

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

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

OMB No. 1545-0047

**2005**Open to Public  
Inspection**A For the 2005 calendar year, or tax year beginning , and ending****B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Final return☐ Amended return☐ Application pendingPlease  
use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.**C** Name of organization**CROSS INTERNATIONAL AID, INC.**

Number and street (or P.O. box if mail is not delivered to street address)

**600 SW 3RD STREET**

Room/suite

**2201**

City or town, state or country, and ZIP + 4

**POMPANO BEACH****FL 33060-6931****D** Employer identification no.**65-1086387****E** Telephone number**954-657-9000****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 ▶ ☐ Yes ☐ No**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instr.)

**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).**G** Website: ▶ **CROSSINTERNATIONAL.ORG****J** Organization type(check only one) ▶ ☒ 501(c) ( **3** ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** 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.****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 1▶ **70,720,335****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	<b>70,720,335</b>		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>3,009,265</b> noncash \$ <b>67,711,070</b> )			<b>1d</b>	<b>70,720,335</b>
	<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>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)			<b>6c</b>	
<b>7</b> Other investment income (describe )			<b>7</b>		
<b>Revenue</b>	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>			
	<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>			
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
	<b>8d</b>				
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check <input type="checkbox"/> here				
	<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>c</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>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</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> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			<b>12</b>	<b>70,720,335</b>	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))			<b>13</b>	<b>72,477,109</b>
	<b>14</b> Management and general (from line 44, column (C))			<b>14</b>	<b>324,193</b>
	<b>15</b> Fundraising (from line 44, column (D))			<b>15</b>	<b>538,366</b>
	<b>16</b> Payments to affiliates (attach schedule)			<b>16</b>	
	<b>17</b> Total expenses (add lines 16 and 44, column (A))			<b>17</b>	<b>73,339,668</b>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)			<b>18</b>	<b>-2,619,333</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	<b>3,082,778</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)			<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)			<b>21</b>	<b>463,445</b>

**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) <b>STMT 1</b> (cash \$ <b>1,048,176</b> non-cash \$ <b>70650740</b> ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	22	71,698,916	71,698,916		
23 Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	61,550	48,625	8,617	4,308
26 Other salaries and wages	26	159,634	126,983	22,033	10,618
27 Pension plan contributions	27				
28 Other employee benefits	28	49,379	19,107	29,351	921
29 Payroll taxes	29	20,821	12,476	7,184	1,161
30 Professional fundraising fees	30	62,013	10,010	3,049	48,954
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	8,496	933	7,147	416
34 Telephone	34	46,515	1,443	39,622	5,450
35 Postage and shipping	35	194,241	121,433	28,071	44,737
36 Occupancy	36	36,445	21,570	14,333	542
37 Equipment rental and maintenance	37	1,754	4	1,750	
38 Printing and publications	38	141,792	27,134	20,120	94,538
39 Travel	39	68,484	51,064	381	17,039
40 Conferences, conventions, and meetings	40	4,061	32	4,029	
41 Interest	41	176		176	
42 Depreciation, depletion, etc. (attach schedule)	42	12,242	12,242		
43 Other expenses not covered above (itemize): a <b>SEE STATEMENT 2</b>	43a	773,149	325,137	138,330	309,682
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	73,339,668	72,477,109	324,193	538,366

**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? ▶ <b>SEE STATEMENT 3</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) & (4) orgs., & 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.)	
<b>a FOOD AND NOURISHMENT PROGRAMS FOR UNDERPRIVILEGED NATIONS</b>	
(Grants and allocations \$ <b>1,513,398</b> ) If this amount includes foreign grants, check here▶ <input checked="" type="checkbox"/>	<b>1,513,398</b>
<b>b MEDICAL CARE PROGRAMS FOR UNDERPRIVILEGED NATIONS</b>	
(Grants and allocations \$ <b>19,280,307</b> ) If this amount includes foreign grants, check here▶ <input checked="" type="checkbox"/>	<b>19,280,307</b>
<b>c ORPHANS PROGRAMS FOR UNDERPRIVILEGED NATIONS</b>	
(Grants and allocations \$ <b>18,619,052</b> ) If this amount includes foreign grants, check here▶ <input checked="" type="checkbox"/>	<b>18,619,052</b>
<b>d NATURAL DISASTER RELIEF FOR UNDERPRIVILEGED NATIONS</b>	
(Grants and allocations \$ <b>26,247,668</b> ) If this amount includes foreign grants, check here▶ <input checked="" type="checkbox"/>	<b>26,247,668</b>
<b>e Other program services (attach schedule) SEE STMT 4</b>	
(Grants and allocations \$ <b>6,038,490</b> ) If this amount includes foreign grants, check here▶ <input checked="" type="checkbox"/>	<b>6,816,683</b>
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶	<b>72,477,108</b>

**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
<b>Assets</b>	45 Cash-non-interest-bearing .....	409,356	45	345,535
	46 Savings and temporary cash investments .....		46	
	47a Accounts receivable .....			
	b Less: allowance for doubtful accounts .....	2,774	47c	
	48a Pledges receivable .....			
	b Less: allowance for doubtful accounts .....	96,078	48b	
	49 Grants receivable .....		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) .....		50	
	51a Other notes and loans receivable (attach schedule) .....			
	b Less: allowance for doubtful accounts .....		51b	
	52 Inventories for sale or use .....	3,000,201	52	162,577
	53 Prepaid expenses and deferred charges .....	105	53	5,893
	54 Investments-securities <b>SEE STATEMENT 5</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV .....	305,607	54	264,985
	55a Investments-land, buildings, and equipment: basis .....			
	b Less: accumulated depreciation (attach schedule) .....		55b	
56 Investments-other (attach schedule) .....		56		
57a Land, buildings, and equipment: basis .....	70,561	57a		
b Less: accumulated depreciation (attach schedule) <b>SEE STATEMENT 6</b> .....	14,833	57b		
58 Other assets (describe <b>SEE STATEMENT 7</b> ) .....	6,347	57c	55,728	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58. ....	13,520	58	800	
60 Accounts payable and accrued expenses .....	3,802,341	59	931,596	
61 Grants payable .....	112,801	60	148,965	
62 Deferred revenue .....		61		
63 Loans from officers, directors, trustees, and key employees (attach schedule) .....		62		
64a Tax-exempt bond liabilities (attach schedule) .....		63		
b Mortgages and other notes payable (attach schedule) .....		64a		
65 Other liabilities (describe <b>SEE STATEMENT 8</b> ) .....	606,762	64b		
66 <b>Total liabilities.</b> Add lines 60 through 65 .....	65	65	319,186	
67 Unrestricted .....	719,563	66	468,151	
68 Temporarily restricted .....				
69 Permanently restricted .....				
70 Capital stock, trust principal, or current funds .....	2,665,121	67	92,743	
71 Paid-in or capital surplus, or land, building, and equipment fund .....	184,657	68	137,702	
72 Retained earnings, endowment, accumulated income, or other funds .....	233,000	69	233,000	
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21) .....		70		
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73. ....	3,082,778	71	463,445	
	3,802,341	72	931,596	

**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>	<b>70,720,335</b>
<b>b</b>	Amounts included on line <b>a</b> 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 <b>b1</b> through <b>b4</b>	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	<b>70,720,335</b>
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
<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 <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>	<b>e</b>	<b>70,720,335</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>	<b>73,339,668</b>
<b>b</b>	Amounts included on line <b>a</b> but not 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 <b>b1</b> through <b>b4</b>	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	<b>73,339,668</b>
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<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 <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>	<b>e</b>	<b>73,339,668</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) Contrib. to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MARK KIELAR 370 W CAMINO BOCA RATON FL 33432	CHAIRMAN 0	0	0	0
JAMES J CAVNAR 370 W CAMINO BOCA RATON FL 33432	PRESIDENT 0	26,604	2,796	0
DR JOE WHITE 1353 LAKESHORE D BRANSON MO 65615	SECRETARY 0	0	0	0
JIMMY DODD PO BOX 850333 SHAWNEE MI KS 66201	DIRECTOR 0	12,000	0	0
CLARENCE HARVEY 230 CHERRY GROVE CANTON MI 48188	DIRECTOR 0	0	0	0
REV SAM JACOBS PO BOX 7417 ALEXANDRIA VA 71306	DIRECTOR 0	0	0	0
BRIAN SCHUTT 370 W CAMINO BOCA RATON FL 33432	KEY EMPLOYEE 0	22,946	2,745	0

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> (continued)	Yes	No
<b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings .....		
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .....	<b>75b</b>	<b>X</b>
<b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? .....	<b>75c</b>	<b>X</b>
<b>Note.</b> Related organizations include section 509(a)(3) supporting organizations.		
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.		
<b>d</b> Does the organization have a written conflict of interest policy? .....	<b>75d</b>	<b>X</b>

<b>Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits</b> (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contrib. to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

<b>Part VI Other Information</b> (See the instructions.)	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity .....	<b>76</b>	<b>X</b>
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? .....	<b>77</b>	<b>X</b>
If "Yes," attach a conformed copy of the changes.		
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .....	<b>78a</b>	<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? .....	<b>78b</b>	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement .....	<b>79</b>	<b>X</b>
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? .....	<b>80a</b>	<b>X</b>
<b>b</b> If "Yes," enter the name of the organization..... and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b> Enter direct and indirect political expenditures. (See line 81 instructions.) .....	<b>81a</b>	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? .....	<b>81b</b>	<b>X</b>



**Part VI Other Information (continued)**

		Yes	No
<b>82a</b>	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?		<b>X</b>
<b>b</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.)		
	<b>82b</b>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>N / A</b>	
<b>83b</b>			
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>N / A</b>	
<b>84b</b>			
<b>85</b>	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?	<b>N / A</b>	
<b>85a</b>			
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<b>N / A</b>	
<b>85b</b>			
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b>	
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b>	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>N / A</b>	
<b>85g</b>			
<b>h</b>	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?	<b>N / A</b>	
<b>85h</b>			
<b>86</b>	501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	
<b>87</b>	501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders	<b>87a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>	
<b>88</b>	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	<b>88</b>	<b>X</b>
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>0</b> ; section 4912 <b>0</b> ; section 4955 <b>0</b>		
<b>b</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	<b>N / A</b>	
<b>89b</b>			
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958		<b>0</b>
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization		<b>0</b>
<b>90a</b>	List the states with which a copy of this return is filed <b>NONE</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	<b>90b</b>	<b>15</b>
<b>91a</b>	The books are in care of <b>CROSS INTERNATIONAL</b> Telephone no. <b>7</b>		
	Located at <b>7</b> ZIP + 4 <b>7</b>		
<b>b</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)?	<b>91b</b>	<b>X</b>
	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.		
	At any time during the calendar year, did the organization maintain an office outside of the United States?	<b>91c</b>	<b>X</b>
<b>c</b>	If "Yes," enter the name of the foreign country		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>92</b>		

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

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec. 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					
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		
96 Dividends and interest from securities			14		
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			14		
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 MISCELLANEOUS			41		
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	0
105 Total (add line 104, columns (B), (D), and (E))					0

**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).
103A	DELIVERING FOOD, SHELTER, MEDICAL SUPPLIES AND HOPE TO UNDERPRIVILEGED NATIONS

**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).

<b>Please Sign Here</b>	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.			
	Signature of officer <b>JAMES J CAVNAR</b>		Date 	
<b>Paid Preparer's Use Only</b>	Type or print name and title.			
	Preparer's signature <b>FRANK J. HORKEY</b>	Date <b>12/05/06</b>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. W) <b>P00178221</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>HORKEY &amp; ASSOCIATES, P.A. 7770 W OAKLAND PARK BLVD STE 470 SUNRISE, FL 33351-6779</b>		EIN <b>65-0266803</b>	Phone no. <b>954-742-3001</b>



SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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

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

CROSS INTERNATIONAL AID, INC.

Employer identification number  
65-1086387

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) Comp.	(d) Contrib. to empl. ben. plans & deferred comp.	(e) Expense account & other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

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
NONE		
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
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		

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

Schedule A (Form 990 or 990-EZ) 2005

Part III

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

YesNo

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		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	<input type="checkbox"/> A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6	<input type="checkbox"/> A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7	<input type="checkbox"/> A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8	<input type="checkbox"/> A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9	<input type="checkbox"/> 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	<input type="checkbox"/> 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 <b>Support Schedule</b> in Part IV-A.)
11a	<input type="checkbox"/> 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 <b>Support Schedule</b> in Part IV-A.)
11b	<input type="checkbox"/> A community trust. Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)
12	<input checked="" type="checkbox"/> 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 <b>Support Schedule</b> in Part IV-A.)
13	<input type="checkbox"/> 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: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> 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
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . .		<b>29,564,538</b>	<b>12,013,309</b>	<b>3,347,486</b>	<b>44,925,333</b>
<b>16</b> Membership fees received . . . . .					<b>0</b>
<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 . . . .					<b>0</b>
<b>18</b> 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 . . . .		<b>986</b>			<b>986</b>
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					<b>0</b>
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					<b>0</b>
<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 . . . . .					<b>0</b>
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . <b>STMT 9</b>		<b>-662</b>	<b>386</b>	<b>381</b>	<b>105</b>
<b>23</b> Total of lines 15 through 22 . . . . .		<b>29,564,862</b>	<b>12,013,695</b>	<b>3,347,867</b>	<b>44,926,424</b>
<b>24</b> Line 23 minus line 17 . . . . .		<b>29,564,862</b>	<b>12,013,695</b>	<b>3,347,867</b>	<b>44,926,424</b>
<b>25</b> Enter 1% of line 23 . . . . .		<b>295,649</b>	<b>120,137</b>	<b>33,479</b>	

<b>26 Organizations described on lines 10 or 11: a</b> Enter 2% of amount in column (e), line 24 . . . . . ▶	<b>26a</b>	<b>0</b>
<b>b</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. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts . . . ▶	<b>26b</b>	
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶	<b>26c</b>	
<b>d</b> Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶	<b>26d</b>	
<b>e</b> Public support (line 26c minus line 26d total) . . . . . ▶	<b>26e</b>	
<b>f</b> <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b> . . . . . ▶	<b>26f</b>	%

<b>27 Organizations described on line 12: a</b> 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." <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year: (2004) <b>0</b> (2003) <b>0</b> (2002) <b>0</b> (2001) <b>0</b>		
<b>b</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 <b>larger</b> 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.) <b>Do not file this list with your return.</b> 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) <b>0</b> (2003) <b>0</b> (2002) <b>0</b> (2001) <b>0</b>		
<b>c</b> Add: Amounts from column (e) for lines: 15 <b>44,925,333</b> 16 _____ 17 _____ 20 _____ 21 _____ ▶	<b>27c</b>	<b>44,925,333</b>
<b>d</b> Add: Line 27a total. _____ and line 27b total _____ ▶	<b>27d</b>	
<b>e</b> Public support (line 27c total minus line 27d total) . . . . . ▶	<b>27e</b>	<b>44,925,333</b>
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . ▶	<b>27f</b>	<b>44,926,424</b>
<b>g</b> <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b> . . . . . ▶	<b>27g</b>	<b>99.9976 %</b>
<b>h</b> <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b> . . . . . ▶	<b>27h</b>	<b>0.0022 %</b>

**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 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)**

<b>29</b>	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?	<b>N/A</b>	<b>Yes</b>	<b>No</b>
<b>30</b>	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?	<b>29</b>		
<b>31</b>	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.)	<b>30</b>		
		<b>31</b>		
<b>32</b>	Does the organization maintain the following:			
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
<b>33</b>	Does the organization discriminate by race in any way with respect to:			
<b>a</b>	Students' rights or privileges?	<b>33a</b>		
<b>b</b>	Admissions policies?	<b>33b</b>		
<b>c</b>	Employment of faculty or administrative staff?	<b>33c</b>		
<b>d</b>	Scholarships or other financial assistance?	<b>33d</b>		
<b>e</b>	Educational policies?	<b>33e</b>		
<b>f</b>	Use of facilities?	<b>33f</b>		
<b>g</b>	Athletic programs?	<b>33g</b>		
<b>h</b>	Other extracurricular activities?	<b>33h</b>		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>		
<b>b</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.	<b>34b</b>		
<b>35</b>	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	<b>35</b>		

**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) **N/A**

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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred.)															
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>														
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>														
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>														
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>														
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>														
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table-															
<table><thead><tr><th>If the amount on line 40 is-</th><th>The lobbying nontaxable amount is-</th></tr></thead><tbody><tr><td>Not over \$500,000 .....</td><td>20% of the amount on line 40 .....</td></tr><tr><td>Over \$500,000 but not over \$1,000,000 .....</td><td>\$100,000 plus 15% of the excess over \$500,000 .....</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000 .....</td><td>\$175,000 plus 10% of the excess over \$1,000,000 .....</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000 .....</td><td>\$225,000 plus 5% of the excess over \$1,500,000 .....</td></tr><tr><td>Over \$17,000,000 .....</td><td>\$1,000,000 .....</td></tr></tbody></table>		If the amount on line 40 is-	The lobbying nontaxable amount is-	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 .....		
If the amount on line 40 is-	The lobbying nontaxable amount is-														
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 .....														
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>														
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>														
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>														
<b>Caution:</b> 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
<b>45</b> Lobbying nontaxable amount .....					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					
<b>47</b> Total lobbying expenditures .....					
<b>48</b> Grassroots nontaxable amount .....					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					
<b>50</b> 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
<b>a</b> Volunteers .....		<b>X</b>	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines through <b>c h.</b> ) .....		<b>X</b>	
<b>c</b> Media advertisements .....		<b>X</b>	
<b>d</b> Mailings to members, legislators, or the public .....		<b>X</b>	
<b>e</b> Publications, or published or broadcast statements .....		<b>X</b>	
<b>f</b> Grants to other organizations for lobbying purposes .....		<b>X</b>	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....		<b>X</b>	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....		<b>X</b>	
<b>i</b> Total lobbying expenditures (Add lines through <b>c h.</b> ) .....			
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?

**a** Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash	51a(i)	X
(ii) Other assets	a(ii)	X

**b** Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	X
---	------	---

(ii) Purchases of assets from a noncharitable exempt organization .....	b(ii)	X
---	-------	---

(iii) Rental of facilities, equipment, or other assets	b(iii)	X
--	--------	---

(iv) Reimbursement arrangements .....	b(iv)		<b>X</b>
---------------------------------------	-------	--	----------

(v) Loans or loan guarantees .....	b(v)		X
------------------------------------	------	--	---

(vi) Performance of services or membership or fundraising solicitations .....	b(vi)		X
---	-------	--	---

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

**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:

[illegible]

**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:

[illegible]



Form 990, Part I, Line 7 - Other Investment Income

Description	Amount
LOSSES PERMANENTLY RESTRICTED	\$
GAINS PERMANENTLY RESTRICTED	
TOTAL	\$ 0

# Federal Statements

## Statement 1 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions

Name Address	Relationship to Org	Class of Activity					
Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantr	FMV Explantr	
VARIOUS-HAITI GENERAL 12/31/05	NONE FOOD/MED/CLOTH	\$	\$	\$			
HAITI							
.							
FOOD FOR THE NEEDY PUNTA GORD-ST PE 12/31/05	NONE FOOD/MED/CLOTH		2,566	2,566			
PUNTA GORDA, BELIZE							
PUNTA GORDA, .							
ST. CATHERINE ACADEMY SUPPORT-ST. C 12/31/05	NONE FOOD/MED/CLOTH	600					
#6 HUTSON ST., BELIZE CITY, BELIZE							
BELIZE CITY, .							
CBC SCHOOL OPERATIONS-CALVARY BAPTI 12/31/05	NONE FOOD/MED/CLOTH	208,571					
PORT-AU-PRINCE, HAITI							
PORT-AU-PRINCE, .							
ESPWA HOUSING PROGRAM-ESPWA 12/31/05	NONE FOOD/MED/CLOTH	40,000					
LES CAYES, HAITI							
LES CAYES, .							
MEBSH RESTAVEK-MEBSH 12/31/05	NONE FOOD/MED/CLOTH	50,212					
LES CAYES, HAITI							

# Federal Statements

**Statement 1 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity					
Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explanth	FMV Explnth	
LES CAYES, .		\$	\$	\$			
MEBSH WATER-MEBSH	NONE						
12/31/05	FOOD/MED/CLOTH	4,642					
LES CAYES, HAITI							
LES CAYES, .							
DOMINGOS'S DAY CARE CENTER-DOMINGOS	NONE						
12/31/05	FOOD/MED/CLOTH	3,951					
MAPUTO, MOZAMBIQUE							
MAPUTO, .							
SALVATION ARMY OVC-SALVATION ARMY M	NONE						
12/31/05	FOOD/MED/CLOTH	19,376					
MAPUTO, MOZAMBIQUE							
MAPUTO, .							
JOHN LAING CLINIC SUPPORT-SALVATION	NONE						
12/31/05	FOOD/MED/CLOTH	2,600					
LUSAKA, ZAMBIA							
LUSAKA, .							
SALVATION ARMY P-A-P-TSA	NONE						
12/31/05	FOOD/MED/CLOTH	4,000					
PORTT-AU-PRINCE, HAITI							
PORTT-AU-PRINCE, .							
CBC OPERATIONS-CBC	NONE						
12/31/05	FOOD/MED/CLOTH	104,224					

# Federal Statements

**Statement 1 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity					
Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explanth	FMV Explnth	
PORT-AU-PRINCE, HAITI							
		\$	\$	\$			
PORTT-AU-PRINCEHAITI, .							
HECC GENERAL/OPERATIONS-HECC	NONE						
12/31/05	FOOD/MED/CLOTH	3,950					
MIREBALAIS, HAITI							
MIREBALAIS, .							
ARMANDO LICOZE UNIV. EDUCATIO-SALVA	NONE						
12/31/05	FOOD/MED/CLOTH	5,123					
MAPUTO, MOZAMBIQUE							
MAPUTO, .							
MEBSH HOUSING-MEBSH	NONE						
12/31/05	FOOD/MED/CLOTH	7,500					
LES CAYES, HAITI							
LES CAYES, .							
INDIA MICROENTERPRISE-FIVE TALENTS	NONE						
12/31/05	FOOD/MED/CLOTH	21,106					
INDIA							
.							
EL SHADDAI-EL SHADDAI	NONE						
12/31/05	FOOD/MED/CLOTH	65,000					
LES CAYES, HAITI							
LES CAYES, .							

# Federal Statements

**Statement 1 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity					
Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantr	FMV Explantr	
TSUNAMI REL THAILAND-FIVE TALENTS 12/31/05	NONE FOOD/MED/CLOTH	\$ 2,500	\$	\$			
THAILAND							
.							
CCT-CENTER FOR COMMUNITY TRANSFORM 12/31/05	NONE FOOD/MED/CLOTH	35,000					
MANILA, PHILIPPINES							
MANILA, .							
HURRICANE KATRINA-HURRICANE KATRINA 12/31/05	NONE FOOD/MED/CLOTH	1,000					
USA							
RIARA HEALTH PROJECT-RIARA HEALTH P 12/31/05	NONE FOOD/MED/CLOTH	1,899					
NAIROBI, KENYA							
NAIROBI, .							
LIFEPOINT MINISTRIES-LIFEPOINT MINI 12/31/05	NONE FOOD/MED/CLOTH	10,000					
DOUGLASVILLE, GA							
DOUGLASVILLE							
CHRIST UNITED METHODIST CHURC-CHRIS 12/31/05	NONE FOOD/MED/CLOTH	20,000					
MOBILE, AL							
MOBILE							

# Federal Statements

**Statement 1 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity					
Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantr	FMV Explantr	
FIRST UNITED METHODIST CHURCH-FIRST 12/31/05	NONE FOOD/MED/CLOTH	\$ 20,000	\$	\$			
BAYON LABATRE, AL							
BAYON LABATRE							
KONDANANI VILLAGE ORP FEEDING-KONDA 12/31/05	NONE FOOD/MED/CLOTH	2,900					
BLANTYRE, MALAWI							
BLANTYRE, .							
HEALING HANDS FOR HAITI-HEALING HAN 12/31/05	NONE FOOD/MED/CLOTH	1,750					
PORT AU PRINCE, HAITI							
PORT AU PRINCE, .							
MEBSH BAKERY-MEBSH BAKERY 12/31/05	NONE FOOD/MED/CLOTH	3,000					
LES CAYES, HAITI							
LES CAYES, .							
MEBSH REFORESTATION-MEBSH REFORESTA 12/31/05	NONE FOOD/MED/CLOTH	5,000					
LES CAYES, HAITI							
LES CAYES, .							
MEBSH RICE MILL-MEBSH RICE MILL 12/31/05	NONE FOOD/MED/CLOTH	9,000					
LES CAYES, HAITI							



# Federal Statements

**Statement 1 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity					
Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explanth	FMV Explnth	
LES CAYES, .		\$	\$	\$			
MEBSH AG STORE-MEBSH AG STORE	NONE						
12/31/05	FOOD/MED/CLOTH	3,242					
LES CAYES, HAITI							
LES CAYES, .							
CHRIST LIFE MINISTRIES-CHRIST LIFE	NONE						
12/31/05	FOOD/MED/CLOTH	18,888					
SRI LANKA							
.							
MEBSH DOM REP-MEBSH	NONE						
12/31/05	FOOD/MED/CLOTH	3,500					
LA ROMANA, DOMINICAN REPUBLIC							
LA ROMANA, .							
ESPWA ORPHANAGE OPERATION-ESPWA ORP	NONE						
12/31/05	FOOD/MED/CLOTH		33,678	33,678			
LES CAYES, HAITI							
LES CAYES, .							
MEBSH SEWING-MEBSH	NONE						
12/31/05	FOOD/MED/CLOTH	12,946	2,986	2,986			
LES CAYES, HAITI							
LES CAYES, .							
MEBSH-MEBSH	NONE						
12/31/05	FOOD/MED/CLOTH	88,000	42,350	42,350			

# Federal Statements

**Statement 1 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity					
Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explanth	FMV Explanth	
LES CAYES, HAITI		\$	\$	\$			
LES CAYES, .							
TOGETHERNESS IN CHRIST (TIC)-TOGETH	NONE						
12/31/05	FOOD/MED/CLOTH	120,633	51,967	51,967			
MONTROUIS, HAITI							
MONTROUIS, .							
WORLD HARVEST FOOD AND OPER.-WORLD	NONE						
12/31/05	FOOD/MED/CLOTH	25,692	1,121,398	1,121,398			
PORT-AU-PRINCE, HAITI							
PORT-AU-PRINCE, .							
NW HAITI WATER PROJECT-NW HAITI WAT	NONE						
12/31/05	FOOD/MED/CLOTH	63,215	85,568	85,568			
PORT-DE-PAIX, HAITI							
PORT-DE-PAIX, .							
FOOD FOR ORPHANS-LUSAKA-SALVATION A	NONE						
12/31/05	FOOD/MED/CLOTH	19,200	209,072	209,072			
LUSAKA, ZAMBIA							
LUSAKA, .							
OVERFLOWING LIFE MINISTRIES-OVERFLO	NONE						
12/31/05	FOOD/MED/CLOTH	27,670	164,285	164,285			
THICKVILLAGE, TRINIDAD							
THICKVILLAGE, .							

# Federal Statements

**Statement 1 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity					
Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantr	FMV Explantr	
FDN. FOR HAITIAN CHILDREN-FDN. FOR 12/31/05	NONE FOOD/MED/CLOTH	\$	\$ 57,720	\$ 57,720			
PORT-AU-PRINCE, HAITI							
PORT-AU-PRINCE, .							
HAITI HURRICANE RELIEF-HAITI HURRIC 12/31/05	NONE FOOD/MED/CLOTH		6,900	6,900			
ST. MARC, HAITI							
ST. MARC, .							
BETHESDA MINISTRIES-BETHESDA MINIST 12/31/05	NONE FOOD/MED/CLOTH		504,768	504,768			
GONAIVES, HAITI							
GONAIVES, .							
PARTNERS IN HEALTH/ZANMI LASA-PARTN 12/31/05	NONE FOOD/MED/CLOTH		1,432,320	1,432,320			
CANGE, HAITI							
CANGE, .							
MEBSH PAMS-MEBSH PAMS 12/31/05	NONE FOOD/MED/CLOTH		34,715	34,715			
LES CAYES, HAITI							
LES CAYES, .							
ARCHBISHOP OF CAP HAITIAN-ARCHBISHO 12/31/05	NONE FOOD/MED/CLOTH		10,500	10,500			
CAP HAITIAN, HAITI							

# Federal Statements

**Statement 1 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity					
Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explanth	FMV Explnth	
CAP HAITIAN, .		\$	\$	\$			
BERACA BAPTISTE EGLISE-BERACA BAPTI	NONE						
12/31/05	FOOD/MED/CLOTH		10,800	10,800			
PORT-AU-PRINCE, HAITI							
PORT-AU-PRINCE, .							
BELENFANT GARDERIE-BELENFANT GARDER	NONE						
12/31/05	FOOD/MED/CLOTH		6,746	6,746			
PORT AU PRINCE, HAITI							
PORT AU PRINCE, .							
VALLEE D'ADORATION EGLISE-VALLEE D'	NONE						
12/31/05	FOOD/MED/CLOTH		35,106	35,106			
PIGNON, HAITI							
PIGNON, .							
1ST INTERDENOM. EGLISE-1ST INTERDEN	NONE						
12/31/05	FOOD/MED/CLOTH		39,172	39,172			
PORT-AU-PRINCE, HAITI							
PORT-AU-PRINCE, .							
PATRIARCH BAPTISTE EGLISE-PATRIARCH	NONE						
12/31/05	FOOD/MED/CLOTH		120	120			
RUE TABARRE, CAZEAU, HAITI							
CAZEAU,, .							
MISSIONARIES MONTFORTAIN-MISSIONARI	NONE						
12/31/05	FOOD/MED/CLOTH		182,686	182,686			

# Federal Statements

**Statement 1 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity					
Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantr	FMV Explantr	
PORT AU PRINCE, HAITI		\$	\$	\$			
PORT AU PRINCE, .							
FOND DE AIRSE EGLISE-FOND DE AIRSE 12/31/05	NONE FOOD/MED/CLOTH		56,506	56,506			
LAKE PARK FL USA							
EGLISE DE DIEU CLINIQUE CAYES-EGLIS 12/31/05	NONE FOOD/MED/CLOTH		141,761	141,761			
LES CAYES, HAITI							
LES CAYES, .							
MISS EVANGELIQUE DES GONAIVES-MISS. 12/31/05	NONE FOOD/MED/CLOTH		367,546	367,546			
GONAIVES, HAITI							
GONAIVES, .							
CACMT-CACMT 12/31/05	NONE FOOD/MED/CLOTH		1,800	1,800			
OAKLAND PARK FL USA							
BON SAMARITAN SALEM-BON SAMARITAN S 12/31/05	NONE FOOD/MED/CLOTH		896	896			
PORT AU PRINCE, HAITI							
PORT AU PRINCE, .							
BETHEL EGLISE DE DIEU HINCHE-BETHEL 12/31/05	NONE FOOD/MED/CLOTH		195,272	195,272			
HINCHE, HAITI							

# Federal Statements

**Statement 1 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity					
Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explanth	FMV Explntn	
HINCHE, .		\$	\$	\$			
PREMIER EGLISE BAPT. DE PHILA-PREM.	NONE						
12/31/05	FOOD/MED/CLOTH		35,650	35,650			
PORT AU PRINCE, HAITI							
PORT AU PRINCE, .							
ROME OF HAITI-ROME OF HAITI	NONE						
12/31/05	FOOD/MED/CLOTH		149,359	149,359			
PORT AU PRINCE, HAITI							
PORT AU PRINCE, .							
TABERNACLE DE LOUANGE-TABERNACLE DE	NONE						
12/31/05	FOOD/MED/CLOTH		37,345	37,345			
RUE JEHOVAH, CAP HAITIAN, HAITI							
CAP HAITIAN, .							
EGLISE BAPTISE BERE CAP HAIT-EGLIS	NONE						
12/31/05	FOOD/MED/CLOTH		15,441	15,441			
CAP HAITIAN, HAITI							
CAP HAITIAN, .							
LINDEN HOSPITAL COMPLEX-LINDEN HOSP	NONE						
12/31/05	FOOD/MED/CLOTH		1,025,810	1,025,810			
LINDEN, GUYANA							
LINDEN, .							
LAMP LIGHTERS WORLD MINISTRIE-LAMP	NONE						
12/31/05	FOOD/MED/CLOTH		16,569,635	16,569,635			



# Federal Statements

**Statement 1 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity					
Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explanth	FMV Explanth	
SRI LANKA		\$	\$	\$			
.							
CHURCH OF EVANGELICAL CHRISTI-CHURC	NONE						
12/31/05	FOOD/MED/CLOTH		481,392	481,392			
YAITA, RUSSIA							
YAITA, .							
JARDIN DE JACMEL-JARDIN DE JACMEL	NONE						
12/31/05	FOOD/MED/CLOTH		6,797	6,797			
JACMEL, HAITI							
JACMEL, .							
ASSOCIATION SOLDATS DE CHRIST-ASSOC	NONE						
12/31/05	FOOD/MED/CLOTH		600	600			
PORT AU PRINCE, HAITI							
PORT AU PRINCE, .							
EVANGELIQUE EPHESE EGLISE-EVANGELIQ	NONE						
12/31/05	FOOD/MED/CLOTH		300	300			
GONAIVES, HAITI							
GONAIVES, .							
ST. JOSEPH MERCY HOSPITAL-ST. JOSEP	NONE						
12/31/05	FOOD/MED/CLOTH		235,700	235,700			
GEORGETOWN, GUYANA							
GEORGETOWN, .							

# Federal Statements

**Statement 1 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity					
Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantr	FMV Explantr	
BETHEL BAPTISTE EGLISE-BETHEL BAPTI 12/31/05	NONE FOOD/MED/CLOTH	\$	\$ 562	\$ 562			
CAP HAITIAN, HAITI							
CAP HAITIAN, .							
LE SANG DE JESUS EGLISE-LE SANGE DE 12/31/05	NONE FOOD/MED/CLOTH		260	260			
CAP HAITIAN, HAITI							
CAP HAITIAN, .							
JEHOVAH SHAMMAH EGLISE-JEHOVAH SHAM 12/31/05	NONE FOOD/MED/CLOTH		260	260			
CAP HAITIAN, HAITI							
CAP HAITIAN, .							
HELENA GOLDIE HOSPITAL-HELENA GOLDI 12/31/05	NONE FOOD/MED/CLOTH		14,359,950	14,359,950			
NORO VILLAGE, SOLOMON ISLAND							
NORO VILLAGE, .							
GRACE MINISTRIES ZAMBIA-GRACE MINST 12/31/05	NONE FOOD/MED/CLOTH	4,050	18,094,712	18,094,712			
LUSAKA, ZAMBIA							
LUSAKA, .							
CENTER FOR NATIONAL OPERATION-CENTE 12/31/05	NONE FOOD/MED/CLOTH		8,232,362	8,232,362			
COLOMBO, SRI LANKA							

# Federal Statements

**Statement 1 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity					
Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explanth	FMV Explnth	
COLOMBO, .		\$	\$	\$			
GUYANA RED CROSS-GUYANA RED CROSS	NONE						
12/31/05	FOOD/MED/CLOTH		2,020,737	2,020,737			
GEORGETOWN, GUYANA							
GEORGETOWN, .							
AMERICAN INT'L SCHOOL OF GUYA-AMERI	NONE						
12/31/05	FOOD/MED/CLOTH		2,835,586	2,835,586			
GEORGETOWN, GUYANA							
GEORGETOWN, .							
COLLEGE ST. MARTIAL-COLLEGE ST. MAR	NONE						
12/31/05	FOOD/MED/CLOTH		1,059	1,059			
PORT AU PRINCE, HAITI							
PORT AU PRINCE, .							
ST. THERESA'S ORPHANS-ST. THERESA'S	NONE						
12/31/05	FOOD/MED/CLOTH	236	2,944	2,944			
PORT-DE-PAIX, HAITI							
PORT-DE-PAIX, .							
AMERICA'S HEART-AMERICA'S HEART	NONE						
12/31/05	FOOD/MED/CLOTH	5,000	158,123	163,144			
ORANGE PARK FL USA							
FILIPINO AMERICAN PARTNERSHIP-FILIP	NONE						
12/31/05	FOOD/MED/CLOTH		25,000	25,000			
HONOLULU HA USA							

# Federal Statements

**Statement 1 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity					
Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantr	FMV Explntn	
GUYANESE HIV PROJECT-GUYANESE HIV P 12/31/05	FOOD/MED/CLOTH	\$	\$ 164,825	\$ 164,825			
GEORGETOWN, GUYANA							
GEORGETOWN, .							
CENTRE DE COUTURE DE BOIN BEF-CENTR 12/31/05	FOOD/MED/CLOTH		11,991	11,991			
PORT AU PRINCE, HAITI							
PORT AU PRINCE, .							
CBC LOCAL FOOD-MEBSH FOR CBC FOOD 12/31/05	FOOD/MED/CLOTH		48,000	48,000			
PORT-AU-PRINCE, HAITI							
PORT AU PRINCE, .							
DIVINE MERCY-DIVINE MERCY 12/31/05	FOOD/MED/CLOTH		2,937	2,937			
PORT AU PRINCE, HAITI							
PORT AU PRINCE, .							
IMOKALEE TURKEYS-IMMOKALEE TURKEYS 12/31/05	FOOD/MED/CLOTH		312	312			
IMMOKALEE FL USA							
NOUVELLE ALLIANCE EGLISE-NOUVELLE A 12/31/05	FOOD/MED/CLOTH		201	201			
HAITI							
.							

# Federal Statements

**Statement 1 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity					
Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explanth	FMV Explnth	
HINCHE ORPHANAGE FOR GIRLS-HINCHE O 12/31/05	NONE FOOD/MED/CLOTH	\$	\$ 6,396	\$ 6,396			
HINCHE, HAITI							
HINCHE, .							
COMMON GARMENTS-COMMON GARMENTS 12/31/05	NONE FOOD/MED/CLOTH		9,892	9,892			
NEBO KY USA							
KY							
BENEDICTION D'ADORATION EGLIS-BENED 12/31/05	NONE FOOD/MED/CLOTH		731	731			
PORT AU PRINCE, HAITI							
PORT AU PRINCE, .							
EVANGELICAL POWER MINISTRIES-EVANGE 12/31/05	NONE FOOD/MED/CLOTH		217,920	217,920			
WEST PALM BEACH FL USA							
AMERICA'S HEART TSUNAMI-AMERICA'S H 12/31/05	NONE FOOD/MED/CLOTH		1,158,685	1,158,685			
JACKSONVILLE FL USA							
WORLD HARVEST GUY-WORLD HARVEST GUY 12/31/05	NONE FOOD/MED/CLOTH		25,820	25,820			
GUYANA							
.							
TSUNAMI RELIEF-TSUNAMI RELIEF 12/31/05	NONE FOOD/MED/CLOTH		30,369	30,369			

# Federal Statements

**Statement 1 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity					
Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explanth	FMV Explanth	
ST. GEORGE'S, GRENEDA		\$	\$	\$			
ST. GEORGE'S, .							
OTHER AFRICAN MICRO CREDIT		3,000					
REGIONS BANK							
			-116,127				
TOTAL		<u>\$ 1,048,176</u>	<u>\$70,650,740</u>	<u>\$70,771,888</u>			



**Federal Statements**

FYE: 12/31/2005

**Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
MARKETING AND PUBLIC RELATION				
DATA PROCESSING	67,470		66,969	501
CONSULTANTS				
EDUCATION				
BAD DEBT	1,560		1,560	
MISCELLANEOUS	7,267	106	7,093	68
BANK AND CREDIT CARD FEES	58,095		56,255	1,840
INVESTMENT MANAGEMENT FEES	74	74		
AMORTIZATION				
MEMBERSHIPS AND SUBSCRIPTIONS				
REGISTRATIONS	2,591		2,591	
DAMAGED GOODS				
COMPUTER REPAIRS	178	29	149	
BUILDING REPAIRS	395		395	
PHOTOGRAPHIC EXPENSES	629	463	166	
AIRTIME	598,721	314,385		284,336
WEBSITE	23,495	2,727		20,768
RADIOTHON TOOL KITS	5,001	2,164	673	2,164
WEB ADVERTISING	5	5		
AD PLACEMENT	163		163	
MEMBERSHIP & SUBSCRIPTION	1,491		1,491	
LICENSES	641		641	
PENSION PLAN EXPENSE	184		184	
VIDEOS	5,189	5,184		5
TOTAL	\$ 773,149	\$ 325,137	\$ 138,330	\$ 309,682

**Statement 3 - Form 990, Part III - Organization's Primary Exempt Purpose**

DELIVERING FOOD, MEDICINE, SHELTER AND HOPE TO  
UNDERPRIVILEGED NATIONS

**Statement 4 - Form 990, Part III, Line e - Other Program Services****Description**

MISSION OPERATIONS AND SUPPLIES FOR UNDERPRIVILEGED  
NATIONS

MISSION EDUCATION PROGRAM FOR UNDERPRIVILEGED NATIONS

MINISTRY PROGRAM FOR UNDERPRIVILEGED NATIONS

WATER PROJECTS FOR UNDERPRIVILEGED NATIONS

OTHER PROJECTS FOR UNDERPRIVILEGED NATIONS

**Federal Statements**

FYE: 12/31/2005

**Statement 5 - Form 990, Part IV, Line 54 - Investments in Securities**

Description	Beginning of Year	End of Year	Basis of Valuation
CORPORATE STOCK			
HARTFORD VARIABLE ANNUITY CONTRACT	305,607		MARKET
INVESTMENT RAYMOND JAMES		264,985	MARKET
	<u>305,607</u>	<u>264,985</u>	

**Statement 6 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
	\$ 9,738	\$ 3,391	\$ 70,561	\$ 14,833
TOTAL	<u>\$ 9,738</u>	<u>\$ 3,391</u>	<u>\$ 70,561</u>	<u>\$ 14,833</u>

**Statement 7 - Form 990, Part IV, Line 58 - Other Assets**

Description	Beginning of Year	End of Year
ORGANIZATION EXPENSES	\$ 1,600	\$ 800
FIXED ASSETS NOT PLACED IN SERVICE	11,920	
TOTAL	<u>\$ 13,520</u>	<u>\$ 800</u>

**Statement 8 - Form 990, Part IV, Line 65 - Other Liabilities**

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE - RELATED PARTY	\$ 606,762	\$ 319,183
LIFE INSURANCE PREM PAYABLE		3
TOTAL	<u>\$ 606,762</u>	<u>\$ 319,186</u>

**Statement 9 - Schedule A, Part IV-A, Line 22 - Other Income**

Description	2004	2003	2002	2001
MISCELLANEOUS	\$	\$ 1,214	\$ 386	\$ 381
LOSS ON SALES OF STOCKS		-1,876		
TOTAL	\$ 0	\$ -662	\$ 386	\$ 381