Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Ā	For th	ne 2007 ca	alendar	year, or tax y	ear beginning		, 2007, and ending		, 20		
В	Check if	applicable	Please	C Name of orga	anization					D Emplo	yer identification number
_		change	use IRS label or	WORLD LIT	TERACY CRU	SADE OF FLOR	RIDA, IN	C.		65	0737649
_	Name c	-	print or	Number and	street (or P O. box	if mail is not deliver	ed to stree	address	Room/suite	E Teleph	none number
_	Initial re	-	type. See	6015 N.W. 7	7th AVENUE					(305	756-5502
=	Termina		Specific Instruc-	City or town,	state or country,	and ZIP + 4				F Accounti	ng method: Cash Accrual
_		ed return	tions.	MIAMI, FLC	RIDA 33127						ther (specify) ►
\equiv		on pending	• Sec	tion 501(c)(3)	organizations an	d 4947(a)(1) nonex	empt cha	ritable	H and I are no	ot applicable	e to section 527 organizations
_		FJ	trus	its must attach	a completed Sci	hedule A (Form 990	or 990-E	<u>r</u>).			n for affiliates? Yes 🗹 No
G	Website	e: 🕨 girlı	power@	girlpowerro	ocks.org						per of affiliates ▶
	Organi	ration tona	(aback a	niv ana) 🛌 🚺	E01(a) (2) a (Speed no \ \ \ 4043	7/a\/1\ ar [7 527	H(c) Are all at		uded? Yes V No t. See instructions.)
					· · · · ·	(insert no) 🔲 4947			H(d) Is this a s		•
K						pporting organization			organizati	on covered b	by a group ruling? Yes V No
				a complete retu		quired, ear ii the erg				xemption N	
									M Check	▶ ☑ if	the organization is not required
					ind 10b to line						orm 990, 990-EZ, or 990-PF)
P	art I	Reven	ue, Ex	penses, an	<u>d Changes i</u>	n Net Assets	or Fund	i Bala	nces (See tl	he instru	ctions.)
	1	Contribu	utions, g	gıfts, grants,	and similar ar	mounts received		ı		,	
	а	Contribu	utions to	o donor advi:	sed funds .						
	b	Direct p	ublic su	upport (not in	icluded on line	e 1a)		+	11,1	64	
	c	Indirect	public s	support (not	included on la	ne 1a)		_		_	
	d	Governn	nent co	ntributions (g	grants) (not inc	cluded on line 1	a) <u>1d</u>		485,8	73	
	e					no)	. 1e	497,037
	2	Program service revenue including government fees and contracts (from Part VII, line 93) Membership dues and assessments						2	 		
	3							3			
	4							4			
	5	Dividend	is and i	interest from	securities .					5	
	6a	Gross re	ents .								
	b	Less: re	ntal exp	oenses			. <u>6b</u>	<u> </u>			
	С	Net rent	al incor	me or (loss).	Subtract line (6b from line 6a				6c	
e	7	Other in	vestme	nt income (di	escribe 🕨) 7	
Revenue	8a				f assets other	(A) Securities		+ -	B) Other		
Re		than inv	entory				8a	_			
	b	Less: cos	st or oth	er basis and s	ales expenses,		8b	_			
	С	Gain or	(loss) (a	attach schedu	ule)		8c			 : .	
	d	Net gain	or (loss	s). Combine lii	ne 8c, columns	s (A) and (B) .			· · ·	8d	
	9			=		If any amount is fr	_	ng, che	ck here 🕨 🗀)	
	а										
								$\overline{}$		_	
			-		than fundrais		. <u>9b</u>				
						Subtract line 9t				. <u>9c</u>	ļ
	10a			•	ss returns and	l allowances .	102				
	þ	Less: co	ost of g	oods sold.			. 10t	-	=0 1		
	l c	Gross pro	ofit or (lo	ss) from sales	of inventory (at	tach schedule). 8	TEU	-iparii	Cent Hoor 103	. 10c	
	11 12					7, 8d, 9c, 10d a			181	11	407.027
_	†							1 0	2008 JJ	. 12	497,037 430,468
Š	13	-			44, column (E	1	· AUG	7 0	100	13 14	52,395
Expenses	14	-		•	rom line 44, c	olumn (C))				15	52,393
Xpe	15			om line 44, co		$\cdots \cdots I \cdot I$	700	DEN	I.UT	16	
ш	16 17			filiates (attac	n schedule) . 16 and 44, co	lumn (A)	. 00	نطيل		. 10 . 17	482,863
								 -	<u> </u>		
sets	18					ine 17 from line				. 18	14,174
As	19					of year (from li			(A))	19	125,203
Net Assets	20					nces (attach exp				. 20	(86,584)
					arena di vedi.	CONTINUE INCO					

617

	6b, 8b, 9b, 10b, or 16 of Part I.	1 1	(A) Total	(B) Program	(C) Management	
2a			(7) 10121	services	and general	(D) Fundraising
	Grants paid from donor advised funds (attach schedule)					
	(cash \$)					
	If this amount includes foreign grants, check here	22a				
2b	Other grants and allocations (attach schedule)					
	(cash \$ noncash \$)	006				
_	If this amount includes foreign grants, check here	22b			*	
3	Specific assistance to individuals (attach schedule)	23				y »
4	Benefits paid to or for members (attach schedule)	24				\$
5a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	61,474	49,191	12,283	
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
С	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c	26	111,082	111,082	0	
:7	Pension plan contributions not included on lines 25a, b, and c	27				
8	Employee benefits not included on lines					
	25a – 27	28				·
9	Payroll taxes	29	14,294	13,277	1,017	
)	Professional fundraising fees	30	0	0	0	
1	Accounting fees	31	11,050	11,050	0	
2	Legal fees	32	10.709	0 000		
3	Supplies	33	10,798 42,159	9,960 41,790	838 369	-
4	Telephone	35	1,363	41,790	1,363	
5	Postage and shipping	36	49,238	48.404	834	
3	Occupancy	37	5,700	0	5,700	
7 3	Printing and publications	38	18,105	0	18,105	
) }	Travel	39	20,948	20,067	881	
)	Conferences, conventions, and meetings.	40	0	0	0	
ĺ	Interest	41	0	0	0	***
2	Depreciation, depletion, etc. (attach schedule)	42	0	0	0	
3	Other expenses not covered above (itemize):	43a	66,668	66,668	0	
a b	INCLIDANCE	43b	5,586	5,586	0	
0	BANK SERVICE CHARGE	43c	1,689	0	1,689	
Ч	OTHER	43d	9,316	0	9,316	
e	INDEPENDENT CONTRACTOR	43e	49,493	49,493	0	
f	ADVERTISING	43f	3,900	3,900	0	
g		43g				_
1	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44	482,863	430,468	52,395	

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wha	at is the organization's primary exempt purpose? TO SERVE UNDERPRIVALEDGE YOUTH	Program Service
of cl	rganizations must describe their exempt purpose achievements in a clear and concise manner. State the number lients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) inizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(4) orgs , and 4947(a)(1)
-	DEVELOP AND IMPLEMENT VARIOUS INSTRUCTIONAL PROGRAMS TO ENCOURAGE LITERACY AND SELF-ESTEEM FOR DISADVANTAGED YOUTH.	
-		
<u>.</u>	Grants and allocations \$ 497,037) If this amount includes foreign grants, check here ▶ □	430,468
b .		
-		
Ţ	Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	1
C _		
-		
	Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
d ₋		
-		
	Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here > [] Fotal of Program Service Expenses (should equal line 44, column (B), Program services)	430.468
•	Total of Fregram Service Expenses (choose equal line 44, estatin (2), Fregram Services)	430,400

Form **990** (2007)

Pa	ırt IV	Balance Sheets (See the instructions.)				
	lote:	Where required, attached schedules and amounts v column should be for end-of-year amounts only.	vithin the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing		6,622	45	1,189
	46	Savings and temporary cash investments			46	
						
	47a	Accounts receivable	47a			
	b	Less allowance for doubtful accounts .	47b		47c	
			40-			
	ł	Pledges receivable	48a 48b		40-	
		Loos and various for GodDital Goodditto :		125.440	48c 49	88,756
	49	Grants receivable		120,440	149	
	Sua	Receivables from current and former officers, key employees (attach schedule)		50a		
	h	Receivables from other disqualified persons (a				
		4958(f)(1)) and persons described in section 4958	(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach				
sts		schedule)	51a			
Assets	b		51b		51c	
⋖	52	Inventories for sale or use		- 1.	52	
	53	Prepaid expenses and deferred charges .	<u>.</u> <u>.</u> .	-	53	
		Investments—publicly-traded securities			54a	
		Investments—other securities (attach schedul	e) ▶ ☐ Cost ☐ FMV		54b	
	55a	Investments—land, buildings, and			_@	
		equipment basis	55a		*	
	b	Less: accumulated depreciation (attach	re.			
		schedule)	55b	-, _{Var-u}	55c	
	56	Investments—other (attach schedule)			56	
	1	Land, buildings, and equipment: basis .	374			
	D	Less: accumulated depreciation (attach schedule)	57b	3,250	570	2,550
	58	Other assets, including program-related inves			0,0	
	~	(describe ►			58	
	59	Total assets (must equal line 74). Add lines 4		135,312	59	92,495
	60	Accounts payable and accrued expenses .		10,109	60	39,702
	61	Grants payable			61	
	62	Deferred revenue			62	
es	63	Loans from officers, directors, trustees, and				
abilities		schedule)	, , , ,		63	
jab	64a	Tax-exempt bond liabilities (attach schedule)			64a	
ڌ	b	Mortgages and other notes payable (attach se			64b	
	65	Other liabilities (describe ►)		65	
	66	Total liabilities. Add lines 60 through 65 .		10,109	66	20.702
-	-			10,109	66	39,702
	Orga	nizations that follow SFAS 117, check here ► 67 through 69 and lines 73 and 74.	and complete lines		l !	
Š	67	Unrestricted		7,556	67	21,730
au	68	Temporarily restricted		117,647	68	31,063
Ba	69	Permanently restricted		0	69	0
Fund Balances	l	inizations that do not follow SFAS 117, check				
큔	0.90	complete lines 70 through 74.				
ō	70	Capital stock, trust principal, or current funds			70	
şţ	71	Paid-in or capital surplus, or land, building, a			71	
SS	72	Retained earnings, endowment, accumulated	L L	- ·	72	
Net Assets	73	Total net assets or fund balances. Add lines				
Š		70 through 72. (Column (A) must equal line 1		, -		=
	7.0	equal line 21)		125,203		52,793
	74	Total liabilities and net assets/fund balances	. Add lines bb and /3	135,312	74	92,495

Pa	rt IV-A	Reconciliation of Revenue per Audinstructions.)	ited Financial Statem	ents With Rev	enue pe	r Ret	urn (See the
a b		enue, gains, and other support per audit				а		497,037
1		alized gains on investments		b1	0			
2		services and use of facilities		b2	0	1		
3		es of prior year grants		b3	0			
4	Other (sp	pecify).		b4	0			
		. hd dharant Ld		<u> </u>		ь		0
_		s b1 through b4				C		497,037
c d		line b from line a						437,037
1		nt expenses not included on Part I, line		d1	0			
2		ecify):				1 1		
_		ecity).		d2	0			
		14 1 16				d		0
е		venue (Part I, line 12). Add lines c and d			▶	e		497,037
Pa	rt IV-B					er R	eturr	1
а		enses and losses per audited financial s				a		482,863
b		included on line a but not on Part I, line	e 17:		_			
1				b1	0	-		
2	-	r adjustments reported on Part I, line 20			(86,584)	-		
3				b3	86,584	- 1		
4		ecify):		b4	0			
		b1 through b4				b		0
C	Subtract	line b from line a				С		482,863
d	Amounts	included on Part I, line 17, but not on li	ne a:					
1	Investme	nt expenses not included on Part I, line	6b	d1	0			
2	Other (sp	ecify):		d2	0			
_		s d1 and d2				d		0
e Pa	rt V-A	Current Officers, Directors, Trustees	, and Key Employees	(List each perso	n who wa	e san o	fficer,	482,863 director, trustee,
		or key employee at any time during the ye	ar even if they were not	compensated.) (S	ee the ins	structio	ons.)	· · · · · · · · · · · · · · · · · · ·
		(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	benefit pla	ions to em ns & defe sation plar	rred	(E) Expense account and other allowances
GE	RALD L. [DARLING	BOARD MEMBER 2					
601	5 N.W. 7t	h AVENUE, MIAMI, FL 33127		0			0	0
	BIN FABE		ASSIT. CHAIRMAN 2					
		h AVENUE, MIAMI, FL 33127		0			0	0
	BERT HO		BOARD MEMBER 2				_	
		h AVENUE, MIAMI, FL 33127		0			0	0
	RLOS JAI 5 N.W. 7t	MIESON h AVENUE, MIAMI, FL 33127	PARLIAMENTARIAN 2	0			0	0
	ARLES J.		CHAIRMAN 2					
		h AVENUE, MIAMI, FL 33127	OTATOMAN 2	0			0	0
JO	SIE RODR	IGUEZ	BOARD MEMBER 2					
601	5 N.W. 7t	h AVENUE, MIAMI, FL 33127		0			0	0
AN	DREA TH	OMPSON	SECRETARY 2					1
601	5 N.W. 7t	h AVENUE, MIAMI, FL 33127		0			0	0
	EMA CAM		PRES/CEO/EXE. DIR					
791	0 WEST	DRIVE, MIAMI BEACH, FL 33141	45	61,474	ļ		0	0

Par	t VI Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		· /
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		✓
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		√
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		✓
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		√
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		√
	If "Yes," enter the name of the organization ▶			
81a b	Enter direct and indirect political expenditures. (See line 81 instructions.) . Bia Did the organization file Form 1120-POL for this year?	81b		1
		Forn	990	(2007)

Par	t VI Other Information (continued)		Yes	No		
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		1		
b	If "Yes," you may indicate the value of these items here. Do not include this					
	amount as revenue in Part I or as an expense in Part II.					
	(See instructions in Part III.)					
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓			
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	✓			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		<u> </u>		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or					
	gifts were not tax deductible?					
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a				
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	W	4		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization					
	received a waiver for proxy tax owed for the prior year.					
	Dues, assessments, and similar amounts from members	5	2			
d	Section 162(e) lobbying and political expenditures					
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e 0					
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)					
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		✓		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f					
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the					
	following tax year?	85h		✓		
86	501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12.					
b	Gross receipts, included on line 12, for public use of club facilities	`				
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)					
00-						
004	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections					
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		1		
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the					
	meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		_<		
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:		,			
	section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0	3,				
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction		.«	4		
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach					
	a statement explaining each transaction	89b		✓		
С	Enter: Amount of tax imposed on the organization managers or disqualified					
	persons during the year under sections 4912, 4955, and 4958 ▶					
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization •	3				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		,			
	transaction?	89e	-	✓		
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		✓		
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the					
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings		1.0	11		
	at any time during the year?	89g	N	4		
	List the states with which a copy of this return is filed ▶ FLORIDA			• • • • • •		
	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)			3		
91a	Instructions)	75	6-550)2		
J . a	Located at ► 6015 N.W. 7th AVENUE, MIAMI, FL ZIP + 4 ► 331	27				
L		• • • • • •	<i>-</i>			
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No		
	account)?	91b		1		
	If "Yes," enter the name of the foreign country ▶					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank					
_	and Financial Accounts.					

Form 990 (2007)						P	age 8
Part VI Other Information (continued)			_			Yes	No
c At any time during the calendar year, did to lif "Yes," enter the name of the foreign course. Section 4947(a)(1) nonexempt chantable to and enter the amount of tax-exempt interests.	intry ► usts filina Form 996) in lieu of Fon	<i>n 1041—</i> Check				✓
Part VII Analysis of Income-Producing				- 32			
Note: Enter gross amounts unless otherwise		business income		tion 512, 513, or 514	Γ	(E)	
Indicated	(A)	(B)	(C)	(D)		lated	
93 Program service revenue:	Business code		Exclusion code		exem	ncome	
ab	_			·			
c							
d							-
е							
f Medicare/Medicaid payments					-		
g Fees and contracts from government agent	cies						
94 Membership dues and assessments .							
95 Interest on savings and temporary cash investm	ents						
96 Dividends and interest from securities .							
97 Net rental income or (loss) from real estate							
a debt-financed property							
b not debt-financed property							
98 Net rental income or (loss) from personal proper							
99 Other investment income	ř.	-					
Gain or (loss) from sales of assets other than inven	• •		-				
101 Net income or (loss) from special events							
102 Gross profit or (loss) from sales of invento103 Other revenue: a							
b	:	•					
c		···					
d							
e							
104 Subtotal (add columns (B), (D), and (E))							
105 Total (add line 104, columns (B), (D), and							
Note: Line 105 plus line 1e, Part I, should equal							
Part VIII Relationship of Activities to the	Accomplishment	of Exempt Pu	i rposes (See th	e instructions.)			
Line No. Explain how each activity for which income of the organization's exempt purposes				mportantly to the	accon	nplish	ment

Part IX Information Regarding Taxable S	······································	iana annia d' Fu	A:4: (O 4b-	imaton . at			
Part IX Information Regarding Taxable S (A)	(B)				T	(E)	
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest		c) activities	(D) Total income		(E) d-of-y assets	
	%				_		
	% %						
	%			,			
Part X Information Regarding Transfers A		sonal Benefit (Contracts (See t	he instructions)	L		
(a) Did the organization, during the year, receive any func (b) Did the organization, during the year, pay Note: If "Yes" to (b), file Form 8870 and Form	ds, directly or indirectly, premiums, directly	to pay premiums o	n a personal benefi	t contract? .	☐ Ye		

Part	Information Regarding is a controlling organization		n Controlled Entities. Comp n 512(b)(13).	plete only if the or	rganiz	ation
106	Did the reporting organization mathe Code? If "Yes," complete the	ake any transfers to a con	trolled entity as defined in sect	ion 512(b)(13) of	Yes	No ✓
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D Amount of		
а			.			
b						
С						
	Totals	×	* **			
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"			section	Yes	No ✓
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D Amount of		
а					,	
ь						
c						
	Totals					
108	Did the organization have a bindi rents, royalties, and annuities des	cribethin @estion 107 ab	ove?	•	Yes	/
Pleas Sign Here	Under penalties of perjury, I declare that and pelief, it is true, correct and complete	have examined this return, include te Declaration of preparer (other	ting accompanying schedules and staten than officer) is based on all information Date		my kno	wledge wledge
Paid Prepare	Preparer's signature		Date Check if self- employed ▶ □	Preparer's SSN or PTIN (See Gen	Inst. X
Use On			EIN Phone r	▶ :		

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

2007

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

WORLD LITERACY CRUSADE OF FLORIDA, IN				65	0737649
Compensation of the Five High (See page 1 of the instructions. I	est Paid Em List each one	ployees O . If there ar	ther Than Offic re none, enter "N	ers, Directors, lone.")	and Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and av		(c) Compensation	(d) Contributions to employee benefit plans deferred compensation	
THEMA CAMPBELL 7910 WEST DRIVE, MIAMI BEACH, FL 33141	EXEC. DIR	45	61,474		0
Total number of other employees paid over \$50,000 .			4	у 3	· · · · · · · · · · · · · · · · · · ·
Part II-A Compensation of the Five High (See page 2 of the instructions. Lis					
(a) Name and address of each independent contractor	r paid more than \$5	50,000	(b) Type	of service	(c) Compensation
NONE					
				·	
Total number of others receiving over \$50,000 for professional services					×
Part II-B Compensation of the Five Higher (List each contractor who perform firms. If there are none, enter "No	ned services o	other than p	orofessional serv		
(a) Name and address of each independent contractor	r paid more than \$5	50,000	(b) Type	of service	(c) Compensation
NONE					
Total number of other contractors receiving over \$50,000 for other services					

Pai	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		✓
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
а	Sale, exchange, or leasing of property?		✓_
b	Lending of money or other extension of credit?		1
С	Furnishing of goods, services, or facilities?		1
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	ļ	1
e	Transfer of any part of its income or assets?		1
3а	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)		1
b	Did the organization have a section 403(b) annuity plan for its employees?		✓
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		✓
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	<u></u>	✓
	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		1
	Did the organization make a distribution to a donor, donor advisor, or related person?		√
d			N/A
e			N/A
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		N/A
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		N/A

Pa	rt I	Reason for Non-Private	Foundation S	Status (See pages 4	through 8 o	f the instruct	ions.)	
l cer	tıfy	that the organization is not a privat	te foundation bed	cause it is: (Please check	only ONE ap	plicable box)		
5		A church, convention of churches	s, or association of	of churches Section 170)(b)(1)(A)(ı)			
6		A school Section 170(b)(1)(A)(ii) (Also complete Pa	art V)				
7		A hospital or a cooperative hospit	tal service organi	zation Section 170(b)(1)	(A)(III)			
8		A federal, state, or local government	ent or governmer	ntal unit Section 170(b)(1)(A)(v)			
9		A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶						
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)						
11a	7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)						
11b		A community trust Section 170(b)(1)(A)(vi). (Also co	omplete the Support Sc	hedule in Part	IV-A)		
12		An organization that normally receives (1) more than 33%% of its support from contributions, membership fees, and gross receip from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33%% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)						
13		An organization that is not control requirements of section 509(a)(3)	olled by any disc Check the box t	qualified persons (other that describes the type o	than foundatio f supporting o	n managers) a rganization	nd otherwise meets the	
		☐ Type II ☐ Type II	□Туре	III-Functionally Integrate	ed [Type III-Othe	r	
		Provide the following info	rmation about th	ne supported organizat	ions. (See pag	e 8 of the instr	uctions)	
(a) Name(s) of supported organization(s)		* *	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organization the supports	d) upported on listed in oporting zation's documents?	(e) Amount of support	
_					Yes	No	_	
							, , , , , , , , , , , , , , , , , , , 	
Tota	1	· · · · · · · · · · · · · · · · · · ·	·	· · · · · · · · · · · · · · · · · · ·	· · · · · · ·			
14		An organization organized and op	erated to test for	public safety Section 5	509(a)(4) (See	page 8 of the i	nstructions)	

Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 200	03	(e) Total
15	Gifts, grants, and contributions received (Do			·			
	not include unusual grants See line 28).	306,873	227,112	165,488	118	8,693	818,166
16	Membership fees received						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose.						
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975				9		
19 	Net income from unrelated business activities not included in line 18,						
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
21	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
22	Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22	306,873	227,112	165,488	118	3,693	818,166
24	Line 23 minus line 17	306,873	227,112	165,488		3,693	818,166
25	Enter 1% of line 23	3,069	2,271	1,655		1,187	
26	Organizations described on lines 10 or 11:	a Enter 2% of a	mount in column		>	26a	16,363
_	*			• •	• •		*
b	Prepare a list for your records to show the nam governmental unit or publicly supported organization.		•	• •			
	amount shown in line 26a. Do not file this list with	•	-	-		26b	0
С	Total support for section 509(a)(1) test. Enter lin	•		,	. •	26c	818,166
d	Add: Amounts from column (e) for lines: 18 _						> * *
u	22		26b		•	26d	0
е	Public support (line 26c minus line 26d total)					26e	818.166
f	Public support percentage (line 26e (numeral					26f	100. %
27	Organizations described on line 12: a For person," prepare a list for your records to show to Do not file this list with your return. Enter the (2006)	he name of, and to sum of such am	otal amounts receounts for each year (2004)	eived in each yea ear:	ar from, eac . (2003) .	h "disqi	a "disqualified ualified person '
b	For any amount included in line 17 that was received show the name of, and amount received for each y (Include in the list organizations described in lines 5 the difference between the amount received and tamounts) for each year	ear, that was more through 11b, as w he larger amount	e than the larger of the last individuals.) described in (1) o	of (1) the amount of Do not file this list of (2), enter the second	on line 25 fo st with you um of these	or the ye r return. e differer	ear or (2) \$5,000. After computing nces (the excess
	(2006) (2005)		(2004)		. (2003) .		
С	Add: Amounts from column (e) for lines 15 _ 17 20 _		16 21	<u> </u>	. •	27c	
d					▶	27d	
е	Public support (line 27c total minus line 27d tot					, ,	
f	Total support for section 509(a)(2) test. Enter an	nount from line 2	3, column (e) .	. ▶ <u>27f</u>			
g	Public support percentage (line 27e (numerat				▶	27g	
h	Investment income percentage (line 18, colui					27h	%
28	Unusual Grants: For an organization described prepare a list for your records to show, for each description of the nature of the grant Do not fi	I in line 10, 11, o	or 12 that receive	ed any unusual or, the date and	grants duri	ng 2003 f the gr	

Part V	Private School Questionnaire (See page 9 of the instructions.)	
	(To be completed ONLY by schools that checked the box on lin	e 6 in Part IV)

	(10 be completed ONE) by schools that checked the box on line of it Part 14)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	 	 -
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c 32d	├	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	320	-	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)			,
] `		
33	Does the organization discriminate by race in any way with respect to			
-	bees the diganization distributed by face in any may with respect to			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b	_	
С	Employment of faculty or administrative staff? , • ,	33c	-	-
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f	 	ļ
g	Athletic programs?	33g	_	_
h	Other extracurricular activities?	33h	_	<u> </u>
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
		34b		
b	Has the organization's right to such aid ever been revoked or suspended?	340		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	25		
	or new 1100. 13-30, 1313-2 C D 301, covering radial nondiscrimination 1 110, attach an explanation	35	Ц	<u> </u>

Schedule	Α	(Form	990	or	990-EZ	2007

LC	rt VI-A Lobbying Expenditures by EI (To be completed ONLY by an						01.10.,	
Che	ck ▶ a 🔲 if the organization belongs to an affilia				<u> </u>	"limited co	ntroi"	provisions apply.
	Limits on Lobbyin (The term "expenditures" mea	•				(a) Affiliated greater	oup	(b) To be completed for all electing
				 1	26			organizations
36	Total lobbying expenditures to influence public	36						
37 38	Total lobbying expenditures to influence a legis	38		_				
39	Total lobbying expenditures (add lines 36 and other exempt purpose expenditures .	• •	39			-		
40	Other exempt purpose expenditures . Total exempt purpose expenditures (add lines	40						
41	Lobbying nontaxable amount. Enter the amount	-						
4.	· -	obbying nontaxa	•	_				
	Not over \$500,000							1
	Over \$500,000 but not over \$1,000,000 . \$100,0			500.000			_	
	Over \$1,000,000 but not over \$1,500,000 \$175,00				41			
	Over \$1,500,000 but not over \$17,000,000. \$225,0	•		 		\$		
	Over \$17,000,000 \$1,000	0,000		.			** ***	
42	Grassroots nontaxable amount (enter 25% of				42			
43	Subtract line 42 from line 36 Enter -0- if line 4	2 is more than lin	ne 36	}	43			
44	Subtract line 41 from line 38 Enter -0- if line 4	1 is more than lir	ne 38		44	_ -		
	Caution: If there is an amount on either line 43	or line AA vou n	nust file Form A	720				i
		eraging Period						
	(Some organizations that made a section See the instructions for the section of t	or lines 45 throug		3 of the instr	uctions	;)		
	Calendar year (or	(2)	(b)	(a)		(d)		(e)
	fiscal year beginning in) ▶	2007	2006	2005		2004		Total
45	• •			1				
45 46	fiscal year beginning in) ▶			1				
	fiscal year beginning in) ► Lobbying nontaxable amount			1				
46	fiscal year beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e))			1				
46	tobbying nontaxable amount			1				
46 47 48	fiscal year beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount			1				
46 47 48 49 50	tobbying nontaxable amount	2007	2006	2005	See p	2004	of the	Total
46 47 48 49 50 Pa	Lobbying nontaxable amount	2007 eting Public Clations that did	2006 narities not complete	2005 Part VI-A) (2004		Total
46 47 48 49 50 Pa	Lobbying nontaxable amount	2007 eting Public Clations that did luence national, sta	2006 narities not complete ate or local legis	Part VI-A) (2004 page 14 (of the	Total
46 47 48 49 50 Pa	Lobbying nontaxable amount	2007 eting Public Clations that did luence national, sta	2006 narities not complete ate or local legis	Part VI-A) (2004		Total
46 47 48 49 50 Pa	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures	2007 Sting Public Clutions that did usence national, structured or reference or re	narities not complete ate or local legis um, through the	Part VI-A) (slation, including use of	ing any	2004		Total
46 47 48 49 50 Pa	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures	2007 cting Public Clations that did usence national, structure or referend	narities not complete ate or local legis um, through the	Part VI-A) (slation, including use of	ing any	2004		Total
46 47 48 49 50 Pa Duri atte	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures	2007 Eting Public Clations that did latence national, standarder or referend	narities not complete ate or local legis um, through the	Part VI-A) (slation, including use of	ing any	2004		Total
46 47 48 49 50 Pa Duri atte	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures	2007 cting Public Clations that did usence national, structure or referend	narities not complete ate or local legis um, through the	Part VI-A) (slation, including use of	ing any	2004		Total
46 47 48 49 50 Pa Durn atte a b c d	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount	2007 2007 2007 2007 2007 2007 2007 2008	narities not complete ate or local legis um, through the	Part VI-A) (slation, include use of	ing any	2004		Total
46 47 48 49 50 Pa Duri atte a b c d e f g	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount	2007 Eting Public Clations that did interce national, structure or referend	narities not complete ate or local legis um, through the eported on lines or a legislative l	Part VI-A) (slation, include use of	ing any	2004		Total
46 47 48 49 50 Pa Duri atte a b c d e f	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures TVI-B Lobbying Activity by Noneled (For reporting only by organizating the year, did the organization attempt to influent to influence public opinion on a legislative in Volunteers Paid staff or management (Include compensating Media advertisements Mailings to members, legislators, or the public Publications, or published or broadcast statemy Grants to other organizations for lobbying purporiect contact with legislators, their staffs, governments.	2007 Eting Public Clations that did interce national, standarter or referend	narities not complete ate or local legis um, through the ceported on lines or a legislative legislativ	Part VI-A) (slation, include use of	ing any	2004		Total

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Pai	rt VII		n Regarding T ganizations (Se	ransfers To and Transa e page 14 of the instruction	actions and ons.)	Relationships Wi	th Nonc	hari	table
i1	Did t 501(c	the reporting orga	nization directly or her than section 50	indirectly engage in any of the	following with	any other organization	describe	d ın s	ection
а	Trans	sfers from the rep	orting organization	to a noncharitable exempt org	anization of			Yes	No
	(i)	Cash .					51a(i)		/
	(ii)	Other assets					a(ii)		✓
b	Othe	r transactions							
	(i)	Sales or exchange	es of assets with a	noncharitable exempt organiza	ation		<u>b(i)</u>		✓
	(ii)	Purchases of asse	ets from a nonchar	itable exempt organization			b(ii)		1
	(iii)	Rental of facilities	s, equipment, or oth	ner assets			b(iii)_		1
	(iv)	Reimbursement a	rrangements				b(iv)	-	1
		Loans or loan gua					b(v)		√
				ship or fundraising solicitations			b(vi)		1
		-		sts, other assets, or paid emplo	•		C		✓
d	good	s, other assets, o	r services given by	complete the following schedul the reporting organization. If a column (d) the value of the goo	the organization	received less than fa	air market ir market v	value /alue	of the in any
	a)	(b)		(c)		(d)			
Line	e no	Amount involved	Name of nonc	charitable exempt organization	Description of	f transfers, transactions, and	d sharing arr	angem	ents
					<u> </u>				
	+					1			
	+				-				
									
									
	-								
	-				1				
	desci	ribed in section 50		affiliated with, or related to, o other than section 501(c)(3)) or			Yes	. [2] No
		(a) Name of organiz	ration	(b) Type of organization		(c) Description of relation	ship		
									
					 				
			-		1				
				_			_		
		·	*			57-10-11-12-1	.		
					1				
			-		1	****		-	
					1				
					<u> </u>	·			
-									