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# EXTENSION FILED"

Form 990

# **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)

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

The state of the state of the state of the state of the governing body (Part VI, line 1a).  With the offindependent voting members of the governing body (Part VI, line 1b).  Total number of individuals employed in calendar year 2010 (Part V, line 2a).  Total number of individuals employed in calendar year 2010 (Part V, line 2a).  Total number of individuals employed in calendar year 2010 (Part V, line 2a).  Total number of individuals employed in calendar year 2010 (Part V, line 2a).  Total number of individuals employed in calendar year 2010 (Part V, line 2a).  Total number of individuals employed in calendar year 2010 (Part V, line 2a).  Total number of individuals employed in calendar year 2010 (Part V, line 2a).  Total number of individuals employed in calendar year 2010 (Part V, line 2a).  Total number of individuals employed in calendar year 2010 (Part V, line 2b).  Total number of individuals employed pent of the state	Ā	F	or the	2010 ca	endar year, or tax	year beginning			, and e	nding			
Another schange   Date   Bauerists As   Number and setted or P O box if mail is not deflivened to street address)   Scorphistic   Temperate member   Temperate   Date   Temperate   Date   Temperate   Date   Dat	В	Ch	neck if	applicable	C Name of organizat	on RIGHTS	HARING OF V	VORLD RES	SOURCES. I	NC.	D Employer	identif	fication number
Temmeted mode return   Tot CUANER HILL DRIVE   Temmeted   Temm		Ad	idress	change	Doing Business As	3					31-1636209	<b>a</b>	
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Terminated   Copy Flows, state or country, and ZIP + 4   No   An administence   Copy Flows, state or country, and ZIP + 4   No   An administence   Copy Flows, state   Country, and ZIP + 4   No   An administence   Copy Flows, state   Country, and ZIP + 4   No   An administence   Copy Flows, state   Country, and ZIP + 4   No   Tax-exempt status   X   Stotics   Sto	H	•		•		•		,		i	1		
Application pending   RICHMOND   Name and address of procepal officer   ROLAND KREAGER 101 QUAKER HILL DRIVE, RICHMOND   N 473   H(a) is time a group return for affinitions?	$\vdash$	-							<u> </u>		(765) 966-0	314	
Appecution pending   Name and address of principal officer   Post   Name and address of principal officer   Post   Name   Name and address of principal officer   Post   Name	<u> </u>	J Te	rminat	ed		or country, and ZIP +	· 4				i		
Tax-exempt status   X   501(c)(S   501(c) ( )   4   (inneh no )   4947(a)(1) or   527   (if No.*) attach a last (see netructions)		Δn	nended	return	RICHMOND	<del></del>		IN	47374		G Gross rece	eipts \$	
Tax-exempt status		Αρ	plication	on pending	F Name and ad	idress of principal off	icer			H(a) Is 1	this a group retu	ırn for a	affiliates? Yes X No
Website:		_		_	ROLAND KREAG	GER 101 QUAK	ER HILL DRIV	E, RICHMO	ND, IN 473	H(b) Are	e all affiliates ind	duded?	Yes No
Website:	1	Tax	c-exem	nt status	X 501(c)(3)	501(c) (	) <b>4</b> (insert no.)	4947(2)(1)	527	lf.	"No," attach a lis	st (see	instructions)
Port   Summary						1001(0) (	) 4 (11001(110)		527	1		-	
Summary  1 Briefly describe the organization's mission or most significant activities. TO SUPPORT GRASSROOTS DEVELOPMENT AN ECONOMIC DISCIPLESHIP BY WORKING PRIMARILY WITH NEWLY ESTABLISHED AND SMALL DEVELOPMENT.  ORGANIZATIONS WORLD WIDE.  2 Check this box ▶  if the organization discontinued its operations or disposed of more than 25% of as net assets.  Number of voting members of the governing body (Part VI, line 1a).  3 11  Number of independent voting members of the governing body (Part VI, line 2a).  5 101  6 101  7 101  8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>J</u>	WE	DSITE	: ► ww			<del></del>		<del></del>	<b>H(c)</b> Gr	oup exemption i	number	
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ORGANIZATIONS WORLD WIDE.    Check this box										SLISHE	D AND SMA	LL D	EVELOPMENT
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9 Program service revenue (Part VIII, line 2g)	2	J							<u>%</u>				Current Year
9 Program service revenue (Part VIII, line 2g)	2 0	.	8				' I (NI )	Y. 23.20	M [위	<u> </u>	1,213	,292	519,000
11 Other revenue (Part VIII, column (A), lines 5 of 8d, 8e/ 98 (1906; Bind 1ste).  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 12.  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for members (Part IX, column (A), lines 1-3).  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).  16 Professional fundraising fees (Part IX, column (A), lines 1-10).  17 Other expenses (Part IX, column (A), line 25) ▶ 50,835  18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25).  19 Revenue less expenses. Subtract line 18 from line 12.  10 Total assets (Part X, line 16).  11 Total assets (Part X, line 16).  12 Total assets (Part X, line 16).  13 Total assets (Part X, line 26).  14 Total liabilities (Part X, line 26).  15 Signature Block  16 Date  17 Part III Signature Block  18 Date  19 Printy per parer's name  19 Date  10 Date  10 Date  10 Date  10 Date  11 Date  12 Date  13 Date  14 Date  15 Check If PTIN selfen Poton no (765) 962-3524  15 May the IRS discuss this return with the preparer shown above? (see instructions).  10 Date Self-amployed Poton 15957  10 Paperwork Reduction Act Notice, see the separate instructions.			9						I (S)				0
11 Other revenue (Part VIII, column (A), lines 5 of 8d, 8e/ 98 (1906; Bind 1ste).  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 12.  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for members (Part IX, column (A), lines 1-3).  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).  16 Professional fundraising fees (Part IX, column (A), lines 1-10).  17 Other expenses (Part IX, column (A), line 25) ▶ 50,835  18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25).  19 Revenue less expenses. Subtract line 18 from line 12.  10 Total assets (Part X, line 16).  11 Total assets (Part X, line 16).  12 Total assets (Part X, line 16).  13 Total assets (Part X, line 26).  14 Total liabilities (Part X, line 26).  15 Signature Block  16 Date  17 Part III Signature Block  18 Date  19 Printy per parer's name  19 Date  10 Date  10 Date  10 Date  10 Date  11 Date  12 Date  13 Date  14 Date  15 Check If PTIN selfen Poton no (765) 962-3524  15 May the IRS discuss this return with the preparer shown above? (see instructions).  10 Date Self-amployed Poton 15957  10 Paperwork Reduction Act Notice, see the separate instructions.	7 6		10								24	,782	48,841
13   Grants and similar amounts paid (Part IX, column (A), lines 1–3)   247,194   253,722     14   Benefits paid to or for members (Part IX, column (A), line 4)   0   0   0     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10).   107,990   90,089     16a   Professional fundraising fees (Part IX, column (A), line 11e)   0   0   0     15   Total fundraising expenses (Part IX, column (D), line 25)   50,835   157,231   196,842     17   Other expenses (Part IX, column (A), line 11d, 11f-24f)   157,231   196,842     18   Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)   512,415   540,653     19   Revenue less expenses. Subtract line 18 from line 12   725,659   27,188     20   Total assets (Part X, line 16)   1,402,134   1,500,063     21   Total liabilities (Part X, line 26)   235,172   256,922     22   Net assets or fund balances. Subtract line 21 from line 20   1,166,962   1,243,141     Part II   Signature Block   1,402,134   1,500,063     21   Signature Block   1,402,134   1,500,063     22   Signature of officer   1,402,134   1,500,063     23   Signature of officer   1,402,134   1,500,063     247,194   253,722   190,084   1,500,063     256,922   1,243,141   1,500,063   1,402,134   1,500,063     23   Signature of officer   1,402,134   1,500,063   1,402,134   1,500,063     247,194   1,500,063   1,402,134   1,500,063     256,922   1,243,141   1,500,063   1,402,134   1,500,063     256,922   1,243,141   1,500,063   1,402,134   1,500,063   1,402,134   1,500,063     256,922   1,243,141   1,500,063   1,402,134	, ,	-	11	Other re	venue (Part VIII,	column (A), line:	s 5 6d, 8e 9∂,	1908, and 1	1e)			0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)   15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   107,990   90,089     16a Professional fundraising fees (Part IX, column (A), line 11e)   0   0   0     1b Total fundraising expenses (Part IX, column (D), line 25)   50,835   17   17   18     17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)   157,231   196,842     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   512,415   540,653     19 Revenue less expenses. Subtract line 18 from line 12   725,659   27,188     20 Total assets (Part X, line 16)   8eginning of Current Year   End of Year     21 Total liabilities (Part X, line 26)   235,172   256,922     22 Net assets or fund balances Subtract line 21 from line 20   1,166,962   1,243,141     Part II   Signature Block   Signature Block   Signature Block   Signature department of preparer (other than officer) is based on all information of which preparer has any knowledge     Part II   Signature of officer   Part IX   Signature of			12								1,238	,074	567,841
14 Benefits paid to or for members (Part IX, column (A), line 4)   15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   107,990   90,089     16a Professional fundraising fees (Part IX, column (A), line 11e)   0   0   0     1b Total fundraising expenses (Part IX, column (D), line 25)   50,835   17   17   18     17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)   157,231   196,842     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   512,415   540,653     19 Revenue less expenses. Subtract line 18 from line 12   725,659   27,188     20 Total assets (Part X, line 16)   8eginning of Current Year   End of Year     21 Total liabilities (Part X, line 26)   235,172   256,922     22 Net assets or fund balances Subtract line 21 from line 20   1,166,962   1,243,141     Part II   Signature Block   Signature Block   Signature Block   Signature department of preparer (other than officer) is based on all information of which preparer has any knowledge     Part II   Signature of officer   Part IX   Signature of		1	13	Grants a	and similar amour	nts paid (Part IX	column (A), li	nes 1–3) .			247	194	253,722
15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   107,990   90,089     16a   Professional fundraising fees (Part IX, column (A), line 11e)   0   0     b   Total fundraising expenses (Part IX, column (A), line 25)   50,835   157,231   196,842     18   Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)   512,415   540,653     19   Revenue less expenses. Subtract line 18 from line 12   725,659   27,188     20   Total assets (Part X, line 16)   90,0089     20   Total assets (Part X, line 26)   90,0089     21   Total liabilities (Part X, line 26)   90,0089     22   Net assets or fund balances. Subtract line 21 from line 20   1,166,962   1,243,141     Part II   Signature Block   90,0089     10   Pontal Part II   Signature Block   90,0089     10   Pontal Part II   Signature Block   90,0089   90,0089     10   Pontal Part II   90,0089   90,0089   90,0089     10   Pontal Part II   90,0089			14	Benefits	paid to or for me	mbers (Part IX,	column (A), lın	e 4) .				0	0
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19   Revenue less expenses. Subtract line 18 from line 12.   725,659   27,188		- 1											<del></del>
Beginning of Current Year   End of Year		1								<u> </u>			
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    Sign		8	<u> </u>	1,000011	o roco exportedo.	Cabacac into 10	101111110 12.	<del>-:</del>	<del></del>	Beging			···· ·· · · · · · · · · · · · · · · ·
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    Sign	ets	ᆲ)	20	Total as	sets (Part X_line)	16)							
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    Sign	Ass	₫ :			•	•						_	
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    Sign	ž	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓			,	•				<del></del>		_	
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    Sign						es oubtract line	21 110111 11116 2	<u> </u>	<del></del>	<u> </u>	1,100	,302	1,243,141
Sign Here    Print/Type preparer's name   Preparer's signature   Date   Date   Prim's name   Webb & Associates   Prim's address   66 South 12th Street, Richmond, IN 47374   Phone no (765) 962-3524  May the IRS discuss this return with the preparer instructions.						evamined this return	including accomp	anying schodule	e and statemer	ate and to	o the best of my	knowle	adae
Signature of officer    NOLAND KREAGER   SENERAL SECRETART   S - 17 - 11													
Signature of officer    NOLAND KREAGER   SENERAL SECRETART   S - 17 - 11	_				Kalaur	Khia							
Paid Preparer's Use Only  Pim's name   → Webb & Associates Firm's address → 66 South 12th Street, Richmond, IN 47374  May the IRS discuss this return with the preparer shown above? (see instructions)  Print RAL SECRETART  S-17-    Print Self ART Self ART S-17-    Print Self ART S-18-   Print Self AR		_		7		Je Dee f					Date		
Type or print name and title  Paid Preparer's Use Only  Dawn D James, CPA  Firm's name ► Webb & Associates  Firm's address ► 66 South 12th Street, Richmond, IN 47374  May the IRS discuss this return with the preparer shown above? (see instructions).  Date Check if Point Ship Point Shi	He	ere	)			LREAL ED	654	(50AL	SECR	STA		•	5-17-11
Paid Preparer's Use Only    Print/Type preparer's name   Preparer's signature   Date   Check   If   Poor 15957							0,6,0	, 2707.0	, - ,-	<u> </u>	<u> </u>	<u>`</u>	
Paid Preparer's Use Only    Dawn D James, CPA   Dawn D James, CPA				Print	<del></del>		Preparer's sign	nature		Dat	e		IPTIN
Preparer's Use Only    Dawn D James, CPA   Da	Pa	hie		ļ	<b>7</b> 1 1 1 1			$\Omega \cap \Omega$	NDA	L		heck [	- 7 1
Use Only    Firm's name   Webb & Associates   Phone no   Firm's EIN   35-1838992				<u>Dav</u>	n D James, CPA	١	(Lawala	) Mark	es	5/	16/2011 se	elf-emp	loyed P00715957
Firm's address ▶ 66 South 12th Street, Richmond, IN 47374  May the IRS discuss this return with the preparer shown above? (see instructions)		-		1 -	's name ► Webb	& Associates	Moser	KW. Ch	relation ()	OA	Firm's EIN	35-18	338992
May the IRS discuss this return with the preparer shown above? (see instructions)	Ü	5 <b>C</b>	Unity				Richmond III	47374	<del></del>				
For Paperwork Reduction Act Notice, see the separate instructions.  Form 990 (2010)	_										Li none no	<u>,, çç)</u>	
For Paperwork Reduction Act Notice, see the separate instructions.	_	<u> </u>					_ <del></del> _	ee instructio	) iis)	· ·	<u> </u>		Yes No
I PARAL			aperv	vork Redu	iction Act Notice, s	see the separate	instructions.						Form <b>990</b> (2010)

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Form 9	90 (2010)	RIGHT SHARING OF WORLD RESOURCES, INC.	31-1636209	Page 2
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		
1.	TO SUF	describe the organization's mission: PPORT GRASSROOTS DEVELOPMENT AND ECONOMIC DISCIPLESHIP BY WORKING PR LISHED AND SMALL DEVELOPMENT ORGANIZATIONS WORLD WIDE.	IMARILY WITH NEV	<u> </u>
2	the prio	organization undertake any significant program services during the year which were not listed or Form 990 or 990-EZ?		X No
3	services	organization cease conducting, or make significant changes in how it conducts, any program s?	Yes	X No
4	Section	the exempt purpose achievements for each of the organization's three largest program service 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the consto others, the total expenses, and revenue, if any, for each program service reported.		d
4a		) (Expenses \$ 452,769 including grants of \$ 253,722 ) (Reve DED DIRECT SUPPORT TO OVER 50 OTHER SMALL ORGANIZATIONS		
				•••••
4b	(Code:	) (Expenses \$ 0 including grants of \$ 0 ) (Reve	nue \$	0.)
4c	(Code:	) (Expenses \$ 0 including grants of \$ 0 ) (Reve	nue \$	0)
				•••••
4d	Other pr	rogram services. (Describe in Schedule O.)		
40	(Expens	ses \$ 0 including grants of \$ 0 ) (Revenue \$	0)	

Part IV Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	>	
2		-	X	
3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	3	Х	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	5		
_	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			90 \$344
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		Χ
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	_	Х
	Schedule D, Parts XI, XII, and XIII	12a		Х
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<del>,. </del>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_ <u>X</u>	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> .	14b	х	_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		_X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		$\hat{\mathbf{x}}$
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note</b> . Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20a		^_

Pai	t IV Checklist of Required Schedules (continued)			<u> </u>
			Yes	No
21 ·	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			İ
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	<del> </del>	X
Z-a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines</i>			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del>  ^</del>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1245		
	to defease any tax-exempt bonds?	24c		ŀ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
••	If "Yes," complete Schedule L, Part III	27	\$35.74.W.m	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	37 M		*
а	Part IV instructions for applicable filing thresholds, conditions, and exceptions).  A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	200	5.00	
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	28a		Х
b	Schedule L, Part IV	205		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		<u> </u>	
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		- 1	
25	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		<u>X</u>
а	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		ļ	
	organization? If "Yes," complete Schedule R, Part V, line 2	36	ł	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		-	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		İ	
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
			222	_

# Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		, ,	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		• •	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		12	<u></u>
	gaming (gambling) winnings to prize winners?	1c	X	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	17.	Y. 20 E	10/2
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 3		٠	
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	100
٥.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		٠	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<del> </del>
<b>+</b> a	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)?	4a		X
ь	If "Yes," enter the name of the foreign country.	70	,, ř	1
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	1	To be	1 1/2
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<del></del>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	_	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	** × .50*	
7	Organizations that may receive deductible contributions under section 170(c).			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		100	) 254 , 254
	and services provided to the payor?	7a		X
b c	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del>                                     </del>
C	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	Service of the servic		2.3
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	سستد	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			~ . ~
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		185	أأأ
_	organization, have excess business holdings at any time during the year?	8	76 = 1	
9	Sponsoring organizations maintaining donor advised funds.		25.3	[ . V-}]
а	Did the organization make any taxable distributions under section 4966?	9a		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	13E -	ŧ .
а	Initiation fees and capital contributions included on Part VIII, line 12			100
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	图		3
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders		R STATE	
b	Gross income from other sources (Do not net amounts due or paid to other sources			3.7
	against amounts due or received from them.)		Ž£ .	31.
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	200	,37931 214.	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	15.67	, 1. t.	- 3
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	7.46	<u> </u>
_	Note. See the instructions for additional information the organization must report on Schedule O.		THE STATE OF	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
с 14а	Enter the amount of reserves on hand	14a	ra Bari	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		├^
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Form 9	990 (2010) RIGHT SHARING OF WORLD RESOURCES, INC.	1-16362	09	Pa
Pai	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be			
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or ch			
	Schedule O. See instructions.	•		
	Check if Schedule O contains a response to any question in this Part VI			T.
Sect	tion A. Governing Body and Management			
			Ye	es
1a	Enter the number of voting members of the governing body at the end of the tax year   1a	11	# [H. 57	• -
b	Enter the number of voting members included in line 1a, above, who are independent 1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		1	, ,
	any other officer, director, trustee, or key employee?		2	·
3	Did the organization delegate control over management duties customarily performed by or under the direct			$\top$
	supervision of officers, directors or trustees, or key employees to a management company or other person?	:	3	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	7	5	
6	Does the organization have members or stockholders?	. 7	6	T
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		Ì	
	of the governing body?	. 7	'a	
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7	b d	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	P.		
	the year by the following:			
а	The governing body?		a X	
b	Each committee with authority to act on behalf of the governing body?	8	b X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenu	ue Code	e.)	
		_	Ye	s
	Does the organization have local chapters, branches, or affiliates?	. <u>[1</u> 6	0a	$\perp$
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			- [
	affiliates, and branches to ensure their operations are consistent with those of the organization?	. 10	0b	

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X

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest

State the name, physical address, and telephone number of the person who possesses the books and records of the

X Upon request

► IN, OH

List the states with which a copy of this Form 990 is required to be filed

policy, and financial statements available to the public.

organization. ► Roland Kreager

Another's website

available for public inspection. Indicate how you make these available. Check all that apply.

101 Quaker Hill Drive, Richmond, IN 47374

18

19

20

Own website

(765) 966-0314

	1 7							1	•		
Form 990 (2010)	RIGHT SHARING OF WORLD RE	SOURCES, II	NC							31-16362	09 Page <b>7</b>
Part VII	Compensation of Officers, Dire	ctors, Truste	ees, l	Key	En	ıplo	oyee	s, ł	lighest Comp	ensated	
•	Employees, and Independent C										_
	Check if Schedule O contains a re	esponse to a	ny qu	esti	on i	in th	nis Pa	art	VII		
Section A.	Officers, Directors, Trustees, Key I	Employees, a	nd Hi	ghe	st C	om	pens	ate	d Employees		
1a Complete organization's	this table for all persons required to be a tax year.	e listed. Repor	t com	pen	satio	on fo	or the	ca	lendar year end	ing with or withir	the
<ul> <li>List all</li> </ul>	of the organization's current officers,	directors, trust	ees (v	whet	her	indi	ividua	ıls d	or organizations	), regardless of a	amount
of compensat	tion Enter -0- in columns (D), (E), and	(F) if no comp	ensat	tion	was	pai	id.				
• List all	of the organization's current key empl	oyees, if any	See II	nstrı	uctio	กร	for de	fini	tion of "key emp	loyee."	
	organization's five current highest co										
	reportable compensation (Box 5 of Fo and any related organizations	orm vv-2 and/o	t Rox	/ 01	rol	rm 1	1099-	MIS	(C) of more than	1 \$100,000 from	tne
•	of the organization's <b>former</b> officers, k	av amnlovaas	and	hiah	act	000	nnan	e a te	ad amployees w	ho received mor	e than
	eportable compensation from the orga								ed employees w	no received mor	Cilan
•	of the organization's former directors		•		•	•			ity as a former o	lirector or truste	e of the
	more than \$10,000 of reportable comp										0 01 1110
_	n the following order: individual trustee			-				-	-		
	employees; and former such persons									, , J	
Check the	is box if neither the organization nor ai	ny related orga	anizati	ion d	com	pen	sated	l ar	y current officer	, director, or true	stee.
	(A)	(B)	T			C)			(D)	(E)	(F)
	Name and Title	Average	Pos	Position (check all that apply					Reportable	Reportable	Estimated
		hours per week		3 2	10	Key	풀	П	compensation from	compensation from related	amount of other
		(describe	0 g		Officer	en	mpl	Former	the	organizations	compensation
		hours for related	or director	Institutional trustee	1 4	employee	Highest compensated employee	Œ,	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		organizations in Schedule	ام در			ee	npe		, , , , , , , , , , , , , , , , , , , ,		and related organizations
		O)	l à	i je			nsat				Organizations
			+	┿-	<del> </del>	<b> </b>	8.				
(1) MARY I	LEE COMER										
TRUSTEE	TIA HUMPHREY		1. X	+	┢				0	0	C
TRUSTEE	IIA NUMPIKET		ı.l x						o	o	C
(3) GRACE	KUTO		<del>' ^</del>	+	$\vdash$	$\vdash$		-		<u>-</u>	
TRUSTEE	:::::::::::::::::::::::::::::::::::::::	1	ı. x						0	o	C
(4) BLAKE	LIPSETT		+	_							
TRUSTEE		1	ı. x						0	o	O

	ı ı							,	ı t			
	990 (2010) RIGHT SHARING OF WORLD art VII Section A. Officers, Directors, Tr				- 2	ndi	High	oet.	Compensated			Page 8
	(A) Name and title	(B)  Average hours per week	Posit	ion (d	(C checl	C) k all t	that ap	pły)	(D)  Reportable compensation from	(E)  Reportable compensation from related	(F) Estima amoun othe	ted t of
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compens from to organiza and rela organiza	he ation ated
(17)												
18)												
(19)								-				**
20)												<del></del>
21)											<del>                                     </del>	
22)											<del> </del>	······································
23)												-
24)												
25)												
26)												
27)												
28)												-
	Sub-total .  Total from continuation sheets to Part VII. S			•	•			•	46,691 0			0
d	Total (add lines 1b and 1c).							•	46,691			0
2	Total number of individuals (including but not I reportable compensation from the organization	limited to those		ab				eiv		100,000 in	•	
											Yes	
3	Did the organization list any former officer, dir employee on line 1a? If "Yes," complete Schee										3 3	X
4	For any individual listed on line 1a, is the sum the organization and related organizations gre individual	•	•						•		4	X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "\)	•			-				•		5	X
Sect	ion B. Independent Contractors										<u>-1 7 . 1</u>	1
1	Complete this table for your five highest comp compensation from the organization.	ensated indepe	nden	t co	ntra	cto	rs tha	it re	eceived more that	an \$100,000 of		
	(A) Name and business addi	ress							(B) Description of ser	vices	(C) Compensatio	n
												0
	<del></del>	· · · · · · · · · · · · · · · · · · ·										0
												0 0

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

Par	t VIII	Statement of Revenue							
	-		5,-			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns		1a	0		, , , , , , , , , , , , , , , , , , , ,		,
ributions, gifts, grants other similar amounts	Ь	Membership dues		1b	0	1 1 1 1 1 1 1 1	1, 5		
9 5	C	Fundraising events		1c	0			4	
ifts	d	Related organizations	<u>+</u>	1d	0				*
Contributions, gifts, and other similar am	٦	Government grants (contribution	)—	1e	0				
ons	e		·	ie	<u>_</u>	. /, .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* * * * * * * * * * * * * * * * * * * *	
e É	1	All other contributions, gifts, gra				· *			
i i		similar amounts not included ab		1f	519,000	4		1	
Cont	g	Noncash contributions included in I		\$	120,649	1	1 1 1 1 1 1 1	112 100 \$1.5	
<u>0</u> 8	h	Total. Add lines 1a-1f	· <u>· · · · ·                            </u>		<u> ▶</u>	519,000	1,5	12 Fr 5 4 1 1	17 - Ensel 1
en en					Business Code			**************************************	- 1 2
Če	2a					0			
æ	b					0			
<u>.</u>	c					0			
Š	d					0			
S	ء ا				<del></del>	0			
g	, ,	All other program service reven			· · · · · · · · · · · · · · · · · · ·	0			
Program Service Revenue	' ا			ŀ		0	to Mi Straffin	Carl Singer and after the	a for a form
_	9	Total. Add lines 2a-2f				<u> </u>	R > > x = (14) And the Self   Link	Contraction of a fet all	4. 20. 16.1 2.10. 2
	3	•			•	48,841			
	4	Income from investment of tax-e	exempt bond	pro	ceeds►	0			
	5	Royalties		• ;	<u> </u>	0	2 W. W. W. W.		
			(ı) Real		(II) Personal	Market and making		医癌 经销售	
	6a	Gross Rents		$\Box$			E. Dr. address.		Sing Little
	b	Less rental expenses							
	C	Rental income or (loss)		0	0				
	d	Net rental income or (loss)				0			
	7a	Gross amount from sales of	(i) Securities	;	(II) Other		n/ 主(称, 举);		5 Min . 5 & S &
	'-	assets other than inventory .		0	n	11、沙蒙万里	<b>斯特拉克斯</b>		文 图 物种种
	h	Less: cost or other basis		픳	<u>_</u>	The state of the s	<b>经验</b>		The state of the s
		and sales expenses		0	•				
				0	0	图 等。统行组合			
	C	Gain or (loss)	L	<u> </u>	<u> </u>		distribute	الشنششة أششفت	
	d	Net gain or (loss)		٠ ،	<u> ►</u>	U ##/2#3% ****	[M 2 폭탄 [Kr 26ks]	-13-67a000-5476 60	13 13 h 21 h 38 h
a									
2	8a	Gross income from fundraising				E Hart Con	1年學科學也對於	作數:為議一	
Š	}	events (not including \$	<u>.         0</u>				151 8 1-122 - 21		
8		of contributions reported on line	1c).						
ē		See Part IV, line 18		a	0	Art for the Alexander			
Other Revenue	ь	Less. direct expenses		ь	0	<b>によりない。</b>	100 plant 1888	· · · · · · · · · · · · · · · · · · ·	Sample of
0	c	Net income or (loss) from fundra			•	0		Fig. 1	
		Gross income from gaming activ		ĺ		35.8	1		V 13.7 . 2
	""	See Part IV, line 19		ا ۵	n	The first the second		医重复验	9-11/2 12
	۱			. 1	0		10. 56	7	4-1-45
	l	Less: direct expenses		b [		~ · · · · · · · · · · · · · · · · · · ·			
	C	Net income or (loss) from gamir	ig activities.	. 1	· · · · · · ·	- 3		- 1%	15 4
	10a	Gross sales of inventory, less				1 m 1 m 1 m	13.5 to 15.	到18 x 24 意	
		returns and allowances		а	0				With the state of
		Less: cost of goods sold .		p (	0	3 1 2 2 2		2 1	1.00
	_ <u>c</u>	Net income or (loss) from sales	of inventory .	·		0			20
		Miscellaneous Revenue		]	Business Code		in six in the	·	· , ,
	11a					0			
	b					0			
	c					0			
	d	All other revenue		Ì		0	<del>                                     </del>		
	e	Total. Add lines 11a–11d		l		0	4 , ,	\$P : 1	
	12	Total revenue. See instructions				567,841		0	<u> </u>
	14	_ rotal revenue. See instructions			<u> </u>	1 307,641	1	L	

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (B) (D) Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Territory) Grants and other assistance to governments and A STATE OF THE STA organizations in the U.S. See Part IV, line 21. . . . Grants and other assistance to individuals in the U.S. See Part IV. line 22 . . . . . . . 3 Grants and other assistance to governments. organizations, and individuals outside the U.S. See Part IV, lines 15 and 16. 253,722 Benefits paid to or for members . . Compensation of current officers, directors, trustees, and key employees . . . . . . 46,691 37,353 7,470 1.868 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). 23,176 18.540 3,709 7 Other salaries and wages . . . . . . 927 Pension plan contributions (include section 401(k) 8 and section 403(b) employer contributions). 14.807 11.846 9 Other employee benefits . . . . . . 2,369 592 10 5,415 4,332 Payroll taxes . . . . . . 866 217 11 Fees for services (non-employees): а Management. . . 0 b Legal. . . . . . . . . . Accounting . . . . . . . . 2.461 2.461 Ç d Lobbying . . . . . . . . . . . 0 REPORTED BRANCHER Professional fundraising services. See Part IV, line 17. е Investment management fees . . . . . 1,291 1,033 207 51 g 12 Advertising and promotion . . . 32,789 26,503 5.094 13 Office expenses . . . . . . 1.192 Information technology. 21,047 16,838 3,367 14 842 15 3.240 3.240 16 Occupancy . Travel . . . . . . . . . . . . 8.641 1,383 17 6,913 345 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 5.473 19 Conferences, conventions, and meetings. . . 816 4.652 20 0 Payments to affiliates . . . . 21 0 769 22 Depreciation, depletion, and amortization . . . 769 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) In country representation 41,401 41,401 Memberships 300 240 48 Fees for grants 2,107 2,107 C 33,895 27,116 5.423 1,356 d Board expenses 41,479 41,479 Capital campaign expenses All other expenses Fundraising 1,949 1.949 Total functional expenses. Add lines 1 through 24f. 540,653 452,769 37,049 25 50,835 Joint costs. Check here ▶ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Part X **Balance Sheet** (A) (B) Beginning of year End of year 86.365 40.074 1 Cash—non-interest-bearing. . 1 2 Savings and temporary cash investments . . . . . 327,156 2 431.697 3 Pledges and grants receivable, net . 201,626 56.500 0 4 4 Accounts receivable, net . . . Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . . . . 6 7 Inventories for sale or use . . . . . . . . 8 8 9 Prepaid expenses and deferred charges . . . Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 5.380 Less accumulated depreciation . . . . . 2.307 3.842 10c 3,073 b 10b 11 Investments—publicly traded securities . . . . . . . . . . . . . . . 11 12 781,245 12 Investments—other securities. See Part IV, line 11 . . . . . . . . . 13 Investments—program-related See Part IV, line 11. 0 13 Intangible assets . . . . . . . . . . 14 14 1.900 15 Other assets. See Part IV, line 11 . . . . . 15 1.900 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . 1,402,134 16 1,500,063 17 17 18 18 Grants payable . . . . . Deferred revenue . . . . . . 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 235,172 23 Secured mortgages and notes payable to unrelated third parties . . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . . . 24 25 Other liabilities. Complete Part X of Schedule D. . . . . . . . . . . 0 25 0 26 Total liabilities. Add lines 17 through 25 . . . Organizations that follow SFAS 117, check here > X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 1.116.794 27 Unrestricted net assets . . . 27 28 50,168 28 Temporarily restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 Total net assets or fund balances . . 1.166.962 33 1,243,141 Total liabilities and net assets/fund balances. 1,402,134 1,500,063

Form:	990 (2010) RIGHT SHARING OF WORLD RESOURCES, INC.	<u> </u>	-1030209	Pag	<u>je 12</u>
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
		. 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>,841</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			) <u>,653</u>
3	Revenue less expenses Subtract line 2 from line 1	3			7,188_
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4			<u>5,962</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5		48	<u>3,991 </u>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1,243	3,141
Parl					
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in  Schedule O		_		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	Х	<u> </u>
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	1			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		İ
			Form	990	(2010)

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

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ►See separate instructions. Inspection

Employer identification number

RIG!	<u> 1T SI</u>	HARING OF	WORLD RESO	URCES, INC					<u> </u>	31-16	36209	
Pai	_			narity Status (All or						struction	s	
	orgar		•	dation because it is: (		_	-	•	•			
1	님			urches, or association			oed in <b>se</b> d	tion 170	(b)(1)(A)(i	i).		
2	님			on 170(b)(1)(A)(ii). (/		-						
3	닏			hospital service orga								
4	Ш		esearch organiz ame, city, and st	ation operated in contate:	junction w	ith a hosp	ital descr	bed in se	ction 170	)(b)(1)(A)(	(iii). Enter th	ie
5				or the benefit of a colle (Complete Part II.)	ege or univ	versity ow	ned or op	erated by	a govern	mental un	nt described	
6		A federal, st	tate, or local gov	ernment or governm	ental unit o	described	in sectio	n 170(b)(	1)(A)(v).			
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8				d in <b>section 170(b)(1</b>		Complete	Part II)					
9		An organiza receipts from support from	ition that normal m activities relat n gross investm	lly receives: (1) more ed to its exempt func- ent income and unrel n after June 30, 1975	than 33 1/ tions—sub ated busin	/3% of its s egect to centers taxab	support fr tain exce le income	ptions, an	nd (2) no r ction 511	more than	33 1/3% of	
10	$\sqsubseteq$	An organiza	tion organized a	and operated exclusiv	ely to test	for public	safety S	ee <b>sectio</b>	n 509(a)(	4).		
11 e		purposes of 509(a)(3). Coa Type By checking persons other	one or more purheck the box the b this box, I certification.	fy that the organization on managers and oth	nizations of support Type Type on is not co	described ting organ e IIIFund ontrolled d	in sectior ization ar ctionally in irectly or	a 509(a)(1 ad comple ategrated indirectly	) or section te lines 1	on 509(a)( 1e through d  T more dis	(2). See <b>sec</b> h 11h ype III–Oth qualified	er
f		• • • •	, , ,	a written determinatio	on from the	IDS that	it is a Tve	o I Typo	II or Typ	o III eupp	orting	
•			, check this box				itisa iyi	be i, Type	ii, oi Typ	e iii supp	Orthrig	Γ
g		_		the organization acc		gift or cor	tribution	from any	of the	• •		<b>L.</b>
		following pe		-				•				
				or indirectly controls,							Yes	No
				verning body of the si person described in							11g(i)	
				ty of a person describ							11g(ii)	┿
h				ation about the suppo						• •	11g(lii)	<u> Т                                 </u>
		of supported inization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the o		(v) Did y the organ col (i)	ou notify nization in of your port?	organızat (i) organı	Is the tool in the S?	(vii) Amot suppo	
					Yes	No	Yes	No	Yes	No		
(A)												
					<del> </del>		<u> </u>	<del> </del>	<u> </u>			0
(B)					<u> </u>							0
(C)					<del> </del>							0
(D)					<u> </u>							0
(E)						İ						0
Total			文学 (本) (本) (本) (本) (本) (本) (本) (本) (本) (本)									0

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ion A. Public Support		· · · · · · · · · · · · · · · · · · ·				
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	399,938	401,363	673,447	1,213,292	519,000	3,207,040
2	Tax revenues levied for the organization's	0.00,000		9,,,,,,		0.01000	3122712.5
_	benefit and either paid to or expended on	!				}	
	its behalf	1				1	0
3	The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge					İ	0
		399,938	404.202	672.447	4 242 202	519,000	3,207,040
4	Total. Add lines 1 through 3	388,830	401,363	673,447	1,213,292	319,000	3,207,040
5	The portion of total contributions by each				200 miles	Care Park	
	person (other than a governmental unit					*********	
	or publicly supported organization)						
	included on line 1 that exceeds 2%					1	
	of the amount shown on line 11,						
	column (f)		Francisco Contraction of the	SMITTER !		245	
_6	Public support. Subtract line 5 from line 4.	3.983	以為其政治等等的	13.833 地址对	eranti di Beri	图像13年7月18日	3,207,040
Sect	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	399,938	401,363	673,447	1,213,292	519,000	3,207,040
8	Gross income from interest, dividends,		.5.,,000	9.9,	.,,,_,		<u> </u>
•	payments received on securities loans,			· .			
	rents, royalties and income from similar						
	sources.	15,803	17,408	16,546	24,782	48,841	123,380
9	Net income from unrelated business	13,003	17,400	10,540	24,702	40,041	123,360
3	activities, whether or not the business is		-				
	regularly carried on			}		Ì	0
40	•						0
10	Other income. Do not include gain or					1	
	loss from the sale of capital assets					· ·	
	(Explain in Part IV.)	The state of the s	(A) 10 1 10 10	21-546 As 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	965 7 687 L 2 27 27 28	Con control on an inches	0
11	Total support. Add lines 7 through 10						3,330,420
12	Gross receipts from related activities, etc (s					12	
13	First five years. If the Form 990 is for the o						
	organization, check this box and stop here	. <u>.</u>	<u> </u>		<u> </u>		▶[_]
Sect	ion C. Computation of Public Support	<b>Percentage</b>					
14	Public support percentage for 2010 (line 6, o	column (f) divid	ed by line 11,	column (f))		14	96.30%
15	Public support percentage from 2009 Scheo	lule A, Part II, I	ine 14			15	97 34%
16a							
	and stop here. The organization qualifies as						
b	33 1/3% support test-2009. If the organiza						
	box and stop here. The organization qualific						
17a	10%-facts-and-circumstances test-2010.						
114	is 10% or more, and if the organization mee	•					
	Part IV how the organization meets the "fact						rea . $\square$
	organization						▶∐
ь	10%-facts-and-circumstances test–2009.	_					
	15 is 10% or more, and if the organization m					•	xplain in
	Part IV how the organization meets the "fact			•		•	
	supported organization						▶∐
18	Private foundation. If the organization did i	not check a box	c on line 13, 16	sa, 16b, 17a ,oı	17b, check th	is box and see	
	instructions						▶ 🔲

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support				,		·
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")				į		0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished						
	in any activity that is related to the organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	0	0	0	0	0	<u>0</u> 0
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						-
	amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6)		的是是的				0
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends, payments received on securities loans,						
b	rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						0
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether						_
12	or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets						0
42	(Explain in Part IV)  Total support. (Add lines 9, 10c, 11,						0
13	and 12)	0	0	0	0	0	. 0
14	First five years. If the Form 990 is for the organization, check this box and stop here	tion's first, secon	na, thira, fourth, i	or fifth tax year a	is a section 501(	c)(3)	. ▶ 🗀
	tion C. Computation of Public Support I						
15	Public support percentage for 2010 (line 8, column		e 13, column (f))		•	15	0 00%
16 See	Public support percentage from 2009 Schedule A, I			·	·	16	0.00%
<u>3ec</u> 17	tion D. Computation of Investment Inco Investment income percentage for 2010 (line 10c, or			ımn (fi)		17	0.009/
18	Investment income percentage for 2010 (line 100, c		-		• •	18	0 00% 0 00%
19a	33 1/3% support tests-2010. If the organization di			ind line 15 is moi	re than 33 1/3%		0 00 /0
b	not more than 33 1/3%, check this box and stop he 33 1/3% support tests-2009. If the organization did	e <b>re</b> . The organiza	ation qualifies as	a publicly suppo	orted organizatio	n .	. ▶
	line 18 is not more than 33 1/3%, check this box an						. ▶
20	Private foundation. If the organization did not chec	ck a box on line 1	14, 19a, or 19b,	check this box a	nd see instructio	ns	▶☐

Schedule A (Form	1 990 or 990-EZ) 2010	RIGHT SHA	RING OF WOR	RLD RESOUR	CES, INC.		31-1636209	Page 4
Part IV	Supplemental	Information.	Complete th	is part to prov	vide the explai	nations required	by Part II, line	10;
<del></del>						or any additiona		
	instructions).					<b>,</b>	•	
					· · · · · · · · · · · · · · · · · · ·			
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				• • • • • • • • • • • • • • • • • • • •				

### **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

Inspection Employer identification number

	<u>IT SHARING OF WORLD RESOURCES, IN</u>		31-1636209
Par	Organizations Maintaining Don	or Advised Funds or Other Simila	ar Funds or Accounts. Complete if
	the organization answered "Yes" t	o Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year) .		
4	Aggregate value at end of year	<u>                                     </u>	
5	Did the organization inform all donors and or	lonor advisors in writing that the assets	held in donor advised
3			
_	funds are the organization's property, subje		
6	Did the organization inform all grantees, do	•	•
	used only for charitable purposes and not for		
	purpose conferring impermissible private be		
Par	Conservation Easements. Comp	olete if the organization answered "	Yes" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held	by the organization (check all that app	oly).
·	Preservation of land for public use (e.g., rec	· · · · · · · · · · · · · · · · · · ·	ation of an historically important land area
			• •
	Protection of natural habitat	Preserva	ation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiz	ation held a qualified conservation con	tribution in the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements .		<b>2a</b>
b	Total acreage restricted by conservation ea	sements	2b
C	Number of conservation easements on a ce	ertified historic structure included in (a)	2c
d	Number of conservation easements include	d in (c) acquired after 8/17/06, and not	on a
	historic structure listed in the National Regis		2d
3	Number of conservation easements modifie		
	during the tax year	,	
4	Number of states where property subject to	conservation easement is located	•
5	Does the organization have a written policy		ection, handling of
_	violations, and enforcement of the conserva		
6	Staff and volunteer hours devoted to monitor		
•	<b>&gt;</b>	g,g,g	the second seems and your
7	Amount of expenses incurred in monitoring,	inspecting and enforcing conservation	n easements during the year
•	► \$	maposang, and emorong conservation	reasonicine during the year
8	Does each conservation easement reported	t on line 2/d) above satisfy the requirer	nonts of section
U	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization r		
9		· ·	· · · · · · · · · · · · · · · · · · ·
	balance sheet, and include, if applicable, th		n's financial statements that describes
Dos	the organization's accounting for conservati		When Cimiles Acade
Par		ons of Art, Historical Treasures, or C	omer Similar Assets.
	Complete if the organization answere		
1a	If the organization elected, as permitted und	der SFAS 116 (ASC 958), not to report	in its revenue statement and balance sheet
	works of art, historical treasures, or other si	milar assets held for public exhibition, e	education, or research in furtherance
	of public service, provide, in Part XIV, the te	ext of the footnote to its financial statem	ents that describes these items.
b	If the organization elected, as permitted und	der SFAS 116 (ASC 958), to report in it	s revenue statement and balance sheet
	works of art, historical treasures, or other si	• • • • • • • • • • • • • • • • • • • •	
	of public service, provide the following amount	·	<b>,</b>
			• \$
	(ii) Assets included in Form 990, Part X.	n, mro 1	· · · · · · · · · · · · · · · · · · ·
•			
2	If the organization received or held works of		
	following amounts required to be reported u		
a	Revenues included in Form 990, Part VIII, li	ne 1	<b>▶</b> \$
b	Assets included in Form 990, Part X		. <b>&gt;</b> \$

Par	Organizations Maintaining	Collections of A	rt, His	torical Tre	<u>asures, or (</u>	<u>Other</u>	Similar Assets	(continued)
3 .	Using the organization's acquisition,	•	er reco	ords, check a	iny of the follo	owing	that are a signific	cant
_	use of its collection items (check all t	nat apply)						
а	Public exhibition		a	=	or exchange	progra	ıms	
ď	Scholarly research		е	Other	•			
C	Preservation for future general	ions						
4	Provide a description of the organiza Part XIV.	tion's collections a	nd expl	ain how they	further the o	organiz	ation's exempt p	urpose in
5	During the year, did the organization							m. – .
	assets to be sold to raise funds rathe							Yes No
Part		_	•	_	nization ansv	wered	"Yes" to Form	990, Part
4-	IV, line 9, or reported an am					45		
1a	Is the organization an agent, trustee,			-		rotner	assets not	☐ Yes ☐ No
h	included on Form 990, Part X? If "Yes," explain the arrangement in F							Yes No
b	ii res, explain the arrangement in r	an Aiv and compi	ele lije	lollowing tal	bie		<del></del>	Amount
С	Beginning balance					1	<del></del>	0
ď	Additions during the year					1		
e	Distributions during the year					1	<del></del>	
f	Ending balance						f	0
	•							
2a	Did the organization include an amou		ап Х, ІІ	ine 21?				Yes X No
b	If "Yes," explain the arrangement in F				/U.t- F	- 000	D = 4 1) / 1 = - 4 /	<del></del>
Part	V Endowment Funds. Comp		T			$\overline{}$		
		(a) Current year		) Pnor year	(c) Two years	back	(d) Three years bac	
1a	Beginning of year balance	0	<del> </del>					A STATE OF THE STA
b	Contributions		<b>├</b>				Control of the second	A SECULAR CONTRACTOR
С	Net investment earnings, gains,	i	}					
	and losses		-					
d	Grants or scholarships		ļ		<del> </del>			AND AND SEAL OF SERVICE AND AND AND AND AND AND AND AND AND AND
е	Other expenditures for facilities				1			
	and programs	<u></u>	<u> </u>	<del></del>	<u> </u>			CHAMPANANANANANANANANANANANANANANANANANANA
f	Administrative expenses	<u> </u>	<del>}</del>		<u> </u>		F A. M/200 4 /95 (4) Total Alba - 1100	
g	End of year balance	<u>_</u>	┸	0	<u> </u>		Brawre, En	
2	Provide the estimated percentage of	-	ce neid					
a	Board designated or quasi-endowme		<b>-</b>	<u>%</u>				
b	Permanent endowment Term endowment	<u>%</u> %						
c 3a	Are there endowment funds not in the		organ	ration that s	are hold and	admini	stored for the	
Ja	organization by:	possession or the	olyan	ization that a	ale liciu aliu i	aumm	stered for the	Yes No
								3a(i)
	<ul><li>(i) unrelated organizations</li><li>(ii) related organizations</li></ul>							3a(ii)
<b>h</b>	If "Yes" to 3a(ii), are the related organ							3b
b 4	Describe in Part XIV the intended use		-					30
4 Post								
Part								
	Description of investment	(a) Cost or o			ost or other is (other)	•	) Accumulated depreciation	(d) Book value
1a	Land	<del></del>	,	0	0		Barrier State	0
b	Buildings			0		7 7 7 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0	0
c	Leasehold improvements			0			0	0
d	Equipment		_	ol	5,380		2,307	3,073
e	Other			0	0,505		0	0,010
	. Add lines 1a through 1e (Column (d		990. P					3,073

Page 3

Part VII Investments—Other	Securities. See F	orm 990, Part X,	, line 12.	
(a) Description of security or category (including name of security)	(b	) Book value	(c) Method of Cost or end-of-yea	
(1) Financial derivatives		0		
(2) Closely-held equity interests		0		
(3) Other Friends Fiduciary Corporation		966,819		<del></del>
( <u>A</u> )		0	··-	
(B)		0	-	·
(C) (D)		0		<del></del> -
(E)		0		<u> </u>
(F)		0		
(G)		0		
(H)		0		
(i)		0		
Total (Column (b) must equal Form 990, Part X, ∞l (B) line	12) 🕨	966,819	1395 3 · 35 / 1/24 ·	The state of the state of
Part VIII Investments—Progra	m Related. See F	orm 990, Part X	(, line 13.	
(a) Description of investment type	(b	) Book value	(c) Method of Cost or end-of-yea	
(1)		0		
(2)		0		
(3)		0	<del>                                     </del>	
_(4)		0	· · · · · · · · · · · · · · · · · · ·	
(5)	<del></del>	0		
(6)		0		<del></del>
(7)		0		
<u>(8)</u> (9)		0		
(10)		0		
Total. (Column (b) must equal Form 990, Part X, col (B) line	13) ▶	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	158 ST - 168 C. C. C.
Part IX Other Assets. See Fo	rm 990, Part X, lir	ne 15.		
	(a) Description			(b) Book value
(1)				0
(2)	<u> </u>			0
(3)				0
(4)	<del></del>		<u> </u>	0
(5)				0
(6)			<u> </u>	0
(7)	<del></del>		<del></del>	0
(8)				0
(10)				0
Total. (Column (b) must equal Form 990	Part X. col. (B) line	e 15)		· Ö
Part X Other Liabilities. See				•
1. (a) Description of liability		(b) Amount	Con is weather when	a telliki ne millen Vai
(1) Federal income taxes		0	Secretary of the second	
(2)		0		
(3)		0		
(4)		0		
(5)		0		
(6)		0	and the state of the same	
(7)		0	4 Branch Barrell	
(8)		0		(主義化)多樣之一個
(9)		0		
(10)	<del></del>	0	The state of the s	· Later 47. 4 04. 6
(11) Total. (Column (b) must equal Form 990, Part X, col (B) line	25)	0	STANDINGS STANDS	white it was no an
Total (Column (b) must equal Fullingso, Falt A, cur (b) line			<u> </u>	the management of the state of

	dule D (Form 990) 2010			Page <b>4</b>
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to A	udited Financial	Statements	1
1.	Total revenue (Form 990, Part VIII, column (A), line 12)		1	567,841
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	540,653
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	27,188
4	Net unrealized gains (losses) on investments		4	48,991
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV )		8	
9	Total adjustments (net). Add lines 4 through 8		9	48,991
10	Excess or (deficit) for the year per audited financial statements. Combine lines		10	76,179
_	Reconciliation of Revenue per Audited Financial Statement		per Return	
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		300	
a	Net unrealized gains on investments	2a	<b>E.</b>	
b	Donated services and use of facilities	2b		
C	<b>F</b>	2c		
ď	Other (Describe in Part XIV.)			
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1			0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1	18.5	<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)			
c	Add lines 4a and 4b.		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			
	t XIII Reconciliation of Expenses per Audited Financial Statemer			·
1			s per Ketur	<u> </u>
2	, ·		N. S. (S. C. C. C. C. C. C. C. C. C. C. C. C. C.	
	Amounts included on line 1 but not on Form 990, Part IX, line 25.  Donated services and use of facilities	an	<b>新春</b>	
a		2a		
b	Prior year adjustments	2b		
C		2c		
d	` '	2d		•
e	Add lines 2a through 2d		<del></del>	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		<b>*</b>	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		•
C	Add lines 4a and 4b			0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	<u>)</u>	5	0
Par	t XIV Supplemental Information			
and:	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa 2b; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part part to provide any additional information.			
			•••••	• • • • • • • • • • • • • • • • • • • •
				***********

## RIGHT SHARING OF WORLD RESOURCES, INC

31-1636209

Schedule D (Form 9	
Part XIV	Supplemental Information (continued)
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	••••••••••••
	•••••••••••••••••••••••••••••••••••••••
	•••••••••••••••••••••••••••••••••••••••

# Schedule F (Form 990)

# Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

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nsp	ecti	on	
 _	-	_	

RIGHT SHARING OF WORLD RESOURCES, INC.

Employer identification number 31-1636209

	<b>nformation on A</b> orm 990, Part IV, lir		ide the United States. Co	omplete if the organization ar	nswered
<del>-</del>	ntees' eligibility for	the grants or as	cords to substantiate the amssistance, and the selection	criteria used to award	X Yes No
2 For grantmakers. United States.	Describe in Part V	the organization	n's procedures for monitoring	g the use of grant funds outsi	de the
3 Activities per Region	. (The following Pa	art I, line 3 table	can be duplicated if addition	al space is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Sub-Saharan Africa					27.000
(1) South Asia	1	1	grants		27,862
(2)	1	1	grants		13,539
(3)	0	О0			o
(4)	0	0			0
(5)	0	0			0
(6)	0	0			0
(7)	0				0
(8)	0	0			0
(9)	0				0
(10)	0				0
		-			
(11)	0	0			0
(12)	0	0			0
(13)	0	0			0
(14)	0	0			0
(15)	0	0			0
(16)	0	0			0
(17)	0	0			0
3a Sub-total .	2	2		ALL STAPLISHED	41,401
<b>b</b> Total from continuation sheets to Part I	0	^			_
c Totals (add lines 3a and 3b)	<del></del>	2		AND A SHOP REPORTED TO	0 41,401

RIGHT SHA	RIGHT SHARING OF WORLD RESOURCES, INC.	31-1636209
Schedule F (Form 990) 2010	rm 990) 2010	Page
Part II G	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,	he organization answered "Yes" to Form 990,
Pe	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.	ived more than \$5,000
P	Part II can be duplicated if additional space is needed.	

r ait il cail de duplicated il additional space is liecued.	additional space	e is licened.						
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(l) Method of valuation (book, FMV, appraisal,
一年中一年子高一年一年一年一年十二年十二年十二十二十二十二十二十二十二十二十二十二十二十二十二	は、一般の経過を対している。 では、これをは、これを表している。	Sub-Saharan Africa	enterprise project	5.248	5.248 wire transfer	0		
唐 二	South Asia	South Asia	enterprise					
The state of the s	いるのでは、大きいで	4	project	5,145	5,145 wire transfer	0		
		South Asia	enterprise project	5,072	5,072 wire transfer	0		
(		South Asia	enterprise project	5,028	5,028 wire transer	0		
in a F	はのできる。	South Asia	enterprise				;	
軍官 香門 養力也 看此時	學學院		project	5,302	5,302 wire transfer	0		
****	學學術	South Asia	enterprise project	5,151	5,151 wire transfer	0		
	THE WAY	South Asia	enterprise	5.087	5 087 wire fransfer	C		
	South Asia	South Asia	enterprise project	5.322	5.322 wire transfer	0		}
學 等 等 等 等 等 等 等 等 等 等 等 等 等 等 等 等 等 等 等	South Asia	South Asia	enterprise project	5.064	5,064 wire transfer	0		
· 我们是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	では、大学のでは、ためいでは、大学のでは、ためいは、大学のは、大学のは、大学のは、大学のは、大学のは、大学のは、大学のは、大学の	South Asia	enterprise project	5,623	5,623 wire transfer	0		
等 一种 一种 一种	Control Strains			0		0		
of Transmission of the property of the control of t	AND THE WAY TO SEE THE			0		0		
大 一				0		0		
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	THE PROPERTY OF THE PARTY OF TH			0		0		
				0		0		
CAROL CONTRACTOR SECURITY SECU				0		0		

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.

Enter total number of other organizations or entities. က 7

Schedule F (Form 990) 2010

RIGHT SHARING OF WORLD RESOURCES, INC.

Schedule F (Form 990) 2010

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

31-1636209

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance 0 0 0 (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance (1) 4 6 2 ව <u>છ</u> (9) 6 (8) (10) (11) 12 13 14 (15) (16) (18)

Schedule F (Form 990) 2010

ched	ile F (Form 990) 2010	RIGHT SHARING OF WORLD RESOURCES, INC	31-163	6209	Page 4
art	V Foreign Fo	ms			
1	the organization ma	on a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," by be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign structions for Form 926)	Yes	X No	
2	may be required to Receipt of Certain F	have an interest in a foreign trust during the tax year? If "Yes," the organization file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With Instructions for Forms 3520 and 3520-A)	Yes	X No	
3	the organization ma	have an ownership interest in a foreign corporation during the tax year? If "Yes," y be required to file Form 5471, Information Return of U.S. Persons with respect to porations (see Instructions for Form 5471)	Yes	X No	
4	qualified electing ful Return by a Shareh	on a direct or indirect shareholder of a passive foreign investment company or a and during the tax year? If "Yes," the organization may be required to file Form 8621, colder of a Passive Foreign Investment Company or Qualified Electing Fund. (see in 8621)	Yes	X No	
5	the organization ma	have an ownership interest in a foreign partnership during the tax year? If "Yes," y be required to file Form 8865, Return of U.S. Persons with respect to Certain s. (see Instructions for Form 8865)	Yes	X No	
6		have any operations in or related to any boycotting countries during the tax year? If ion may be required to file Form 5713, International Boycott Report (see Instructions	Yes	X No	

Sch	edule	F	(Form	990)	20	1
			_			-

Schedule F (I	(Form 990) 2010	Page 5
Part V	Supplemental Information  Complete this part to provide the information required by Part I, line 2 (monitoring (accounting method); Part II, line 1 (accounting method); Part III (accounting method) and additional method in the part to provide any additional method.	od); and Part III, column (c) (estimated
Part I Line	e 2 Reports are required every six months. Field staff visit the grant	
receipients	ts. Sometimes U.S. visitors visit the grant receipients. There is a network of	
colleagues	s (current and past partners) who can and have reported problems with grant	
receipients	s.	

## SCHEDULE M (Form 990)

**Noncash Contributions** 

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service

►Attach to Form 990.

Employer identification number Name of the organization RIGHT SHARING OF WORLD RESOURCES, INC. 31-1636209 Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications		of Territorial 22 to also		
5	Clothing and household		The state of the s		
	goods		The same of the sa		
6	Cars and other vehicles				
7	Boats and planes ,				
8	Intellectual property				
9	Securities—Publicly traded	Х		120,649	SOLD PROMPTLY
10	Securities—Closely held stock				
11	Securities—Partnership, LLC,				
	or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation				
	contribution—Historic				
	structures			·	
14	Qualified conservation				
	contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies .				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► ()		0	0	
26	Other ► ()		0	0	
27	Other ► ()		0	0	
28	Other ► (		0	0	
29	Number of Forms 8283 received				
	which the organization completed	Form 828	<ol><li>Part IV, Donee Acknowle</li></ol>	edgement	29
					Yes No
30a	During the year, did the organizat				<b>–28</b>
	that it must hold for at least three	•		•	
	required to be used for exempt po	-			30a   X
	If "Yes," describe the arrangemen				
31	Does the organization have a gift			eview of any non-standard	المشاعة المستقدال
					31   X
32a	Does the organization here or use	•	•	· ·	\ <u>.</u>
	noncash contributions?				32a   X
	If "Yes," describe in Part II				
33	If the organization did not report a checked, describe in Part II.	an amount	in column (c) for a type of p	property for which column (a	a) is

Schedule M (F	orm 990) (2010)	RIGHT SHARING OF WO	RLD RESOURCES, INC		31-1636209	Page <b>2</b>
Part II	Suppleme	ntal Information. Co	mplete this part to provide part for any additional infor	the information required by Frmation.	Part I, lines 30b,	
Part I Line	32a Stocks a	re received and promptly	sold thru Merrill Lynch acco	unt		
	·					
	•••••					
					•••••	
					•••••	
					•••••	
					•••••	
		••••••				
			•••••			

# **SCHEDULE O**

(Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
RIGHT SHARING OF WORLD RESOURCES, INC.	31-1636209
Form 990 Part Part XI Line 5 CHANGE IN FAIR MARKET VALUE OF INVESTMENTS	
1 OUT 330 LOUI LOUN FILE O CUMINGE HAT VIV MARVET ANTOE OF HAVESTIMENTS	
Form 990 Part Part VI Section B Line 11B DIRECTOR REVIEWS 990	
Form 990 Part Part VI Section C Line 19 ORGANIZATION MAKES GOVERNING DOCUMENTS	S, CONFLICT OF
INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO PUBLIC UPON REQUES	<b>эт</b>
	•••••
•	
•••••••••••••••••••••••••••••••••••••••	•••••
	•••••
	•••••
•••••••••••••••••••••••••••••••••••••••	•••••

Schedule O (Form 990 or 990 EZ) (2010)	Page 2
Name of the organization	Employer identification number
RIGHT SHARING OF WORLD RESOURCES, INC.	31-1636209
,	
	***************************************
	• • • • • • • • • • • • • • • • • • • •
	•••••
	• • • • • • • • • • • • • • • • • • • •
•••••••••••••••••••••••••••••••••••••••	
•	•••••

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

	Cash	Noncash
Federated Campaigns	. 1	
Membership dues		
Fundraising events	3	
Related organizations		
Government grants (contributions)		
All other contributions, gifts, grants, and similar amounts not included above		<del></del>
	398,3	<u>120,64</u>
Other contributions total	6 398,3	120,64
Total	7 398,3	351 120.649

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

	(A)	(B)	(C)	(D)
	Total	Program	Management	Fundraising
		services	and general	_
1 Depreciation	769	769	-	
2 Depletion	0			
3 Amortization	0			
4 Total	769	769	0	

Part X, Line 3 (990) - Pledges and Grants Receivable

	Pledges and g	grants receivable	Allowance for do	ubtful accounts
	Beginning	End	Beginning	End
1 Capital campaign 1	201,626	56,500		
22				
3 3				
44				
5 5				
66				
7 7				
88				
99				
1010				
11 Total pledges and grants receivable 11	201,626	56,500	0	0

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

								5,380	1,538	2,307	0	3.842	3.073
			Leasehold			Check If	Check of		Beginning	Ending			
			Improve-			investment	Asset	Cost/Other	ccumulated	Accumulated	Disposals/	Beginning	
Category or Item	Land	Buildings	ments	Equipment	Other	Asset	Disposed	Basis	epreciation	Depreciation	Adjustments	Balance	Balance
1 computer equipment				×				5,380	1,538	2,307		3,842	1
2								0				0	
3								0	0			0	0
4								0	0			0	0
2								0	0			0	0
9								0	0			0	0
7								0	0			0	0
8								0	0			O	0
6								0	0			0	0
10								0	0			0	0
11								0	0			0	0
12								0	0			0	q
13								0	0			0	9
14								0	0			0	0
15								0	0			0	4
16								0	0			0	9
17								0	0			0	0
18								0	0			0	0
19								0	0			0	0
20								0	0			0	0

# Part X, Lines 11 and 12 (990) - Investments - Securities

Check one box below to indicate how securities are reported:

Cost

X End of year market value (FMV)

		i your		3. 3004J		0	781,245	966,819
	<u>.</u>	= 5		C Seck II			Beginning	Ending
DO		pliciy	Check If	Closely-Hek	Number		Balance	Balance
	Ĕ 	aded	Financial	Equity	of Shares/		Book Value	Book Value
lion	Sec	urities?	Derivatives	Interests	Face Value	Donation	FMV	FMV
Friends Fiduciary Corporation		!			23,638.32		781,245	966,819
							0	0
							0	0
							0	0
							0	0
							0	0
		×					0	0
							0	0
							0	0
							0	0
							0	0
							0	0
							0	0
							0	0
							0	0
							0	0
							0	0
							0	0
							0	0
							0	0
					i			

RIGHT SHARING OF WORLD RESOURCES, INC.

קפּע	Part A, Line 15 (990) - Other Assets	1,900	1,900
	Description	Beginning	End
1	Deposits	1.900	
7			
3			
4			
5			
9			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

			000 430	
			7/1/057	776,007
			Balance due	
	Lender's name	Check if	beginning	
-	permanently restricted contributors		235 172	256 922
7				
က				
4				
2				
9				
7				
8				
6				
10				
11				
12				
13				
14				
15				
16				
17				
48				
19				
20				

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

OMB No 1545-0172

Internal Revenue Service

► See separate instructions. Attach to your tax return.

Sequence No. 67

Identifying number Name(s) shown on return Business or activity to which this form relates RIGHT SHARING OF WORLD RESOURCES, (990) 31-1636209 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I Maximum amount (see instructions) . . . . 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- . . . . . . . 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions . . . . . . (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 . . . . . . 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . 8 9 0 10 Carryover of disallowed deduction from line 13 of your 2009 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... 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12. 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 depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 Other depreciation (including ACRS) . . . . 769 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2010 . . . 18 If you are electing to group any assets placed in service during the tax year into one or more Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property vear placed (business/investment use (e) Convention (f) Method (a) Depreciation deduction period in service only-see instructions) 19 a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 vrs g 25-year property h Residential rental 27.5 yrs. MM S/L property MM S/L 27.5 yrs. i Nonresidential real 39 yrs. MM S/L S/L Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs. S/L c 40-vear S/L Summary (See instructions.) 21 Listed property. Enter amount from line 28 . 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 instructions 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

12/3 <sup>-</sup>	12/31/10 2010 FEDERAL SUMMARY DEPRECIATION SCHEDULE											
CLIEN	CLIENT RSWR RIGHT SHARING											
4/29/11								•		11.50AM		
NO.	DESCRIPTION 4562 ONLY	DATE ACQUIRED _	DATE SOLD	COST/ BASIS	BUS, PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR	METHOD	LIFE	CURRENT DEPR		
1	NETWORKING PROJECT	12/31/07		5,380			1,538	S/L	7	769		
	TOTAL			5,380		0	1,538			769		
	TOTAL DEPRECIATION			5,380		0	1,538			769		

5,380

769

1,538

GRAND TOTAL DEPRECIATION

# Form 8868

(Rev January 2011)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Fime Fo File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

<ul><li>If you ar</li></ul>	e filing for an Automatic 3-Month Extens e filing for an Additional (Not Automatic) inplete Part II unless you have already be	3-Month	Extension, complete only Part II (on )	page 2 of this	form).	<b>▶</b> X 3.
a corporation 8868 to require Return for T	filing (e-file). You can electronically file Fon required to file Form 990-T), or an addit uest an extension of time to file any of the ransfers Associated With Certain Personal) For more details on the electronic filing o	ional (not a forms liste al Benefit (	automatic) 3-month extension of time. ` id in Part I or Part II with the exception Contracts, which must be sent to the IR	You <mark>can elect</mark> r of Form 8870 S in paper for	onically file F , Information mat (see	orm
Part I	Automatic 3-Month Extension of 3	ime. Onl	y submit original (no copies needed	<del>d</del> ).		
Part I only .	on required to file Form 990-T and request	ing an auto	omatic 6-month extension—check this	box and comp		<b>▶</b> □
	rporations (including 1120-C filers), partne ncome tax returns.	rships, RE	MICs, and trusts must use Form 7004	to request an	extension of	
Type or	Name of exempt organization		En	ployer identifi	cation numbe	
print	RIGHT SHARING OF WORLD RESOUR	CES INC		1636209		•
File by the	Number, street, and room or suite no. If a P.O.			1000200		
due date for	101 QUAKER HILL DRIVE	. 44M, 500 II				
filing your	City, town or post office, state, and ZIP code.	For a foreig	n address, see instructions.	······································	·	<del></del>
return. See instructions	RICHMOND			IN 47	374	
	I A STATE OF THE S			-11	<del>01 1</del>	
Enter the Re	eturn code for the return that this application	on is for (fil	e a separate application for each retur	n)	[	01
Application	1	Return	Application		Re	turn
ls For		Code	Is For		C	ode
Form 990		01	Form 990-T (corporation)		- (	07
Form 990-E	BL .	02	Form 1041-A		(	08
Form 990-E		03	Form 4720	, , , , , , , , , , , , , , , , , , , ,		09
Form 990-F		04	Form 5227		<del></del>	10
	(sec. 401(a) or 408(a) trust)	05	Form 6069			11
	(trust other than above)	06	Form 8870	<del></del>		12
Telephon If the org If this is for the whole list with the runtil is for the whole list with the runtil is for the whole list with the runtil is for the whole list with the runtil is for the whole list with the runtil is for the whole list with the runtil list with the runtil list with the whole list with the runtil list w	the organization's return for: calendar year 2010 or tex year beginning ax year entered in line 1 is for less than 12 nange in accounting period application is for Form 990-BL, 990-PF, 98 fundable credits. See instructions. application is for Form 990-PF, 990-T, 472	s four digit If it is for p sion is for. corporatio exempt org months, 90-T, 4720	Group Exemption Number (GEN)	n of time amed above.	If this is and atta	
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, 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-EO and Form 8						0
		ithdrawal	with this Form 8868, see Form 8453-E	O and Form 8	879-EO	
or payment	instructions.					