

# Return of Organization Exempt From Income Tax

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

**2005**

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection

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

**A** For the 2005 calendar year, or tax year beginning **2005**, and ending **20**

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

Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>World Literacy Crusade of Florida,</b>		<b>D</b> Employer identification number <b>65-0737649</b>
	Number and street (or P O box if mail is not delivered to street address) Room/suite <b>6015 NW 7th Avenue</b>		<b>E</b> Telephone number <b>(305) 756-5502</b>
	City or town, state or country, and ZIP + 4 <b>Miami, FL 33127</b>		<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) <b>▶</b>

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 **▶**

**H(c)** Are all affiliates included? (If "No," attach a list. See Instructions.)  Yes  No

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number **▶**

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

**Website:** **▶**

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

Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **▶** **223,971**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

<b>1</b>	Contributions, gifts, grants, and similar amounts received:		
<b>a</b>	Direct public support	<b>1a</b>	500
<b>b</b>	Indirect public support	<b>1b</b>	
<b>c</b>	Government contributions (grants)	<b>1c</b>	223,471
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <u>223,971</u> noncash \$ _____)	<b>1d</b>	223,971
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	
<b>3</b>	Membership dues and assessments	<b>3</b>	
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	
<b>5</b>	Dividends and interest from securities	<b>5</b>	
<b>6a</b>	Gross rents	<b>6a</b>	
<b>6b</b>	Less: rental expenses	<b>6b</b>	
<b>6c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>	
<b>7</b>	Other investment income (describe <b>▶</b> )	<b>7</b>	
<b>8a</b>	Gross amount from sales of assets other than inventory	<b>(A) Securities</b>	<b>(B) Other</b>
<b>8b</b>	Less: cost or other basis and sales expenses	<b>8a</b>	<b>8b</b>
<b>8c</b>	Gain or (loss) (attach schedule)	<b>8c</b>	
<b>8d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>	
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>9</b>	
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>	
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>	
<b>9c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>	
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>	
<b>10b</b>	Less: cost of goods sold	<b>10b</b>	
<b>10c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>	
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>	
<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	223,971
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	119,821
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	103,813
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>	
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>	
<b>17</b>	<b>Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>	223,634
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	337
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	24,426
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
<b>21</b>	<b>Net assets or fund balances at end of year</b> (combine lines 18, 19, and 20)	<b>21</b>	24,763

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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. (See the instructions )

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 \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	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			
26	Other salaries and wages . . . . .	26	89,674	33,299	56,375
27	Pension plan contributions . . . . .	27			
28	Other employee benefits . . . . .	28	1,005		1,005
29	Payroll taxes . . . . .	29	6,860	2,547	4,313
30	Professional fundraising fees . . . . .	30			
31	Accounting fees . . . . .	31	5,900		5,900
32	Legal fees . . . . .	32			
33	Supplies . . . . .	33	4,647	666	3,981
34	Telephone . . . . .	34	5,223		5,223
35	Postage and shipping . . . . .	35	672		672
36	Occupancy . . . . .	36	12,213		12,213
37	Equipment rental and maintenance . . . . .	37	359		359
38	Printing and publications . . . . .	38	1,162	1,162	
39	Travel . . . . .	39	7,752		7,752
40	Conferences, conventions, and meetings . . . . .	40			
41	Interest . . . . .	41			
42	Depreciation, depletion, etc. (attach schedule) . . . . .	42	3,572		3,572
43	Other expenses not covered above (itemize):				
a	<u>Program</u>	43a	10,855	10,855	
b	<u>Insurance</u>	43b	2,215		2,215
c	<u>Bank Service Charge</u>	43c	233		233
d	<u>Awards &amp; Trophies</u>	43d	463	463	
e	<u>Independent Contractor</u>	43e	70,829	70,829	
f	_____	43f			
g	_____	43g			
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) . . . . .	44	223,634	119,821	103,813

**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 \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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

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

What is the organization's primary exempt purpose? **To serve underprivileged youth**

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**a** Develop and implement various instructional programs to encourage literacy and self esteem for disadvantaged youth.

(Grants and allocations \$ 223,471 ) If this amount includes foreign grants, check here

119,821

**b**

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**e** Other program services (attach schedule)

(Grants and allocations \$ ) If this amount includes foreign grants, check here

**f** Total of Program Service Expenses (should equal line 44, column (B), Program services)

119,821

**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)		(B)
		Beginning of year		End of year
	45 Cash - non-interest-bearing . . . . .	21,927	45	18,751
	46 Savings and temporary cash investments . . . . .		46	
	47 a Accounts receivable . . . . .		47a	
	b Less: allowance for doubtful accounts . . . . .		47b	
	48 a Pledges receivable . . . . .	4,217	48a	
	b Less: allowance for doubtful accounts . . . . .		48b	4,217
	49 Grants receivable . . . . .		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50	
A	51 a Other notes and loans receivable (attach s schedule) . . . . .		51a	
s	b Less: allowance for doubtful accounts . . . . .		51b	
e	52 Inventories for sale or use . . . . .		52	
t	53 Prepaid expenses and deferred charges . . . . .		53	
s	54 Investments - securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment: basis . . . . .		55a	
	b Less: accumulated depreciation (attach schedule) . . . . .		55b	
	56 Investments - other (attach schedule) . . . . .		56	
	57 a Land, buildings, and equipment: basis . . . . .	8,519	57a	
	b Less: accumulated depreciation (attach schedule) . . . . .	6,724	57b	
	58 Other assets (describe <input type="checkbox"/> )	3,499	57c	1,795
	59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58. . . . .	25,426	59	24,763
L	60 Accounts payable and accrued expenses . . . . .	1,000	60	
i	61 Grants payable . . . . .		61	
a	62 Deferred revenue . . . . .		62	
b	63 Loans from officers, directors, trustees, and key employees (attach i schedule) . . . . .		63	
t	64 a Tax-exempt bond liabilities (attach schedule) . . . . .		64a	
i	b Mortgages and other notes payable (attach schedule) . . . . .		64b	
e	65 Other liabilities (describe <input type="checkbox"/> )		65	
s	66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .	1,000	66	
N	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
F	67 Unrestricted . . . . .	24,426	67	24,763
e	68 Temporarily restricted . . . . .		68	
n	69 Permanently restricted . . . . .		69	
A	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and s complete lines 70 through 74.			
B	70 Capital stock, trust principal, or current funds . . . . .		70	
a	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71	
s	72 Retained earnings, endowment, accumulated income, or other funds . . . . .		72	
e	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines r 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .	24,426	73	24,763
	74 <b>Total liabilities and net assets / fund balances.</b> Add lines 66 and 73 . . . . .	25,426	74	24,763

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return  
(See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	N/A
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify): _____	<b>b4</b>		
	Add lines b1 through b4		<b>b</b>	
<b>c</b>	Subtract line b from line a		<b>c</b>	
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify): _____	<b>d2</b>		
	Add lines d1 and d2		<b>d</b>	
<b>e</b>	Total revenue (Part I, line 12). Add lines c and d		<b>e</b>	

**Part IV-B** Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	N/A
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify): _____	<b>b4</b>		
	Add lines b1 through b4		<b>b</b>	
<b>c</b>	Subtract line b from line a		<b>c</b>	
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify): _____	<b>d2</b>		
	Add lines d1 and d2		<b>d</b>	
<b>e</b>	Total expenses (Part I, line 17). Add lines c and d		<b>e</b>	

**Part V-A** Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Gerald L. Darling	Member			
6100 NW 2nd Avenue Miami FL 33	5	0	0	0
Robin Faber	Assis Chairma			
3300 NW 27th Avenue Miami FL 3	5	0	0	0
Robert Holland	Member			
5955 NE 4th Ct Miami FL 33137	5	0	0	0
Carlos Jamieson	Parliamentari			
1800 SW 112 Terr Miramar FL 33	5	0	0	0
Charles J. Kropke	Chairman			
1825 Ponce de Leon Blvd 369 Co	5	0	0	0
Josie Rodriguez	Member			
1330 West Avenue Apt 1207 Miam	5	0	0	0
Andrea THompson	Secretary			
846 Lincoln Rd 4 FL Miami Beac	5	0	0	0



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		
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	501(c)(4), (5), or (6) organizations. a 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		
d	Section 162(e) lobbying and political expenditures . . . . . 85d		
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) . . . . . 85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	N/A	
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	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 . . . . . 86a		
b	Gross receipts, included on line 12, for public use of club facilities . . . . . 86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders . . . . . 87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . 87b		
88	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 . . . . .	N/A	
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	501(c)(3) and 501(c)(4) orgs. 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 . . . . .	N/A	
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . . ▶ _____		
90 a	List the states with which a copy of this return is filed ▶ _____		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) . . . . . 90b		
91 a	The books are in care of ▶ <u>Thema Campbell</u> Telephone no. ▶ <u>305-756-5502</u> Located at ▶ <u>6015 NW 7th Avenue Miami FL</u> ZIP + 4 ▶ <u>33127</u>		
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)? . . . . .		X
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . .		X
	If "Yes," enter the name of the foreign country ▶ _____		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 92		

**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) Exclusion code	(D) Amount	
93 Program service revenue:					
a N/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					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
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))					
105 Total (add line 104, columns (B), (D), and (E))					

Note: Line 105 plus line 1d, 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).
▼	

**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
	%			
	%			
	%			
	%			

**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).

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**

Signature of officer: Thema Campbell Date: May 24, 2006  
 Type or print name and title: Executive Director

**Paid Preparer's Use Only**

Preparer's signature: [Signature] Date: 05-24-2006 Check if self-employed:

Firm's name (or yours if self-employed) address, and ZIP + 4: SHARPP, CPA  
5617 NW 7TH AVENUE  
MIAMI FL 33127

EIN: 33127 Phone no: 305-751-4551

Preparer's SSN or PTIN (See Gen. Inst. W): \_\_\_\_\_



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

**Organization Exempt Under Section 501(c)(3)**  
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information -- (See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

**World Literacy Crusade of Florida,**

**65-0737649**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(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
<b>Thema Campbell</b> <b>7910 W. Drive N. Bay Vill</b>	<b>Exec Dir</b> <b>40</b>	<b>56,375</b>		

Total number of other employees paid over \$50,000 ▶ **1**

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>N/A</b>		

Total number of others receiving over \$50,000 for professional services ▶

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation

Total number of other contractors receiving over \$50,000 for other services ▶

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶\$ _____ (Must equal amounts on line 38, Part VI-A, or line l of Part VI-B.) . . . . .		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
a Sale, exchange, or leasing of property? . . . . .	2a	X
b Lending of money or other extension of credit? . . . . .	2b	X
c Furnishing of goods, services, or facilities? . . . . .	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	2d	X
e Transfer of any part of its income or assets? . . . . .	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) . . . . .	3a	X
b Do you have a section 403(b) annuity plan for your employees? . . . . .	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? . . . . .	3c	X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	4b	X

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

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  00B
- 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 supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization:  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	165,488	118,693	139,660		423,841
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 include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	165,488	118,693	139,660		423,841
24 Line 23 minus line 17	165,488	118,693	139,660		423,841
25 Enter 1% of line 23	1,655	1,187	1,397		
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					8,477
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test: Enter line 24, column (e)					423,841
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					
e Public support (line 26c minus line 26d total)					423,841
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					100.00%
27 Organizations described on line 12: 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:  (2004) _____ (2003) _____ (2002) _____ (2001) _____					
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 11, 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:  (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					
d Add: Line 27a total and line 27b total					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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 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)

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
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	41	
	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 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

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

(For reporting only by organizations that did not complete Part VI-A) (See page 11 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:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			

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

**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
<b>a</b> Transfers from the reporting organization to a noncharitable exempt organization of:			
(i)	Cash		X
(ii)	Other assets		X
<b>b</b> Other transactions:			
(i)	Sales or exchanges of assets with a noncharitable exempt organization		X
(ii)	Purchases of assets from a noncharitable exempt organization		X
(iii)	Rental of facilities, equipment, or other assets		X
(iv)	Reimbursement arrangements		X
(v)	Loans or loan guarantees		X
(vi)	Performance of services or membership or fundraising solicitations		X
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees			X

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship

# Depreciation and Amortization (Including Information on Listed Property)

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

Name(s) shown on return <b>World Literacy Crusade of Florid</b>	Business or activity to which this form relates <b>MANAGEMENT/GENERAL -</b>	Identifying number <b>65-0737649</b>
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**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	
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	
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 2004 Form 4562 . . . . .			10
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .			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 2006. 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.) (See instructions.)

14 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election . . . . .	15	
16 Other depreciation (including ACRS) . . . . .	16	2,840

**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 2005 . . . . .	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 2005 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		4,389	3	HY	SL	732
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	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2005 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	3,572
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	

Application for Extension of Time to File an Exempt Organization Return

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box [X]
If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)
Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only [ ]

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868.

Table with 3 columns: Type or print, Name of Exempt Organization, Employer identification number. Row 1: World Literacy Crusade of Florida, 6015 NW 7th Avenue, Miami, FL 33127, 65-0737649

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

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

The books are in the care of Thema Campbell

Telephone No. 305-756-5502 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 will cover.

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 11-15, 2006, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
[X] tax year beginning 01-01, 2005, and ending 12-31, 2005.

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

3a 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 \$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$
c Balance Due. Subtract line 3b from line 3a. 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 \$

Caution: If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-ERO and Form 8879-EO for payment instructions.