

**Return of Organization Exempt From Income Tax**

**2007**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

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

**C** Name of organization: **VOICES FOR CHILDREN FOUNDATION, INC.**  
 Please use IRS label or print or type See Specific Instructions  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1500 N.W. 12 AVENUE 1117**  
 City or town, state or country, and ZIP + 4  
**MIAMI, FL 33136**

**D** Employer identification number: **59-2746076**  
**E** Telephone number: **(305) 324-5678**  
**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H and I are not applicable to section 527 organizations.**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates: **N/A**  
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number: **N/A**

**G** Website: **WWW.VOICES4.ORG**

**J** Organization type (check only one)  501(c) ( 3 ) (insert no )  4947(a)(1) or  527

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

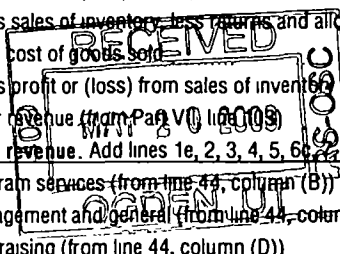
**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **3,653,384.**

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received:				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	1,177,655.		
c	Indirect public support (not included on line 1a)	1c	35,712.		
d	Government contributions (grants) (not included on line 1a)	1d	1,588,874.		
e	Total (add lines 1a through 1d) (cash \$ 2,703,255. noncash \$ 98,986.)	1e		2,802,241.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4		26,951.	
5	Dividends and interest from securities	5		12,554.	
6a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe _____)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less: cost or other basis and sales expenses	258,527. 8a			
c	Gain or (loss) (attach schedule)	250,848. 8b			
d	Net gain or (loss). Combine line 8c, columns (A) and (B) <b>STMT 1</b>	7,679. 8c			
8d				7,679.	
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ 352,975. of contributions reported on line 1b)	9a	553,111.		
b	Less: direct expenses other than fundraising expenses	9b	472,793.		
c	Net income or (loss) from special events. Subtract line 9b from line 9a <b>SEE STATEMENT 2</b>	9c		80,318.	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line 1009)	11			
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		2,929,743.	
13	Program services (from line 4, column (B))	13		2,570,611.	
14	Management and general (from line 4, column (C))	14		477,569.	
15	Fundraising (from line 4, column (D))	15		317,213.	
16	Payments to affiliates (attach schedule)	16			
17	Total expenses. Add lines 16 and 14, column (A)	17		3,365,393.	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		<435,650.>	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		2,365,011.	
20	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 3</b>	20		<89,865.>	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		1,839,496.	

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 20,000 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	20,000.	20,000.	STATEMENT 5	
23 Specific assistance to individuals (attach schedule) STATEMENT 6	443,747.	443,747.		
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	245,916.	77,505.	45,655.	122,756.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c 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)				
26 Salaries and wages of employees not included on lines 25a, b, and c	1,875,909.	1,703,172.	118,969.	53,768.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a-27	34,498.	7,997.	12,788.	13,713.
29 Payroll taxes	32,167.	7,457.	11,924.	12,786.
30 Professional fundraising fees	38,334.			38,334.
31 Accounting fees	41,304.		41,304.	
32 Legal fees				
33 Supplies				
34 Telephone	12,489.	3,411.	1,980.	7,098.
35 Postage and shipping	6,779.	2,382.	1,353.	3,044.
36 Occupancy	9,000.	9,000.		
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel	75,993.	71,516.	2,022.	2,455.
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	3,032.	1,152.	849.	1,031.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 4	526,225.	223,272.	240,725.	62,228.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	3,365,393.	2,570,611.	477,569.	317,213.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A



**Part IV Balance Sheets** (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year		
Assets	45	Cash - non-interest-bearing	415,961.	45	125,565.	
	46	Savings and temporary cash investments	772,018.	46	19,810.	
	47 a	Accounts receivable	47a			
	b	Less: allowance for doubtful accounts	47b	47c		
	48 a	Pledges receivable	48a	31,754.		
	b	Less: allowance for doubtful accounts	48b	25,350.	48c	6,404.
	49	Grants receivable	125,437.	49	898,681.	
	50 a	Receivables from current and former officers, directors, trustees, and key employees	1,400.	50a	9,466.	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b		
	51 a	Other notes and loans receivable	51a			
	b	Less: allowance for doubtful accounts	51b	51c		
	52	Inventories for sale or use		52		
	53	Prepaid expenses and deferred charges	29,513.	53	7,345.	
	54 a	Investments - publicly-traded securities <b>STMT 9</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	951,588.	54a	884,484.	
b	Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b			
55 a	Investments - land, buildings, and equipment: basis	55a				
b	Less: accumulated depreciation	55b	55c			
56	Investments - other		56			
57 a	Land, buildings, and equipment: basis	57a	58,648.			
b	Less: accumulated depreciation <b>STMT 8</b>	57b	48,651.	57c	9,997.	
58	Other assets, including program-related investments (describe <input type="checkbox"/> )		58			
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58	2,442,156.	59	1,961,752.		
Liabilities	60	Accounts payable and accrued expenses	73,066.	60	120,006.	
	61	Grants payable		61		
	62	Deferred revenue	3,079.	62	1,250.	
	63	Loans from officers, directors, trustees, and key employees		63		
	64 a	Tax-exempt bond liabilities		64a		
	b	Mortgages and other notes payable		64b		
65	Other liabilities (describe <input type="checkbox"/> <b>AGENCY FUNDS</b> )	1,000.	65	1,000.		
66	<b>Total liabilities.</b> Add lines 60 through 65	77,145.	66	122,256.		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted	1,799,093.	67	1,379,545.	
	68	Temporarily restricted	393,110.	68	302,983.	
	69	Permanently restricted	172,808.	69	156,968.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds		70		
	71	Paid-in or capital surplus, or land, building, and equipment fund		71		
	72	Retained earnings, endowment, accumulated income, or other funds		72		
73	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	2,365,011.	73	1,839,496.		
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	2,442,156.	74	1,961,752.		





Part VI Other Information (continued)		Yes	No
82 a	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?	X	
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.)		
	82b 35,000.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	N/A		
	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.		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
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?		
	N/A		
85h			
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88 a	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		X
88a			
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		X
88b			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction 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		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
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 at any time during the year?		X
89g			
90 a	List the states with which a copy of this return is filed FL		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	51
91 a	The books are in care of TANIA RODRIGUEZ Telephone no. 305-324-5678 Located at 1500 N.W. 12 AVENUE, SUITE 1117 ZIP + 4 33136		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

**Part VI Other Information** (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c

Yes  No

If "Yes," enter the name of the foreign country ▶ N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	26,951.	
96 Dividends and interest from securities			14	12,554.	
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 property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			14	7,679.	
101 Net income or (loss) from special events					80,318.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		47,184.	80,318.
105 Total (add line 104, columns (B), (D), and (E))					127,502.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

101 BESIDES RAISING FUNDS WHICH ARE USED TO SUPPORT THE ORGANIZATION'S EXEMPT PURPOSES, THE EVENTS ALLOW RECOGNITION OF OUTSTANDING EFFORTS TO FURTHER THESE PURPOSES.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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

Please Sign Here: *Tania Rodriguez* Signature of officer | Date: 5/13/09

Type or print name and title: TANIA RODRIGUEZ, CHIEF OPERATING OFFICER

Paid Preparer's Use Only: Preparer's signature: *Navay Shankar CPA* | Date: 5/12/09 | Check if self-employed:  | Preparer's SSN or PTIN (See Gen. Inst. X): 70036442

Firm's name (or yours if self-employed), address, and ZIP + 4: PINCHASIK STRONGIN MUSKAT STEIN & CO PA  
3225 AVIATION AVENUE, SUITE 500  
MIAMI, FL 33133

EIN: \_\_\_\_\_ | Phone no.: 305-858-5800



**Part III Statements About Activities** (See page 2 of the instructions.)

		Yes	No
<b>1</b>	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 ▶ \$ _____ \$ <u>30,000.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) <b>VI-B, LINE I</b>	<b>X</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.			
<b>2</b>	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.)		
<b>a</b>	Sale, exchange, or leasing of property?		<b>X</b>
<b>b</b>	Lending of money or other extension of credit?		<b>X</b>
<b>c</b>	Furnishing of goods, services, or facilities?		<b>X</b>
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE STATEMENT 11</b>	<b>X</b>	
<b>e</b>	Transfer of any part of its income or assets?		<b>X</b>
<b>3 a</b>	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.)		<b>X</b>
<b>b</b>	Did the organization have a section 403(b) annuity plan for its employees?	<b>X</b>	
<b>c</b>	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		<b>X</b>
<b>d</b>	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		<b>X</b>
<b>4 a</b>	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		<b>X</b>
<b>b</b>	Did the organization make any taxable distributions under section 4966? <b>N/A</b>		
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person? <b>N/A</b>		
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year ▶ <b>N/A</b>		
<b>e</b>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ <b>N/A</b>		
<b>f</b>	Enter the total number of separate funds or accounts owned at the end of the 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 ▶ <b>0.</b>		
<b>g</b>	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶ <b>0.</b>		

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental 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  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 complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(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)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					►

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Part IV-A** Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,756,065.	2,205,723.	2,206,719.	1,256,497.	8,425,004.
<b>16</b> Membership fees received					
<b>17</b> 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	978,098.	952,576.	934,658.	653,075.	3,518,407.
<b>18</b> 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	39,779.	31,438.	14,419.	21,642.	107,278.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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	35,000.	35,003.	35,000.	35,000.	140,003.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	3,808,942.	3,224,740.	3,190,796.	1,966,214.	12,190,692.
<b>24</b> Line 23 minus line 17	2,830,844.	2,272,164.	2,256,138.	1,313,139.	8,672,285.
<b>25</b> Enter 1% of line 23	38,089.	32,247.	31,908.	19,662.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					<b>26a</b> 173,446.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> 826,554.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 8,672,285.
d Add: Amounts from column (e) for lines: 18 <u>107,278.</u> 19 _____					<b>26d</b> 933,832.
22 _____ 26b <u>826,554.</u>					<b>26e</b> 7,738,453.
e Public support (line 26c minus line 26d total)					<b>26f</b> 89.2320%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: <b>N/A</b>					
(2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: <b>N/A</b>					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					<b>27c</b> N/A
17 _____ 20 _____ 21 _____					<b>27d</b> N/A
d Add: Line 27a total _____ and line 27b total _____					<b>27e</b> N/A
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					<b>27f</b> N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
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?		
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?		
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? 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	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
	_____		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
	_____		
	_____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
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	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check  a  if the organization belongs to an affiliated group. Check  b  if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
X		30,000.
	X	
		30,000.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**SEE STATEMENT 12**



2007 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction in Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
45	DESK	06/30/00	SL	7.00		HY16	750.				750.	750.		0.	750.
47	FURNITURE	05/29/96	SL	7.00		HY16	200.				200.	200.		0.	200.
49	FURNITURE	10/31/96	SL	7.00		HY16	400.				400.	400.		0.	400.
50	FURNITURE	10/31/96	SL	7.00		HY16	200.				200.	200.		0.	200.
146	FURNITURE	05/29/96	SL	7.00		HY16	300.				300.	300.		0.	300.
154	PORTABLE PRESENTATION SCREEN	11/01/06	SL	7.00		MO16	200.				200.	44.		29.	73.
155	TWO DRAWER FILE CABINET/METAL (3)	11/01/06	SL	7.00		MO16	450.				450.	96.		64.	160.
156	TWO DRAWER FILE CABINET/WOOD (7)	11/01/06	SL	7.00		MO16	1,400.				1,400.	300.		200.	500.
157	HUTCH	11/01/06	SL	7.00		MO16	150.				150.	33.		21.	54.
158	CREDENZE	11/01/06	SL	7.00		MO16	200.				200.	44.		29.	73.
159	TV STAND (2)	11/01/06	SL	7.00		MO16	100.				100.	21.		14.	35.
160	OFFICE CHAIR (2)	11/01/06	SL	7.00		HY16	100.				100.	21.		14.	35.
161	SMALL OFFICE DESK (2)	11/01/06	SL	7.00		HY16	400.				400.	86.		57.	143.
162	EXECUTIVE CHAIR (3)	11/01/06	SL	7.00		HY16	150.				150.	33.		21.	54.
	* 990 PAGE 2 TOTAL FURNITURE & FIXTURES						5,000.				5,000.	2,528.		449.	2,977.
21	MACHINERY & EQUIPMENT TELEPHONE SYSTEM	06/30/99	SL	5.00		HY16	3,368.				3,368.	3,368.		0.	3,368.

728111 08-23-07 (D) - Asset disposed \* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

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Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
22	EQUIPMENT	06/30/99	SL	5.00		HY16	5,998.				5,998.	5,998.		0.	5,998.
23	EQUIPMENT	06/30/99	SL	5.00		HY16	11,173.				11,173.	11,173.		0.	11,173.
25	EQUIPMENT	06/30/99	SL	5.00		HY16	100.				100.	100.		0.	100.
42	SOFTWARE	07/28/00	SL	3.00		HY16	8,655.				8,655.	8,655.		0.	8,655.
43	COMPUTER EQUIPMENT	08/30/00	SL	5.00		HY16	772.				772.	772.		0.	772.
51	IBM COMPUTER	06/30/01	SL	5.00		MO16	3,000.				3,000.	3,000.		0.	3,000.
54	COMPUTER EQUIPMENT	12/21/01	SL	5.00		MO16	2,616.			785.	1,831.	1,831.		0.	1,831.
56	DSL LINE	01/09/01	SL	5.00		MO16	300.				300.	296.		0.	296.
148	COLOR LASER PRINTER	09/30/03	SL	5.00		HY16	1,000.			500.	500.	500.		0.	500.
149	COMPUTER EQUIPMENT CREDIT CARD TERMINAL	05/28/04	SL	5.00		HY16	3,868.			1,934.	1,934.	1,780.		154.	1,934.
150	PROCESSING UNIT	08/13/04	SL	5.00		HY16	809.			405.	404.	372.		32.	404.
151	COMPUTER EQUIPMENT	01/24/06	SL	5.00		MO16	1,661.				1,661.	498.		332.	830.
152	DEVELOPMENT SOFTWARE	06/20/06	SL	5.00		MO16	5,495.				5,495.	1,649.		1,099.	2,748.
153	COMPUTER EQUIPMENT	08/21/06	SL	5.00		MO16	2,941.				2,941.	882.		588.	1,470.
163	COMPUTER EQUIPMENT	05/03/07	SL	5.00		MO16	1,892.				1,892.	63.		378.	441.
	* 990 PAGE 2 TOTAL MACHINERY & EQUIPMENT						53,648.			3,624.	50,024.	40,937.		2,583.	43,520.
	* 990 PAGE 2 TOTAL -						58,648.			3,624.	55,024.	43,465.		3,032.	46,497.
	* GRAND TOTAL 990 PAGE 2 DEPR						58,648.			3,624.	55,024.	43,465.		3,032.	46,497.

725111  
08-23-07

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
CITIGROUP SMITH BARNEY	258,527.	250,848.	0.	7,679.	
TO FORM 990, PART I, LINE 8	258,527.	250,848.	0.	7,679.	

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	2
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)	
ANNUAL GALA & OTHER EVENTS	906,086.	352,975.	553,111.	472,793.	80,318.	
TO FM 990, PART I, LINE 9	906,086.	352,975.	553,111.	472,793.	80,318.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES		STATEMENT	3
DESCRIPTION				AMOUNT
CUMULATIVE UNREALIZED GAINS ON SECURITIES				<91,335.>
CUMULATIVE DEPRECIATION DIFFERENCE BETWEEN F/S AND CALCULATED TAX DEPR.				1,470.
TOTAL TO FORM 990, PART I, LINE 20				<89,865.>

FORM 990	OTHER EXPENSES				STATEMENT	4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
OFFICE	49,135.	26,985.	10,151.	11,999.		
INSURANCE	27,088.	17,047.	10,041.			
TRAINING & SUPPORT	19,060.	16,929.	457.	1,674.		
MISCELLANEOUS	159,599.	66,861.	77,011.	15,727.		
ADVERTISING	103,062.	28,461.	74,601.			
BANK FEES	23,177.	9,266.	7,949.	5,962.		
PROFESSIONAL FEES - OTHER	119,754.	57,723.	35,165.	26,866.		

BAD DEBTS	25,350.		25,350.	
TOTAL TO FM 990, LN 43	526,225.	223,272.	240,725.	62,228.

FORM 990 CASH GRANTS AND ALLOCATIONS TO OTHERS STATEMENT 5

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
CHILDREN'S CLOTHING FOUNDATION NEAT STUFF, INC. 2624 N.W. 21 TERRACE MIAMI, FL 33142	20,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	20,000.

FORM 990 SPECIFIC ASSISTANCE TO INDIVIDUALS STATEMENT 6

DESCRIPTION	AMOUNT
ENRICHMENT	157,826.
CHILDREN'S MISCELLANEOUS ASSISTANCE	101,123.
FOOD, SHELTER AND CLOTHING FOR INDIGENTS, ETC.	182,471.
MEDICAL, DENTAL AND HOSPITAL EXPENSES PROVIDED	2,327.
TOTAL TO FORM 990, PART II, LINE 23	443,747.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 7

EXPLANATION

TO RAISE FUNDS TO ENSURE THAT EVERY ABUSED, ABANDONED, AND NEGLECTED CHILD IN MIAMI-DADE COUNTY HAS A COURT APPOINTED GUARDIAN AD LITEM ADVOCATE AND THAT FINANCIAL ASSISTANCE AND OTHER RESOURCES ARE AVAILABLE FOR THEIR ACCOMPANYING HEALTH, EDUCATIONAL, AND SOCIAL NEEDS.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
TELEPHONE SYSTEM	3,368.	3,368.	0.
EQUIPMENT	5,998.	5,998.	0.
EQUIPMENT	11,173.	11,173.	0.
EQUIPMENT	100.	100.	0.
SOFTWARE	8,655.	8,655.	0.
COMPUTER EQUIPMENT	772.	772.	0.
DESK	750.	750.	0.
FURNITURE	200.	200.	0.
FURNITURE	400.	400.	0.
FURNITURE	200.	200.	0.
IBM COMPUTER	3,000.	3,000.	0.
COMPUTER EQUIPMENT	2,616.	2,616.	0.
DSL LINE	300.	296.	4.
FURNITURE	300.	300.	0.
COLOR LASER PRINTER	1,000.	1,000.	0.
COMPUTER EQUIPMENT	3,868.	3,868.	0.
CREDIT CARD TERMINAL PROCESSING UNIT	809.	809.	0.
COMPUTER EQUIPMENT	1,661.	830.	831.
DEVELOPMENT SOFTWARE	5,495.	2,748.	2,747.
COMPUTER EQUIPMENT	2,941.	1,470.	1,471.
PORTABLE PRESENTATION SCREEN	200.	73.	127.
TWO DRAWER FILE CABINET/METAL (3)	450.	160.	290.
TWO DRAWER FILE CABINET/WOOD (7)	1,400.	500.	900.
HUTCH	150.	54.	96.
CREDENZE	200.	73.	127.
TV STAND (2)	100.	35.	65.
OFFICE CHAIR (2)	100.	35.	65.
SMALL OFFICE DESK (2)	400.	143.	257.
EXECUTIVE CHAIR (3)	150.	54.	96.
COMPUTER EQUIPMENT	1,892.	441.	1,451.
<b>TOTAL TO FORM 990, PART IV, LN 57</b>	<b>58,648.</b>	<b>50,121.</b>	<b>8,527.</b>

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 9

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
SECURITIES	FMV			884,484.	884,484.
TO FORM 990, LINE 54A, COL B				884,484.	884,484.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MICHAEL N. ROSENBERG, D.D.S. 1500 N.W. 12 AVENUE #1117 MIAMI, FL 33136	CHAIR 15.00		0.	0. 0.
BLAIN L. HECKAMAN 1500 N.W. 12 AVENUE #1117 MIAMI, FL 33136	TREASURER 5.00		0.	0. 0.
ANDREA STEINACKER 1500 N.W. 12 AVENUE #1117 MIAMI, FL 33136	SECRETARY 5.00		0.	0. 0.
YOLANDA CECILIA BERKOWITZ 1500 N.W. 12 AVENUE #1117 MIAMI, FL 33136	IMMEDIATE PAST CHAIR 10.00		0.	0. 0.
TANIA RODRIGUEZ 1500 N.W. 12 AVENUE #1117 MIAMI, FL 33136	COO 40.00	81,346.		0. 2,837.
NESTOR A. RODRIGUEZ 1500 N.W. 12 AVENUE #1117 MIAMI, FL 33136	PAST CEO 40.00	152,446.		0. 9,287.
CHRISTINA GOMEZ-PINA 1500 N.W. 12 AVENUE #1117 MIAMI, FL 33136	OFFICER 5.00		0.	0. 0.

ABIGAIL PRICE-WILLIAMS, ESQ. 1500 N.W. 12 AVENUE #1117 MIAMI, FL 33136	OFFICER 5.00	0.	0.	0.
STEPHEN L. OWENS 1500 N.W. 12 AVENUE #1117 MIAMI, FL 33136	OFFICER 5.00	0.	0.	0.
VEENA PANJABI 1500 N.W. 12 AVENUE #1117 MIAMI, FL 33136	OFFICER 5.00	0.	0.	0.
JOHAN ASKOWITZ 1500 N.W. 12 AVENUE #1117 MIAMI, FL 33136	OFFICER 5.00	0.	0.	0.
HANS MUELLER 1500 N.W. 12 AVENUE #1117 MIAMI, FL 33136	OFFICER 5.00	0.	0.	0.
WILLIAM PLASENCIA 1500 N.W. 12 AVENUE #1117 MIAMI, FL 33136	OFFICER 5.00	0.	0.	0.
MARCO E. TEJADA 1500 N.W. 12 AVENUE #1117 MIAMI, FL 33136	OFFICER 5.00	0.	0.	0.
GAIL APPELROUTH 1500 N.W. 12 AVENUE #1117 MIAMI, FL 33136	OFFICER 5.00	0.	0.	0.
LEONCIO DE LA PENA 1500 N.W. 12 AVENUE #1117 MIAMI, FL 33136	TRUSTEE 1.00	0.	0.	0.
ANNABEL GERTNER 1500 N.W. 12 AVENUE #1117 MIAMI, FL 33136	TRUSTEE 1.00	0.	0.	0.
LORI DUARTE ROBERTS 1500 N.W. 12 AVENUE #1117 MIAMI, FL 33136	TRUSTEE 1.00	0.	0.	0.
NANCY SCHLEIFER 1500 N.W. 12 AVENUE #1117 MIAMI, FL 33136	TRUSTEE 1.00	0.	0.	0.
RAUL DE MOLINA 1500 N.W. 12 AVENUE #1117 MIAMI, FL 33136	TRUSTEE 1.00	0.	0.	0.

STEPHEN STOWE 1500 N.W. 12 AVENUE #1117 MIAMI, FL 33136	TRUSTEE 1.00	0.	0.	0.
KARIM ALIBHAI 1500 N.W. 12 AVENUE #1117 MIAMI, FL 33136	TRUSTEE 1.00	0.	0.	0.
SADDY DELGADO 1500 N.W. 12 AVENUE #1117 MIAMI, FL 33136	TRUSTEE 1.00	0.	0.	0.
JORGE GONZALEZ 1500 N.W. 12 AVENUE #1117 MIAMI, FL 33136	TRUSTEE 1.00	0.	0.	0.
KEVIN MARC LEVY 1500 N.W. 12 AVENUE #1117 MIAMI, FL 33136	TRUSTEE 1.00	0.	0.	0.
MICHAEL BLOCK 1500 N.W. 12 AVENUE #1117 MIAMI, FL 33136	TRUSTEE 1.00	0.	0.	0.
DR. STEVEN OLSZEWSKI 1500 N.W. 12 AVENUE #1117 MIAMI, FL 33136	TRUSTEE 1.00	0.	0.	0.
FERNANDO CRESPO 1500 N.W. 12 AVENUE #1117 MIAMI, FL 33136	TRUSTEE 1.00	0.	0.	0.
RODRIGO MELENDEZ 1500 N.W. 12 AVENUE #1117 MIAMI, FL 33136	TRUSTEE 1.00	0.	0.	0.
JAY SHAPIRO 1500 N.W. 12 AVENUE #1117 MIAMI, FL 33136	TRUSTEE 1.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

233,792.	0.	12,124.
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SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2D

STATEMENT 11

AMOUNTS PAID FOR COMPENSATION AND EXPENSE ALLOWANCES ARE LISTED ON STATEMENT 11. ALL OTHER EXPENSE REIMBURSEMENTS ARE UNDER AN ACCOUNTABLE PLAN.

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SCHEDULE A STATEMENT OF LOBBYING ACTIVITIES - PART VI-B STATEMENT 12

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ACTIVITIES INCLUDE MEETINGS WITH LEGISLATORS AND OTHER PUBLIC OFFICIALS TO DEMONSTRATE THAT THE POSITIVE PROGRAM BENEFITS CURRENTLY PROVIDED TO CITIZENS WILL BE CONTINUED AS DETERMINED BY FURTHER GRANT FUNDING.

**Depreciation and Amortization 990**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**VOICES FOR CHILDREN FOUNDATION, INC.**

**FORM 990 PAGE 2**

**59-2746076**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,032.

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr	22	3,032.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V** **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI** **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2007 tax year:					
<b>43</b> Amortization of costs that began before your 2007 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b>

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b>		<b>Additional (Not Automatic) 3-Month Extension of Time.</b> You must file original and one copy.	
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	<b>VOICES FOR CHILDREN FOUNDATION, INC.</b>		<b>59-2746076</b>
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	<b>1500 N.W. 12 AVENUE, NO. 1117</b>		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	<b>MIAMI, FL 33136</b>		

**Check type of return to be filed** (File a separate application for each return):

Form 990   
 Form 990-EZ   
 Form 990-T (sec. 401(a) or 408(a) trust)   
 Form 1041-A   
 Form 5227   
 Form 8870  
 Form 990-BL   
 Form 990-PF   
 Form 990-T (trust other than above)   
 Form 4720   
 Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **TANIA RODRIGUEZ**  
Telephone No. **305-324-5678**      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 . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2009**.

5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.

6 If this tax year is for less than 12 months, check reason:  Initial return     Final return     Change in accounting period

7 State in detail why you need the extension  
**INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN HAS NOT YET BEEN RECEIVED.**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	<b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **CPA**      Title **CPA**      Date \_\_\_\_\_

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> You must file original and one copy.		
Type or print File by the extended due date for filing the return See instructions.	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1500 N.W. 12 AVENUE, NO. 1117</b>	For IRS use only <b>59-2746076</b>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MIAMI, FL 33136</b>	

Check type of return to be filed (File a separate application for each return):

- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **NESTOR RODRIGUEZ**  
 Telephone No. **305-324-5678**      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 . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **MAY 15, 2009**.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.
- 6 If this tax year is for less than 12 months, check reason:  Initial return     Final return     Change in accounting period
- 7 State in detail why you need the extension

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c	<b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Nancy Rodriquez*      Title **CPA**      Date **3/11/09**