					
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)			177			
	ction B. Total Support	<u></u>	·		<u> </u>	1 1 1	
	indar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	(8) 2001	(0) 2000	(0) 2000	(0) 20 10	(9/2011	(1) / ((1)
	a Gross income from interest.				<del>                                     </del>		
	dividends, payments received on						
	securities loans, rents, royalties		1				
	and income from similar sources				<del> </del>	<del></del>	
	Unrelated business taxable income				i	İ	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		<del> </del>		<del> </del> -	<del> </del>	<del> </del>
	Add lines 10a and 10b			<u> </u>		<del></del>	
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is				]		
	regularly carried on		ļ . <del></del>		ļ		
12	Other income. Do not include gain or loss from the sale of capital	1	1		1	1	
	assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12)						<u> </u>
14	First five years. If the Form 990 is for	r the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here	·			· · · · · · · · · · · · · · · · · · ·		▶ □
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2011 (			column (f))		15	%
16						16	%
Se	ction D. Computation of Inve				· -		
17						17	%
18		•	• • • • • • • • • • • • • • • • • • • •			18	%
	a 33 1/3% support tests - 2011. If the			on line 14, and lin	e 15 is more than	·	
100	more than 33 1/3%, check this box a						
	more than 33 1/3%, check this box a b 33 1/3% support tests - 2010. If the						and
'							
-	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	on ala not check a	a DOX ON line 14, 19	a, or 190, check t			00 == 000 == 001
1320	023 01-24-12				Sc	hedule A (Form 99	10 OF 990-EA) 201

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

	TAKE STOCK IN CHIL				59-3331584
Par	Organizations Maintaining Donor Advise	ed Funds o	r Other Similar Fund	ds or Acco	ounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iin	ne 6.			
			onor advised funds	(b) F	unds and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that th	ne assets held in donor adv	used funds	
•	are the organization's property, subject to the organization's	_		noca farias	Yes No
6	Did the organization inform all grantees, donors, and donor a	_		se used only	
U			-	=	
	for charitable purposes and not for the benefit of the donor	or donor advis	sor, or for any other purpos	e comenny	Yes No
Par	Impermissible private benefit?		awarad "Vaa" ta Farm 000	Dort IV line	
				, Fart IV, IIIIe	1.
1	Purpose(s) of conservation easements held by the organizat	•	<del></del>		
	Preservation of land for public use (e.g., recreation or	education)	Preservation of an I	-	
	Protection of natural habitat		Preservation of a ce	ertified histori	c structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qual	lified conserva	tion contribution in the for	m of a conse	rvation easement on the last
	day of the tax year.			<del></del>	
					Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements	-		2t	0
C	Number of conservation easements on a certified historic st	tructure includ	ed in (a)	20	;
d	Number of conservation easements included in (c) acquired	after 8/17/06	, and not on a historic stru	cture	
	listed in the National Register			20	1
3	Number of conservation easements modified, transferred, re	eleased, exting	guished, or terminated by t	he organizat	on during the tax
	year ▶				
4	Number of states where property subject to conservation ea	asement is loc	ated >		
5	Does the organization have a written policy regarding the pe			- of	
	violations, and enforcement of the conservation easements				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		a conservation easements	during the v	ear ▶
7	Amount of expenses incurred in monitoring, inspecting, and				
8	Does each conservation easement reported on line 2(d) abo				
-	and section 170(h)(4)(B)(ii)?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		( ) ( ) ( ) ( )	Yes No
9	In Part XIV, describe how the organization reports conserva	ition easement	ts in its revenue and expen	se statemen	
•	Include, if applicable, the text of the footnote to the organization				
	Conservation easements.	anon o mianon	an ottation that beginning	,	
Pa	† III Organizations Maintaining Collections	of Art. Hist	orical Treasures, or	Other Sin	nilar Assets.
1.5	Complete if the organization answered "Yes" to Form				
12	If the organization elected, as permitted under SFAS 116 (A	·		ement and h	alance sheet works of art
,,,	historical treasures, or other similar assets held for public ex				
	the text of the footnote to its financial statements that desc			italice of pac	me service, provide, in rait XIV,
_				and halas	aca sheet works of art historical
b	If the organization elected, as permitted under SFAS 116 (A				
	treasures, or other similar assets held for public exhibition, e	education, or r	esearch in furtherance of p	Dublic Service	e, provide the following amounts
	relating to these items:			_	_
	(i) Revenues included in Form 990, Part VIII, line 1		•		* \$
_	(ii) Assets included in Form 990, Part X	•			
2	If the organization received or held works of art, historical tr			cial gain, pro	vide
	the following amounts required to be reported under SFAS	116 (ASC 958	) relating to these items:		_
а	Revenues included in Form 990, Part VIII, line 1	•			* \$
b	Assets included in Form 990, Part X		-	•	* \$

Schedule D (Form 990) 2011

		OCK IN CHIL	DREN, INC	•	59-3	331584 Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or Oth	er Similar Ass	sets (continued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that are a	significant use of i	s collection items
	(check all that apply):					
а	Public exhibition	d	Loan or exch	ange programs		
b	Scholarly research	е	Other			
С	Preservation for future generations					· · · · · · · · · · · · · · · · · · ·
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's ex	empt purpose in P	art XIV.
5	During the year, did the organization solicit or	r receive donations o	f art, historical treas	ures, or other simila	ar assets	
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?	[	Yes No
Par	Escrow and Custodial Arrangereported an amount on Form 990, Par		te if the organization	answered "Yes" to	Form 990, Part I	/, line 9, or
1a	Is the organization an agent, trustee, custodi		ary for contributions	s or other assets no	t included	
	on Form 990, Part X?	ar or other intermed	ary for continuous	J 0. 01.10. 11000.0 110	[	Yes No
h	If "Yes," explain the arrangement in Part XIV	and complete the following	lowing table:			
U	if ies, explain the arrangement lift at Aiv	and complete the los	owing table.			Amount
_	Beginning balance				1c	Allouit
	<del>-</del> -			,	1d	
ū	Additions during the year				1e	
e 4	Distributions during the year				1f	<del></del>
0-	Ending balance	arm 000 Bart V line	040		<u> </u>	Yes No
	Did the organization include an amount on Fo		217	•	L	res No
	If "Yes," explain the arrangement in Part XIV.  The Endowment Funds. Complete if		wared "Vee" to Fer	m 000 Bort IV line	10	
Par	Endowment Funds. Complete i			_		to) Four years book
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bar	ck (e) Four years back
1a	Beginning of year balance	1,673,894.	1,896,234.	990,788.		
Ь	Contributions			1,009,212.	990,78	8.
С	Net investment earnings, gains, and losses	-11,302.	58,814.	171,234.		<del></del>
d	Grants or scholarships				<del></del> -	
е	Other expenditures for facilities					
	and programs	289,196.	275,000.	275,000.		
f	Administrative expenses	12,231.	6,154.			
g	End of year balance .	1,361,165.	1,673,894.	1,896,234.	990,78	8.
2	Provide the estimated percentage of the curr		e (line 1g, column (a	)) held as:		
а	Board designated or quasi-endowment	.00	_%			
þ	Permanent endowment ► 30.20	%				
c	Temporarily restricted endowment ▶6	9.80%				
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%.				
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the organization	
	by:					Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations					3a(ii) X
ь	If "Yes" to 3a(ii), are the related organization:	s listed as required o	n Schedule R?			3b
4	Describe in Part XIV the intended uses of the	e organization's endo	wment funds.			
Par	t VI Land, Buildings, and Equipm	nent. See Form 990	, Part X, line 10.			
	Description of property	(a) Cost or of	ther (b) Cost	or other (c)	Accumulated	(d) Book value
_		basis (investri		(other) d	epreciation	
1a	Land .					
	Buildings .					
	Leasehold improvements			9,829.	10,190.	9,639.
	Equipment .		5	2,392.	31,218.	21,174.
	Other					
	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line 1	0(c).)		30,813.

Schedule D (Form 990) 2011

Part VIII Investments - Other Securities. Se	e Form 990, Part X, line 12	<u> </u>		
(a) Description of security or category (including name of security)	(b) Book value	(c) Metho Cost or end-o	od of valuatio f-year market	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other	0.50		3 D IV D D -	
(A) THE MIAMI FOUNDATION	950,061.	END-OF-YEAR M	ARKET \	/ALUE
(B)			<del></del> .	<del></del>
(C)		<u> </u>	<del></del>	· · · · · · · · · · · · · · · · · · ·
(D)				
(E)				
(G) (H)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)	950,061.			
Part VIII Investments - Program Related. S				
(a) Description of investment type	(b) Book value		od of valuation of-year marke	
(1)				
(2)				
(3)				
(4)				
(5)	<u> </u>			
(6)				
(7)			<del> </del>	
(8)	- <del></del>			
(9)	<u> </u>			
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )	15	<u> </u>		
Part IX Other Assets. See Form 990, Part X, line	Description	<del></del>		(b) Book value
DDEDATE MILITATON	Doodiption			4,094,103
(1) PREPAID TUITION (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) lin			<b>&gt;</b>	4,094,103
Part X Other Liabilities. See Form 990, Part X	, line 25.	43.5	<del></del>	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes		650 011		
(2) DUE TO SUB-RECIPIENTS		658,944.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10) (11)				
Total (Column (b) must equal Form 990 Part X col (R) lin	ne 25.)	658,944.		
Total. (Column (b) must equal Form 990, Part X, col (B) lin	to the organization's financial state	ments that reports the organization's liab	ility for uncertain	tax positions under

	dule D (Form 990) 2011 TAKE STOCK IN CHILDREN, INC				3331584	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Final		ment		<u> </u>
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		6,915	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		7,192	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			705.
4	Net unrealized gains (losses) on investments		4			073.
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7		<del></del>	
8	Other (Describe in Part XIV.)		8		60	072
9	Total adjustments (net). Add lines 4 through 8		9		-336	779
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and XII Reconciliation of Revenue per Audited Financial Statements.		10 P	oturn		110.
<u> 1</u>		iits with Neve	nue per n	4	7,220	.522.
2	Total revenue, gains, and other support per audited financial statements.  Amounts included on line 1 but not on Form 990, Part VIII, line 12:				1,220	JELI
	Net unrealized gains on investments	2a -	60,073.			
a b	Donated services and use of facilities		65,100.	1 1		
_	Recoveries of prior year grants	2c 2c	00/1000	1		
ď	Other (Describe in Part XIV.)		12,148.	1 1		
e	Add lines 2a through 2d	20 2		2e	317	175.
3	Subtract line 2e from line 1	•		3	317 6,903	347.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					, , , , ,
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	12,265.			
b	Other (Describe in Part XIV.)	4b		1 1		
c	Add lines 4a and 4b			4c	12	,265.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		•	5	6,915	612.
	t XIII Reconciliation of Expenses per Audited Financial Statemen	ents With Exp	enses per			
<u>ு. க</u> ூ	Total expenses and losses per audited financial statements	· · · · · · · · · · · · · · · · · · ·		1	7,557	,300.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		• •			
a	Donated services and use of facilities	2a 2	65,100.			
b	Prior year adjustments	2b		]		
c	Other losses	2c		1		
d	Other (Describe in Part XIV.)	2d 1	12,148.			
e	Add lines 2a through 2d	<del></del>		2e	377	,248.
3	Subtract line 2e from line 1			3	7,180	,052.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	12,265.			
b	Other (Describe in Part XIV.)	4b				
c	Add lines 4a and 4b			4c		,265.
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,192	,317.
Pa	t XIV Supplemental Information				<del></del>	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp					4; Part
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				<del></del>	
SPI	ECIAL EVENT EXPENSE			·	112	,148.
PAI	RT XIII, LINE 2D - OTHER ADJUSTMENTS:					
SP	ECIAL EVENT EXPENSE				112	,148.
						<del></del>

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

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

2011

Open To Public Inspection

Internal Revenue Service

Department of the Treasury

Name of the organization **Employer identification number** TAKE STOCK IN CHILDREN, INC. 59-3331584 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e \_\_\_ Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes ☐ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Dia (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity have custody or control of contributions? to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

Schedule G (Form 990 or 990-EZ) 2011

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

	ert I	le G (Form 990 or 990-EZ) 2011 TAKE ST				3331584 Page 2
rd	ir i,	Fundraising Events. Complete if the of fundraising event contributions and gr	-		· ·	
		or fundraising event contributions and gr		,	(c) Other events	ots greater than \$5,000.
			(a) Event #1	(b) Event #2		(d) Total events
			BROWARD	STRIDES FOR	NONE	(add col. (a) through
				EDUCATION		col. (c))
9			(event type)	(event type)	(total number)	
Revenue						
Be	1	Gross receipts .	96,803.	168,505.		265,308.
	2	Less: Charitable contributions				
				1		
	3	Gross income (line 1 minus line 2)	96,803.	168,505.		265,308.
	4	Cash prizes				
		•				
	5	Noncash prizes	ĺ	1		
Sei		,				
per	6	Rent/facility costs				
ച	ľ	Tierra radiity dodta				
Direct Expenses	٠,	Food and haverness		<u> </u>		
۵	7	Food and beverages		<del> </del>		
	8	Entertainment	30,700.	81,448.		112,148.
	9	Other direct expenses		01,440.		
	10				<b>•</b>	( 112,148)
	11	Net income summary. Combine line 3, column	in (d), and line 10	000 D + 0/4 L + 40 -		153,160.
Pa	HT.		answered "Yes" to Form	1990, Part IV, line 19, or re	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	<del></del>	<del>1                                    </del>		1.22
Θ			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
ē				billigo/progressive billigo		coi. (a) through coi. (c))
Revenue						
	1_	Gross revenue		ļ <del>-</del>	· <del></del>	<u> </u>
Ś	2	Cash prizes		<u> </u>		
Expenses						
ğ	3	Noncash prizes				
Direct	4	Rent/facility costs				
Δ						
	5	Other direct expenses				
			<del></del>			
	1		Yes %		└── Yes %	
	6	Volunteer labor		Yes %	└── Yes % └── No	
	6	Volunteer labor .	Yes %			
		·	□ No			
	6		□ No			(
	7	Direct expense summary. Add lines 2 throug	No h 5 in column (d)			( )
		Direct expense summary. Add lines 2 throug	No h 5 in column (d)			( )
	7	Direct expense summary. Add lines 2 throug	No th 5 in column (d) 1, column d, and line 7	No No		()
9	7 8 En	Direct expense summary. Add lines 2 throug  Net gaming income summary. Combine line  Iter the state(s) in which the organization operation.	No  th 5 in column (d)  1, column d, and line 7  ates gaming activities:	No No		( )
ŧ	7 8 En	Direct expense summary. Add lines 2 throug  Net gaming income summary. Combine line  atter the state(s) in which the organization operate the organization licensed to operate gaming a	No  h 5 in column (d)  1, column d, and line 7  ates gaming activities: ctivities in each of these	No States?		Yes No
ŧ	7 8 En	Direct expense summary. Add lines 2 throug  Net gaming income summary. Combine line  Iter the state(s) in which the organization operation.	No  h 5 in column (d)  1, column d, and line 7  ates gaming activities: ctivities in each of these	No States?		( )
ŧ	7 8 En	Direct expense summary. Add lines 2 throug  Net gaming income summary. Combine line  atter the state(s) in which the organization operate the organization licensed to operate gaming a	No  h 5 in column (d)  1, column d, and line 7  ates gaming activities: ctivities in each of these	No States?		( )
ł	7 8 En Is	Direct expense summary. Add lines 2 through the gaming income summary. Combine line after the state(s) in which the organization operate organization licensed to operate gaming a "No," explain:	No  h 5 in column (d)  1, column d, and line 7  ates gaming activities: ctivities in each of these	No States?	No	Yes No
10a	7 8 En sis	Net gaming income summary. Combine line  the state(s) in which the organization operate organization licensed to operate gaming a  "No," explain:  ere any of the organization's gaming licenses in	No  th 5 in column (d)  1, column d, and line 7  ates gaming activities: ctivities in each of these	states?	No	( )
10a	7 8 En sis	Direct expense summary. Add lines 2 through the gaming income summary. Combine line after the state(s) in which the organization operate organization licensed to operate gaming a "No," explain:	No  th 5 in column (d)  1, column d, and line 7  ates gaming activities: ctivities in each of these	states?	No	Yes No

Schedule G (Form 990 or 990-EZ) 2011

132082 01-23-12

Schedule G (Form 990 or 990-EZ) 2011 TAKE STOCK IN CHILDREN, INC. 59	<u>-333158</u>	4 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	☐ No
13 Indicate the percentage of gaming activity operated in:		
a The organization's facility	13a	%
b An outside facility	13b	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
The first the flattle and address of the person who prepares the organization's gaining special events books and records.		
Name ▶		
Name		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b if "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party:		
- 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
Name		
INMITIO P		
Address >		
Address -		
40.0		
16 Gaming manager information:		
Name •	<del></del>	
Gaming manager compensation ► \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Tyes	□ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	10	
organization's own exempt activities during the tax year  \$   Down 1997   Complete the control of the control o	o (in) and (s) an	d Dod III
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column		
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional inform	ation (see instru	icuons).
	<del></del>	
	<del></del>	*****
		0 E30 0001
132083 01-23-12 Schedule G (	Form 990 or 99	w-cz) 2011

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047	2011	Open to Public	uonoadsui
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Name of the organization may be STOCY IN CHILDREN	THO WIT	TNC TNC				<u>-</u>	Employer identification number 59-3331584
Part   General Information on Grants and Assistance	nd Assistance						
- S	o substantiate the	amount of the grants	s or assistance, the	grantees' eligibility	y for the grants or ass	stance, and the select	
criteria used to award the grants or assistance?	stance?						X Yes No
ပ္တ	cedures for mont	oring the use of grant	funds in the Uniter	d States.			
Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any grant II can be duplicated if additional space is needed.	Governments and	d Organizations in the	e United States. C	Complete if the organian \$5,000. Part II	anization answered "\ can be duplicated if a	anization answered "Yes" to Form 990, Part IV, li I can be duplicated if additional space is needed	IV, line 21, for any   → □
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALACHUA COUNTY PUBLIC SCHOOLS FOUNDATION - 1725 SE 1ST AVENUE - GAINESVILLE, FL 32641	59-2751952		75,647.	o			MENTORING
	59-1627997		53,907.	0			MENTORING
	00.02		40	o			MENTORING
COUNTY PLORIDA - 707 NORTH			735 56	c			MENTORING
BREVARD SCHOOLS FOUNDATION 2700 JUDGE FRAN JAMIESON WAY	74-338331/ 74-338311/ 76-3895155		116 112.				MENTORING
CHARLOTTE LOCAL EDUCATION FOUNDATION - 1445 EDUCATION WAY -	59-2592844		48,491.	o			MENTORING
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	rganizations listed in tl	he line 1 table			ı	▼ 43.
3 Enter total number of other organizations listed in the line 1 date  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s isted in the inite , see the instruct	ions for Form 990.					Schedule I (Form 990) (2011

Schedule I (Form 990) (2011)

59-3331584

Page 2

Schedule | (Form 990) (2011) TAKE STOCK IN CHILLUKEIN, LINC.

| Part ill | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

| Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	æ	261 186.	o		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	n required in Part I,	line 2, and any other	additional information.	
TAKE STOCK IN CHILDREN AWARDS GRANTS TO	1	FILIATED O	AFFILIATED ORGANIZATIONS WITHIN	NIHIIN SN	
THE 67 COUNTIES OF FLORIDA, USA. EACH RECIPIENT IS	SACH RECI		REQUIRED TO SIGN A	SIGN A	
MEMORANDUM OF UNDERSTANDING REGARDING THE		APPROPIATE USE	USE OF THE	FUNDS.	
RECIPIENTS ARE ALSO REQUIRED TO SU	SUBMIT QUA	QUARTERLY REP	REPORTS ON THE	USE OF	
THE FUNDS.					

Schedule I (Form 990) (2011)

TAKE STOCK IN CHILDREN, INC.	of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	
edule I (Form 990)	ontinuation of	
Sch	Ď	

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				assistance	(book, FMV, appraisal, other)		
CITRUS COUNTY SHERIFF'S OFFICE							
1 DR. MARTIN LUTHER KING JR. DRIVE INVERNESS, FL 34450	59~6000550		35,994.	0.			MENTORING
YMCA OF FLORIDA FIRST COAST							
ORANGE PARK, FL 32065	59-0638514		52,599.	0			MENTORING
EDICATION POUNDATION OF COLLIER				,			
COUNTY - 3006 ENTERPRISE AVENUE				•			
SUITE 150 - NAPLES, FL 34104	65-0230582		139,556.	0			MENIONING
SOUTH PLORIDA COMMUNITY COLLEGE							
FOUNDATION - 13 EAST MAIN STREET -							
AVON PARK, FL 33825	59-2239823		96,413.	0.			MENTORING
COMMUNITIES IN SCHOOLS OF						_	
JACKSONVILLE - 3300 UNIVERSITY							
ITE			131 408	c			MENTORING
JACKSONVILLE, FL 32216	29-302/893		131,200				
ESCAMBIA COUNTY PUBLIC SCHOOLS							
FOUNDATION - 30 RAST TEXAS DRIVE -							
PENSACOLA, FL 32503	59-2715995		61,052.	0.			MENTORING
PLACTER COINTY EDICATION							
FOUNDATION - 1769 E. MODY BLVD.							
BLDG 2 - BUNNELL, FL 32110	59-3006312		46,007.	0.		1	MENTORING
TAKE STOCK IN CHILDKEN/COLLEGE PPACH OUT PROGRAM - 444 APPLEYARD							
	59-1141270		98,551.	0			MENTORING
HENDRY COUNTY SCHOOL BOARD 601 W PASADENA AVENUE							
CLEWISTON, FL 33440	59-6000641		10,800.	0.			MENTORING
							Schedule I (Form 990)

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Schedule I (Form 990)	TAKE STOCK	TOCK IN CHILDREN,	, INC.
Part II Continuation o	f Grants and Other As:	ther Assistance to Governme	nts and Organizations in the United States (Schedule I (Form 990), Part II.)

Supplied the continuation of Grants and Other Assistance to Governments				con component	1/2		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PASCO/HERNANDO COMMUNITY COLLEGE 10230 RIDGE ROAD NEW PORT RICHEY PL 34654	59-1385831		18,722.	0			MENTORING
J X E	59-2883361		109,783.	.0			Mentoring
INDIAN RIVER STATE COLLEGE POUNDATION - 3309 VIRGINIA AVENUE - FORT PIERCE FL 34981	59-1105591		148,331.	0.			Mentoring
EDUCATIONAL FOUNDATION OF LAKE COUNTRY - 910 E. DIXIE AVENUE - LEESBURG FL 34748	59-2764174			0			Mentoring
THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOL - 2266 SECOND STREET, 2ND FLOOR - FORT MEYERS, FL 33901	59-2637849		100,627.	0			MENTORING
MADISON FOUNDATION FOR EXCELLENCE IN EDUCATION - P.O. BOX 181 - MADISON FL 32341	59-3112453		50,909	0			Mentoring
SOARI ATEE	65-0037457		63,517.	0.			MENTORING
PUBLIC EDUCATION FOUNDATION OF MARION COUNTY - THEIMA PARK CENTER - OCALA, FL 34475	59-2948915		67,205.	• 0			MENTORING
MONROE COUNTY EDUCATION FOUNDATION 241 TRUMBO ROAD KEY WEST, FL 33040	65-0551178		132,006.	0.			MENTORING
							Schedule I (Form 990)

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Schedule   (Form 990) TAKE STOCK IN CHILDREN, INC.  Part # Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule   (Form 990), Part   .)	STOCK IN CHILDREN,	DREN, INC.	nizations in the Ur	ited States (Sche	dule I (Form 990), Pa		59-3331584 Page 1
(a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA STATE COLLEGE AND FSCJ FOUNDATION - 501 W. STATE STREET - JACKSONVILLE FL 32202	23-7168438		99,462.	.0		ı	MENTORING
OKALOOSA PUBLIC SCHOOLS FOUNDATION INC 120 LOWERY PLACE S.E FORT WALTON BEACH, FL 32548	59-3295821		58,823.	0			MENTORING
VALENCIA COMMUNITY COLLEGE FOUNDATION INC - 190 S. ORANGE AVENUE - ORLANDO, PL 32801	23-7442785		.006,990	0			MENTORING
EDUCATION FOUNDATION OF OSCEOLA COUNTY - 2310 NEW BEGINNINGS ROAD, SUITE 121 - KISSIMMEE, FL 34744	59-2960396		80,595.	0			MENTORING
COLLEGE FOR KIDS 2200 NORTH FLORIDA MANGO ROAD WEST PALM BEACH FL 33409	20-8077416		111,350.	0			Mentoring
1 7 5	59-3040717		87,351.	0			MENTORING
1 2 4 5	59-2688253		312,551.	0			MENTORING
POLK EDUCATION FOUNDATION 1530 SHUMATE DRIVE BARTOW, PL 33831	59-2956529		79,681.	0			MENTORING
COMMUNITIES IN SCHOOLS OF PUTNAM COUNTY - 142 FERRY ROAD EAST - PALATKA, FL 32131	59-2875033		21,041.	0			MENTORING
							Schedule I (Form 990)

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Schedule I (Form 990) TAKE STOCK IN CHILDREN, INC.  Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	K IN CHIL	CHILDREN, INC.	nizations in the Ur	ited States (Sche	dule I (Form 990), Par		59-3331584 Page 1
(a) Name and address of organization or government	(g)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA ROSA COUNTY EDUCATION FOUNDATION - 5086 CANAL STREET - MILTON, FL 32570	59-2875033		65,660.	0.			Mentoring
TAKE STOCK IN CHILDREN OF SARASOTA COUNTY - P.O.BOX 48186 - SARASOTA, FL 34230	33-1012774		120,762.	0.			MENTORING
THE FOUNDATION FOR SEMINOLE COUNTY PUBLIC SCHOOLS - 400 E. LAKE MARY BLVD - SANFORD, FL 32773	59-2775956		58,448.	0			MENTORING
8 2 2	59-3221115		30,120.	o			MENTORING
1 2	59-3023133		45,834.	0			KENTORING
FUTURES/TAKE STOCK IN CHILDREN 3750 OLSON DRIVE DAYTONA, FL 32124	59-2560862		62,051.	0.			MENTORING
WALTON COUNTY PUBLIC SCHOOLS FOUNDATION - 145 PARK STREET - DEFUNIAK SPRINGS, PL 32435	59-6000893		14,026.	0.			MENTORING
	26-3883913		37,282.	0.			MENTORING
FRANKLIN COUNTY TAKE STOCK IN CHILDREN - 1250 HIGHWAY 98 - EASTPOINT, FL 33328	59-6000611		7,801.	0.			MENTORING Schedule I (Form 990)

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Schedule I (Form 990)	TAKE	STOCK I	~1	CHILDREN, I	INC.					59-	59-33315
Part If Continuation	of Grants and	d Other As	sistance to	Governmen	its and Orga	nizations in the	ance to Governments and Organizations in the United States (Schedule ! (Form 990), Part II.)	s I (Form 990), Part	t II.)		
				-							

· .	ı	ı	1	ļ I	 ı	ı	1	ଚ
(h) Purpose of grant or assistance	MENTORING							Schedule I (Form 990)
(g) Description of non-cash assistance								
(f) Method of valuation (book, FMV, appraisal, other)								
(e) Amount of non-cash assistance	0.							
(d) Amount of cash grant	9,196.			:				
(c) IRC section if applicable								
(b) EIN	0890009-65							
(a) Name and address of (b) EIN (c) IRC section organization or government (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (	JACKSON COUNTY SCHOOL DISTRICT PO BOX 5958 MARIANNA, FL 32447							

#### SCHEDULE M (Form 990)

Department of the Treasury

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Internal Revenue Service Name of the organization Attach to Form 990.

Open to Public Inspection

Employer identification number

Schedule M (Form 990) (2011)

59-3331584 TAKE STOCK IN CHILDREN, INC. Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts tems contributed Form 990, Part VIII, line 1q Art · Works of art 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities · Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 101,198. COST 25 (SCHOLARSHIPS 31,354. FMV OFFICE SUPPLI) 26 27 Other 28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes\_ No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for X 30a the entire holding period? **b** If "Yes," describe the arrangement in Part II. X Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA

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

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

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

TAKE STOCK IN CHILDREN, INC.

Employer identification number 59-3331584

21112 D100K 1K 0H12DKDK/ 1K0V
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED, REVIEWED
AND PRESENTED TO THE BOARD CHAIR, WHO IS A CERTIFIED PUBLIC ACCOUNTANT. HE
PROVIDES THIS INFORMATION TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR
APPROVAL.
FORM 990, PART VI, SECTION B, LINE 12C: WE MONITOR POTENTIAL CONFLICTS OF
INTEREST WHEN WE SOLICIT SERVICES FROM A SUPPLIER AND IF A CONFLICT EXISTS
WITH THE POTENTIAL SUPPLIER, IT WOULD THEN BE FULLY DISCLOSED TO THE BOARD
FOR THEIR EVALUATION AS PER THE WRITTEN CONFLICT OF INTEREST POLICY. ANY
OTHER CONFLICTS OF INTEREST ARE ALSO ADDRESSED ON AN ONGOING BASIS AT
DIRECTOR'S MEETINGS.
FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE OF THE
BOARD ESTABLISHES AND APPROVES OFFICER COMPENSATION. EMPLOYEES'
COMPENSATION IS DETERMINED BY A COMPARISON OF COMPENSATION STRUCTURE FOR
SIMILAR POSITIONS AND IS REVIEWED AND APPROVED BY THE PRESIDENT AND CEO.
FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT
OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC
UPON REQUEST.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED LOSSES ON INVESTMENTS: -60,073.

Form 8	868 (Rev. 1-2012)					Page 2	
	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, o	complete only Part II and check this	box		► X	
	Only complete Part II if you have already been granted an a			-	3868.		
	u are filing for an Automatic 3-Month Extension, comple						
Part	# Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies nee	ded).	
			Enter filer's	identifyin	g number,	see instructions	
Type o	e or Name of exempt organization or other filer, see instructions				mployer identification number (EIN) or		
print							
File by th				X		31584	
filing you return Se	OCO VEREN MOCHITO Suite 10. II a F.O. DOX, See Institutions.					er (SSN)	
instructio	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
FT. LAUDERDALE, FL 33308							
						<del></del>	
Enter t	he Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
		<del>,</del>				<del></del>	
Application		Return	Application	n			
Is For		Code	Is For				
Form 990		01	5				
Form 990-BL		02	Form 1041-A		08		
Form 990-EZ Form 990-PF		01 04	Form 4720 Form 5227	<del></del>	<del>-</del>	09	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069	<del></del>	<del>-</del>	10	
Form 990-T (trust other than above)		06	Form 8870	<u>-</u> -		11 12	
	Do not complete Part II if you were not already granted	<del>'</del>		iously file	d Form 886		
<u> </u>	JOHN LOCKE, COI			eggiy iiic	<u> </u>	<u>v.                                    </u>	
• The books are in the care of ▶ 8600 NW 36TH STREET, STE. 500 - MIAMI, FL 33166							
Telephone No. ► 786-369-5134 FAX No. ►							
If the organization does not have an office or place of business in the United States, check this box							
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this							
box ▶			ach a list with the names and EINs of	all memb	ers the exte	nsion is for.	
	•	NOVEM	BER 15, 2012.				
	For calendar year $2011$ , or other tax year beginning, and ending						
6 I	If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return						
	Change in accounting period						
	State in detail why you need the extension INFORMATION NECESSARY TO FILE THE RETURN HAS BEEN REQUESTED AND NOT YET RECEIVED FROM A THIRD PARTY. THIS INFORMATION IS NECESSARY TO COMPLETE THE RETURN.						
_							
_							
		0000 -	-A-Ab-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A	· 1		<del></del>	
	f this application is for Form 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions.	or 6069, e	enter the tentative tax, less any	0-	\$	0.	
-	f this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	8a	<b>3</b>		
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid						
	previously with Form 8868.				\$	0.	
	Balance due. Subtract line 8b from line 8a. Include your pa	avment wit	th this form, if required, by using	8b			
EFTPS (Electronic Federal Tax Payment System). See Instruc				8c	\$	0.	
			st be completed for Part II o				
Under p	penalties of perjury, I declare that I have examined this form, include, correct, and complete, and that I am authorized to prepare this fo	ino accomi	-	the best o			
Signature Date 8712						112	
	79					3868 (Rev. 1-2012)	
						, <u></u> <b>-</b> /	