Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury

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

		enue Service	" ' ▶	The organiz	ation may have	e to us	se a copy of	this retu	irn to sa	atisfy	state reportin	g require	ments.	Inspe	ection	
A	For ti	he 2003 c	alendar	year, or ta	x year beginn	ing	Januar	y 1	, 2003	, and	ending Dec	cembe	r 31	, 20 03		
		applicable	Please use IRS	C Name of WORLD	organization LITERAC	Y C	RUSADE	OF	FLOR	IDA	A, INC.		oyer iden 0737 <i>6</i>	tification nu 349	mber	
		s change	label or print or	Number a	nd street (or P O	box if	mail is not d	elivered to	street a	ddres	s) Room/suite	E Telep	hone nun	nber		
	Name (type. See	6015	N.W. 7th	Av	enue					305	-756-	5502		
1 1	initial re		Specific Instruc-	City or to	wn, state or coun	try, and	d ZIP + 4				1	F Accoun	ding method:	Cash	X Accrual	
$\overline{\Box}$	Final re		tions.	IMAIM	FL 3312	7							Other (spe	_	21 / 100	
$\overline{}$		ed return i	a Sec	ction 501(c)	3) organization	a and	4947/aV1) n	onexemo	t charlta	ble	H and I are no				nizations	
ш	Applicat	tion pending			ach a complete						H(a) Is this a				Yes X No	
G	Websit	te: >			- 1						H(b) If "Yes,"	enter num	ter number of affiliates ►			
					<u> </u>			1 40474 144	. 🗀		H(c) Are all at				Yes No	
							sert no)				•			structions)		
					gross receipts are IRS, but if the						H(d) Is this a s organizati	separate ret on covered	um nied by by a droug	an onuling?	Yes X No	
					financial data So					age		xemption i			21	
	M Check >							not required								
	Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 124, 398 to attach Si					Sch. B	(Form 990	0 <u>, 99</u> 0-EZ, o	r 990-PF).							
Ρ	art I	Rever	iue, Ex	cpenses,	and Change	es in	Net Asse	ts or F	und B	alar	ıces (See p	<u>age 18</u>	of the	instruction	<u>1s.)</u>	
	1	Contribu	utions,	gifts, gran	ts, and simila	r amo	ounts recei	ived:				_				
	a	Direct p	ublic su	pport					1a		<u>5,70</u>)5				
	b	Indirect	public	support .					1b			_				
	C				s (grants)				1c							
	d				h 1c) (cash \$)	<u>1d</u>	ļ		05.00	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)							2	 	118,6	<u> </u>				
	3		•		ssessments.											
	4			-	emporary cas											
	5				om securities							. 5	+			
	6a				· · · · · · · · · · · · · · ·				6a							
	b								6b							
	I —	7 Other investment income (describe ►)				6c	1									
	1															
Revenue		44		10000	of assets of	-	-		8a		(-/					
æ		than inv	entory .	or book on	d sales expens) 		8b							
	C			ei bass ag attach sch			18		8c				1			
					e (G) Pc, Boggr	COO			<u> </u>			8d	1			
	9				(attach_schedu				amina	chac	k here la	. r—				
							7117	of	pariting,	GICC	w liele P	'				
	"	contribu	tions re	eported on	GEDEN INC. DEN	, 💛		v. l	9a							
					her than fund		g expense	s	9b							
	1				special ever		-		n line 9	a) .		<u>9c</u>	ļ			
	1				less returns a				10a							
	b	Less: co	st of g	oods sold					10b			_				
	С				ales of inventor							10c				
	11	Other re	evenue	(from Part	VII, line 103)	<u>.</u> .						. 11	ļ			
	12	Total re	venue (add lines 1	ld, 2, 3, 4, 5,	6c, 7,	8d, 9c, 10d	c, and 1	1)	· · ·	<u> </u>		ļ		98.00	
ø	13	-		•	ne 44, colum								-		89.00	
Expenses	14	_		-	I (from line 44								 	1,6	33.00	
ğ	15				, column (D))								 			
Ш	16 17				tach schedule s 16 and 44,								 	110 7	22 00	
	 												 		76.00	
Assets	18				year (subtra								 -		64.00)	
\$	19 20				ces at beginn sets or fund b								<u>† </u>	\ J , Z	04.00]	
Ket	21				sets of lunu b							20	 	1	12 00	

For Paperwork Reduction Act Notice, see the separate instructions.

Pai	Statement of All organizations mu and section 4947(a)	st com (1)none	plete column (A) Column exempt chantable trusts	ns (B), (C), and (D) are rebut optional for others (quired for section 501(c See page 22 of the instr)(3) and (4) organizations uctions.)
	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
22	Grants and allocations (attach schedule) (cash \$)	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25	61,501	61,501		
26	Other salaries and wages	26				
27	Pension plan contributions	27				
28	Other employee benefits	28	4,000	4,000		
29	Payroll taxes	29	4,705	4,705	•	
30	Professional fundraising fees	30				
31	Accounting fees	31	1,250	1,250		
32	Legal fees	32				
33	Supplies	33	1,628	1,628		
34	Telephone	34	2,815	2,815		
35	Postage and shipping	35	292	292		
36	Occupancy	36	5,000	5,000		
37	Equipment rental and maintenance	37	0	0		
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	1,633		1,633	
43	Other expenses not covered above (itemize) a Bank	43a		506	•	
b	Contract Labor	43b		31,112		
C	Liability Insurance	43c		521		
d	Licenses & Permits	43d		442		
e	see Other Expenses Stmt	43e		3,317		
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B) · (D), carry these totals to lines 13 · 15		118,722.00		1,633.00	
Are a if "Ye (iii) the Par What All o	t Costs. Check ▶ ☐ if you are following SOP ny joint costs from a combined educational campaign es," enter (I) the aggregate amount of these joint costs the amount allocated to Management and general \$ till Statement of Program Service Accept is the organization's primary exempt purpose? ganizations must describe their exempt purpose accepts served, publications issued, etc. Discuss achievations and 4947(a)(1) nonexempt charitable trusts	and for s \$	undraising solicitation , (II) th , and (IV) th Ishments (See p erve underp ements in a clear ar ents that are not m	te amount allocated to amount allocated to bage 25 of the in the rivileged and concise manner to easurable. (Section	to Program services to Fundraising \$ instructions.) Youth. State the number 1 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
а	The organization develops an programs to encourage litera	d i	mplements and self es	various ins	tructional	
	advantaged vouth					
_	(G	rants	and allocations	\$	118,693)	117,089
b						
_	(6	Frants	and allocations	\$)	
С						
_	(6	Frants	and allocations	\$		
d .	•••••					
		`	and allegations	•		
_ 7			and allocations	\$ \$		
			and allocations			117 000 00
T 1	otal of Program Service Expenses (should equ	iai iin	e 44, column (B),	riogram services)	······	117,089.00
						Form 990 (2003)

Part IV Balance Sheets (See page 25 of the instructions.)

N	lote:	Where required, attached schedules and amounts column should be for end-of-year amounts only	within the description	(A) Beginning of year		(B) End of year		
	45	Cash — non-interest-bearing		(6,897)	45	412		
	46	Savings and temporary cash investments			46			
	47a	Accounts receivable	47a					
		Less: allowance for doubtful accounts	47b		47c	·		
	48a	Pledges receivable	48a	_				
		Less: allowance for doubtful accounts	48b		48c			
	49	Grants receivable			49			
	50	Receivables from officers, directors, trusted (attach schedule)		50				
	51a	Other notes and loans receivable (attach						
Assets		schedule)	51a	_				
	þ	Less: allowance for doubtful accounts	51b		51c			
	52	Inventories for sale or use			52			
	53	Prepaid expenses and deferred charges			53			
	54	Investments — securities (attach schedule)	▶ ∐Cost ∐FMV		54			
	55a	Investments — land, buildings, and equipment: basis	55a					
	b	Less: accumulated depreciation (attach						
		schedule)	55b		55c			
	56	Investments — other (attach schedule)	4 000	<u> </u>	56	· <u></u>		
	57a	Land, buildings, and equipment: basis	57a 4,899	<u>'</u> -	1			
	b	Less: accumulated depreciation (attach schedule)	57b 4,899	1,633	57c	0.00		
	58	Other assets (describe ▶)		58			
	59	Total assets (add lines 45 through 58) (must	t equal line 74)	(5,264.00)	59	412.00		
	60	Accounts payable and accrued expenses			60			
	61	Grants payable			61			
	62	Deferred revenue			62			
<u>ë</u>	63	Loans from officers, directors, trustees, and	i key employees (attach					
Ħ		schedule)		<u> </u>	63			
Liabilities		Tax-exempt bond liabilities (attach schedule)			64a			
_		Mortgages and other notes payable (attach			64b			
	65)		65	· · · · · · · · · · · · · · · · · · ·		
	66	Total liabilities (add lines 60 through 65)		ļ	66			
	Orga	anizations that follow SFAS 117, check here	► 🗓 and complete lines					
8		67 through 69 and lines 73 and 74		(5,264)	67	412		
5	67	Unrestricted		(3)2017	68			
ğ	68	Temporarily restricted			69			
Net Assets or Fund Balances	69 Orga	Permanently restricted						
T.		complete lines 70 through 74.			70			
ō	70	Capital stock, trust principal, or current fund		70				
a si	71	Paid-in or capital surplus, or land, building, a	<u> </u>	72				
ASS	72	• •	Retained earnings, endowment, accumulated income, or other funds					
Net.	73	Total net assets or fund balances (add line 70 through 72;	(E 264 00)	7.	412.00			
l		column (A) must equal line 19; column (B) m	(5,264.00)					
	74	Total liabilities and net assets / fund balance	ces (add lines 66 and 73)	(5,264.00)	74	412.00		

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.

Pai	t IV-A	Reconciliation of Revenu Financial Statements with Return (See page 27 of the	e per	per Financial Statements with Expe						
(2) (3) (4) c d	per audite Amounts line 12, Fe Net unrea on investm Donated and use of Recoverie year grant Other (spe Add amounts Form 990 Investment not include 6b, Form 9 Add amount Total reverse	lized gains services services of facilities es of prior ts	b c		(2) (3) (4) c d	audited fin Amounts i on line 17, Donated and use of Prior year ad reported on Form 990 Losses rep line 20, For Other (spe Add amount Line a min Amounts ii Form 990 Investment in not included 6b, Form 98 Other (spe	facilities \$ ljustments line 20,	ough (4) ► ► 17, 117, 117, 117, 117, 117, 117, 117,	b c	
Pai	(line c plu t V Lis	s line d) t of Officers, Directors, To instructions.)	e rustees, a	nd Key I	Emplo	(line c plus	s line d)	▶	e ated;	see page 27 of
		(A) Name and address		(B) Title a	and aven devoted	age hours per to position	(C) Compensation (If not paid, enter -0)	(D) Contributions employee benefit pla deferred compensa	ans &	(E) Expense account and other allowances
791		Drive #305	141	Presi	ident	40	30,750		0	0
405		Darroux 214 Street #106 33169		Vice	Pres	s 40	30,750		0	0
75	organizatio	ficer, director, trustee, or key en n and all related organizations, of ttach schedule — see page 2	of which moi	e than \$1	0,000 w	npensation of as provided	of more than \$100 by the related orga	,000 from you anizations?	r [Yes X No

Par	Other Information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
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		_X_
80a		00-		ł
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	Х	
b	If "Yes," enter the name of the organization ▶ World Literacy Crusade of America,			ĺ
	and check whether it is exempt or nonexempt.			1
	Enter direct and indirect political expenditures. See line 81 instructions	81b		х
	Did the organization file Form 1120-POL for this year?	0,0		<u> </u>
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	82a		х
	or at substantially less than fair rental value?			
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part II or as an expense in Part II. (See instructions in Part III.) 82b			ĺ
02-	do revenue in rail revenue and expense in rail in (eee metaleure in rail in)	83a	х	
	Did the organization comply with the public inspection requirements for returns and exemption applications? Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	х	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		х
	If "Yes." did the organization include with every solicitation an express statement that such contributions			
D	or gifts were not tax deductible?	84b		l
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			ĺ
	received a waiver for proxy tax owed for the prior year.			ĺ
С	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures	-		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			1
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			ł
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax	85h		ĺ
00	year?	-		
86	501(c)(7)orgs. Enter: a Initiation fees and capital contributions included on line 12. Gross receipts, included on line 12, for public use of club facilities	1		i
87	501(c)(12)orgs. Enter: a Gross income from members or shareholders	1		
	Gross income from other sources. (Do not net amounts due or paid to other	1		
D	sources against amounts due or received from them.)			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or] [
00	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	88		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			1
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			1
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			l
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach	905		×
	a statement explaining each transaction	89b		
C	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			
,,,	sections 4912, 4955, and 4958			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
90a	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)			2
91	The books are in care of Thema Campbell Telephone no Tel	56-5	502	·
J.	The books are in care of ▶ Thema Campbell Located at ▶ 6015 NW 7th Avenue Miami, FL ZIP + 4 ▶ 33127-110	9		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here		1	▶ 🔲
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92			

Part '	VII A	nalysis of Income-Producing	Activities (See p	age 33 of the i			
Note:	Enter a	oss amounts unless otherwise	Unrelated t	ousiness income	Excluded by sec	tion 512, 513, or 514	(E) Related or
ındica	_		(A) Business code	(B) Amount	_ (C)	(D) Amount	exempt function
93	Program	service revenue:	Business code	Amount	Exclusion code	Amount	ıńcome
		uctional classes			<u></u>		118,693
_							
e							
	Medicare	e/Medicaid payments					
		contracts from government agenc					
•		ship dues and assessments	1				
		n savings and temporary cashinvestme	li e e e e e e e e e e e e e e e e e e e				
		s and interest from securities					
		al income or (loss) from real estate:					
		nced property inventory					
		financed property					
		income or (loss) from personal prope					
		vestment income	· 1				
		ess) from sales of assets other than invent	1				
	Net income or (loss) from special events						
	Gross profit or (loss) from sales of inventory .						
	Other revenue: a				<u> </u>		
b.							
c.							
d.							
e							
104	Subtotal	(add columns (B), (D), and (E))			<u> </u>		18,693.00
105	Total (ad	ld line 104, columns (B), (D), and (E))			. ▶1	18,693.00
		plus line 1d, Part I, should equal t					
Part		elationship of Activities to the A					
Line N		plain how each activity for which incor				portantly to the a	ccomplishment
		the organization's exempt purposes (c				ahing the	dic-
		e instructional class vantaged youth the i					
	ao	vantaged youth the 1	.mportance	or illerac	y and se	SII ESCEE	
							
Part	V In	formation Regarding Taxable Su	beidiaries and Die	rogarded Entitie	e (See page	34 of the instru	ctions \
		(A)	(B)				(E)
	Name, ad	ddress, and EIN of corporation, ership, or disregarded entity	Percentage of ownership interest	(C) Nature of a	ctivities	(D) Total income	End-of-year assets
	partite	rising, or disregarded entity	%				255015
			%			· · · ·	· · · · · · · · · · · · · · · · · · ·
			% %				
			%				
Part	X In	formation Regarding Transfers Ass		onal Benefit Con	tracts (See pa	ge 34 of the inst	ructions.)
		anization, during the year, receive any funds					Yes X No
		organization, during the year, pay p					Yes X No
Note	: If "Yes	" to (b), file Form 8870 and Form	4720 (see instructi	ions).	P 0.00		
	Unde	r penalties of derjury, I declare that I have exa eyer, it is true, correct, land complete. Decla	mined this return, include	ling accompanying so	hedules and state	ements, and to the b	est of my knowledge
Diago		elief, it is true/ correct, land complete/ Decla	ration of preparer (other	than officer) is based	on all information	n of which preparer	nas any knowledge
Please	* La "	ILLX CLEAN				Wy. 21	3004
Sign	N Si	that ture of officer	$\overline{\mathcal{L}}$	1 - 1	<u>ን</u> ' ړ	ate (•
Here		hema Campbell	- [-]	ecytive	1)IVE	CTOP	
	₽ Ťy	pe or print name and title		• •	-		
Paid	Prepa	urer's		Date	Check if self-		PTIN (See Gen Inst W)
Preparer	's signa		<u>.</u>	08/27/04	employed ► 2	263-69-	7121
Use Only	I Firms	-employed).		P.A.	EIN	205 60	2 2022
		ss, and ZIP + 4 1515 NW 16	<u> 7th Street</u>	Ste 4-110	K Phone	no ► 305-62	<u>3-3032</u>

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 Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2003

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

990-EZ

Employer identification number

World Literacy Crusade of Flo			65-0/3/64	
Part I Compensation of the Five High (See page 1 of the instructions L	est Paid Employees Ot ist each one. If there are	her Than Office none, enter "N	lone.")	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000			<u></u>	
Part II Compensation of the Five High (See page 2 of the instructions. Lis	est Paid Independent C t each one (whether indiv	Contractors for iduals or firms).	Professional Se If there are none,	rvices enter "None.")
(a) Name and address of each independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation
None				
Total number of others receiving over \$50,000 for professional services				

_		•
Paa	е	4

Par	t III	Statements About Activities (See page 2 of the instructions.)						
1	attem or inc	g the year, has the organization attempted to influence national, state, or local legislation, including any pt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid curred in connection with the lobbying activities \$ 0 (Must equal amounts on line 38, 71-A, or line i of Part VI-B.)	1					
	organ	nizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other izations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of bbying activities						
2	substa with a owner	g the year, has the organization, either directly or indirectly, engaged in any of the following acts with any antial contributors, trustees, directors, officers, creators, key employees, or members of their families, or any taxable organization with which any such person is affiliated as an officer, director, trustee, majority r, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the actions)						
а	Sale	exchange, or leasing of property?	2a		х			
b		ng of money or other extension of credit?	2b		х			
c	Furnis	shing of goods, services, or facilities?	2c		Х			
d		ent of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		Х			
8	•	fer of any part of its income or assets?	2e		Х			
		ou make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how						
	-	etermine that recipients qualify to receive payments)	3a		Х			
b	Do yo	u have a section 403(b) annuity plan for your employees?	3b		Х			
4	Did yo	ou maintain any separate account for participating donors where donors have the right to provide advice use or distribution of funds?	4		х			
Par	t IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)						
he o	organiz	ation is not a private foundation because it is (Please check only ONE applicable box)						
5	<u> </u>	church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).						
6		school Section 170(b)(1)(A)(ii). (Also complete Part V.)						
7		hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(III)						
8		Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).						
9		medical research organization operated in conjunction with a hospital_Section 170(b)(1)(A)(iii) Enter the hosp id state ►	oital's n	ame,	city			
0	(A	organization operated for the benefit of a college or university owned or operated by a governmental unit. Section Iso complete the Support Schedule in Part IV-A)	·					
	_ Se	organization that normally receives a substantial part of its support from a governmental unit or from the ection 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A)	e gene	ral p	ublic			
1b		community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)						
2	red its	organization that normally receives (1) more than 331/3% of its support from contributions, membership ceipts from activities related to its charitable, etc., functions — subject to certain exceptions, and (2) no mosupport from gross investment income and unrelated business taxable income (less section 511 tax) from but the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part I's	re than sinesse:	331/	% o			
3	☐ An	organization that is not controlled by any disqualified persons (other than foundation managers) and supp scribed in. (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section ction 509(a)(3))	orts org					
	_	Provide the following information about the supported organizations (See page 5 of the instructions)		_				
		(a) Name(s) of supported organization(s) (b) Line in the from	number above	_				
				_				
4	 	organization organized and operated to test for public safety Section 509(a)(4). (See page 6 of the instruction	ons)	-				

	t IV-A Support Schedule (Complete only: You may use the worksheet in the instructions	•				accounting.
	ndar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	139,660	N/Avail	N/Avail		39,660.00
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, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.					
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					
23	Include gain or (loss) from sale of capital assets	39 660 00	0.00	0.00	0.00	39,660.00
23 24	Total of lines 15 through 22	20,660.00	0.00	0.00		39,660.00
24 25	Enter 1% of line 23	1 306 60	0.00	0.00	0.00	59,660.00
<u> </u>	Organizations described on lines 10 or 11:					2,793,20
	Prepare a list for your records to show the nan governmental unit or publicly supported organiz amount shown in line 26a Do not file this list wi Total support for section 509(a)(1)test Enter lii Add. Amounts from column (e) for lines: 18	ne of and amount (ation) whose tota (ith your return. Er (ne 24, column (e)	contributed by e I gifts for 1999 th nter the total of all	each person (other rough 2002 exceet I these excess am	er than a eded the ounts > 26b	39,660.00
			26b			39,660.00
<u>'</u> 27	Organizations described on line 12: a For person," prepare alist for your records to show to Do not file this list with your return. Enter the	amounts include he name of, and to sum of such am	d in lines 15, 16 total amounts rec nounts for each y	6, and 17 that w eived in each yea ear	ere received fro ir from, each "dis	equalified person "
_	(2002) (2001)					
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 the difference between the amount received and amounts) for each year (2002) (2001)	year, that was mor 5 through 11, as we the larger amount	e than the larger of ell as individuals) described in (1) of	of (1) the amount of Do not file this lis or (2), enter the su	on line 25 for the ot with your retur um of these differ	year or (2) \$5,000 m. After computing ences (the excess
С	Add Amounts from column (e) for lines 15 .		16		1 1	
	17 20 .					
d	Add: Line 27a total					
e f	Public support (line 27c total minus line 27d total support for section 509(a)(2) test. Enter al	tal) mount from line 2	3. column (e)	▶ 27f	▶ 2/8	
g	Public support percentage (line 27e (numera				▶ 27g	%
h	Investment income percentage (line 18, colu					%
28	Unusual Grants: For an organization describe prepare a list for your records to show, for each					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
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		
32	If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following			
a		32a		
b		32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
_	with student admissions, programs, and scholarships?	32c 32d		
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	32u		
	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.			
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		
0	Educational policies?	33e		
f	Use of facilities?	33f		.
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	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		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
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		

Pai	art VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)							
Chec	k ▶ a 🔲 if the o	organization belongs to an affiliat	ed group Che	ck ▶ b 🗌 if	you checked '	'a" and "li	mited contro	l" provisions apply.
		Limits on Lobbyin	•			Aff	(a) iliated group totals	(b) To be completed for ALL electing
	<u> </u>	(The term "expenditures" mean	s amounts paid	or incurred.)	· · ·			organizations
36		penditures to influence public	· · · ·		}	36		
37		penditures to influence a legisl		t lobbying) .		37	· · ·	
38		penditures (add lines 36 and 3	7)	•	· · -	39	<u> </u>	
39		rpose expenditures			·	40		+
40		pose expenditures (add lines 3			• • • •	40		
41	, ,	able amount. Enter the amount		-				
	If the amount or	1 line 40 is —	bbying nontaxal		_			
	·		00 plus 15% of th		500 000			
		t not over \$1,500,000 . \$175,00	•					
		it not over \$17,000,000 . \$225,0						
	Over \$17,000,000	\$1,000						
42		xable amount (enter 25% of lin			_	42		
43		from line 36. Enter -0- if line 42		е 36		43		ļ
44	Subtract line 41	from line 38 Enter -0- if line 41	is more than lin	e 38 .	-	44		
	.		# 44		200			
	Caution: If there	is an amount on either line 43	eraging Perioc	· · · · · · · · · · · · · · · · · · ·				
	(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 11 of the instructions.) Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (c		(a) 2003	(b) 2002	(c) 2001		(d) 2000	(e) Total
	niscar year begin	ining inj	2003	2002	2001		2000	Total
45	Lobbying nontax	able amount	-					
46	Lobbying ceiling	amount (150% of line 45(e))		· · · · · · · · · · · · · · · · · · ·				
47	Total lobbying ex	penditures		 				
48	Grassroots nonta	xable amount					. ,	
49	Grassroots ceiling	g amount (150% of line 48(e))						
50		ing expenditures .			<u> </u>			
Par	t VI-B Lobb (For i	ying Activity by Nonelect reporting only by organizat	ting Public Ch ions that did r	narities not complete l	Part VI-A) (See pag	e 12 of th	ne instructions.)
		e organization attempt to influe				ng any	Yes No	Amount
atten	npt to influence pu	iblic opinion on a legislative ma	atter or referend	um, through the	use of.			
а	Volunteers .						 	_
þ	Paid staff or man	agement (Include compensatio	n in expenses re	ported on lines	c through h.)			
C	Media advertisem					• • • •		
d	_	pers, legislators, or the public				•		
е		published or broadcast stateme						
f		rganizations for lobbying purpo					1)	
g		th legislators, their staffs, gove						
h :		ations, seminars, conventions,	-	res, or any other	rneans .		 	
ı	If "Yes" to any of	penditures (Add lines c through the above, also attach a state	n 11.) ment giving a de	tailed descriptio	n of the lobb	ying activ	vities	

Pai	rt VII			ransfers To and Transa e page 12 of the instructio	ctions and Relationships With ns.)	Nonc	hari	table	
51		Old the reporting organization directly or indirectly engage in any of the following with any other organization described in section							
_	•	io1(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Yes						No	
а				to a nonchantable exempt orga	anization of	51a(i)	ļ	+	
		Other assets				a(ii)			
ь		transactions.							
			ee of accets with a	noncharitable exempt organiza	ation	b(i)			
		_		itable exempt organization		b(ii)		1	
				ner assets		b(iii)			
		•				b(iv)			
						b(v)			
		-				b(vi)			
С	٠.				oyees	С			
d 	If the	answer to any of t	the above is "Yes," r services given by	complete the following schedule the reporting organization if the	e Column (b) should always show the fair the organization received less than fair i ds, other assets, or services received				
(4	a)	(b)		(c)	(d)				
Line	no	Amount involved	Name of none	charitable exempt organization	Description of transfers, transactions, and si	naring am	angem	ents	
					<u> </u>				
					<u> </u>				
									
	+								
		-							
					<u> </u>				
	-				<u> </u>				
	-								
	descri	ibed in section 50 s," complete the		(other than section 501(c)(3)) or		☐ Ye	s [☐ No	
		(a) Name of organiza	ation	(b) Type of organization	(c) Description of relationship				
		*****	·						

						·			
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		<u> </u>				
			,	L	Schedule A (For	m 990 or	990-E	Z) 2003	

Accrual Basis

World Literacy Crusade Balance Sheet As of December 31, 2003

	Dec 31, 03
ASSETS	
Current Assets Checking/Savings	
Cash	412
Total Checking/Savings	412
Total Current Assets	412
Fixed Assets Office Equipment	0
Total Fixed Assets	0
TOTAL ASSETS	412
LIABILITIES & EQUITY Equity	
Retained Earnings	-5,264
Net Income	5,676
Total Equity	412
TOTAL LIABILITIES & EQUITY	412

Accrual Basis

World Literacy Crusade Profit & Loss

January through December 2003

	Jan - Dec 03
Ordinary Income/Expense	
Income	440 602
Grants	118,693
Miscellaneous income	5,705
Total income	124,398
Expense	506
Bank Service Charges	31,112
Contract Labor	1,633
Depreciation Expense	521
insurance	442
Licenses and Permits	947
Miscellaneous	1.628
Office Supplies	1,020
Payroll Expense	4,000
Employee Benefits	4,705
Payroll Tax Expense	61,501
Salaries & Wages	
Total Payroll Expense	70,205
Postage and Delivery	292
Professional Fees	1,250
Accounting	500
Professional Fees - Other	
Total Professional Fees	1,750
Program Expense	1,000
Rent	5,000
Telephone	2,815
Travel & Ent	370
Meals	
Total Travel & Ent	370
Utilities Gas and Electric	500
	500
Total Utilities	
Total Expense	118,722
Net Ordinary Income	5,676
Other Income/Expense	
Other Expense	
Other Expenses	0
Total Other Expense	0
	0
Net Other Income	5,676
Net Income	

WORLD LITERACY CRUSADE OF FLORIDA (Form 990 Attachment)

Depreciation Expense and Accumulated Depreciation Schedule

Fixed Assets:

			Basis
Personal Computer			
In-Service	1/1/2000)	4,899
Prior Years Deprec	iation	3,266	
2003 Depreciation		1,633	
Accumul	4,899		
Net PC Equipment			0

WORLD LITERACY CRUSADE OF FLORIDA (Form 990 Attachment)

Other Expenses Statement

Other expenses not covered above (itemize):	(A) Total	(B) Program Services	(C) Management and general	(D) Fundraising
Program Expense	1,000			
Gas & Electric	500			
Professional Services-Other	500			
Miscellaneous	947			
Meals	370			
Total	3,317	0	0	0