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For Paperwork Reduction Act Notice, see the separate instructions.

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

OMB No. 1545-0047

Dep	artment of nai Reven	the Treasury ue Service	► The organization may h	nave to use a copy of this i		•	rting requi	ements.	Inspec		
A			endar year, or tax year beginn			nd ending		/31	, 20 12		
В		applicable:	C Name of organization THE WO						er identification n	umber	
	Address		Doing Business As	····					20-2264584		
\Box	Name ch	- 1	Number and street (or P.O. box	f mail is not delivered to stree	t address)	Room/suite		E Telephor			
$\overline{\Box}$	Initial ret	•	228 Park Avenue South Ste	27395					646-257-4144		
$\overline{\sqcap}$	Terminal		City, town or post office, state, a		.,				0.00 207 1.11		
$\tilde{\sqcap}$	Amended return New York, NY 10003 G Gross receipts \$ 781,11										
\Box	Application pending F Name and address of principal officer: Brendan Martin H(a) is this a group return for efficience.										
_	, debuodo	on pending	250 Carlton Avenue, Apartm		5				for affiliates? L. Yes ncluded? Yes	=	
-	Tax-ovo	mpt status:	☑ 501(c)(3) ☐ 501		4947(a)(1) or	527			(see instructions)		
<u> </u>	Website		w.theworkingworld.org	<u> </u>	. 10 17 (4)(1) (1)		ì		number >		
K				ociation ☐ Other ▶	L Yez	er of formation			of legal domicile:	ME	
	art I	Summ									
	1		escribe the organization's m	ission or most significa	nt activities:	The Worl	king World	l is a non	profit organizati	on that	
	1		s economic prosperity in poo								
ဦ	1		al and business consulting fo	-	_	-	9	io orinea	outes by provi	ung	
Ę		iun oupii	ar arra pasmoss sonsarring re	000pojanio masi.i.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.5					
ě	2	Check th	nis box ▶☐ if the organization	on discontinued its one	rations or de	sposed of i	more than	25% of	its net assets		
ğ	3		of voting members of the go	•				3		3	
න්	4		of independent voting mem	• • •	•	line 1b)		4		2	
₽	5		mber of individuals employe			•	• • •	5		0	
Activities & Governance	6		mber of volunteers (estimate	•				6		10	
ĕ	7a		related business revenue fro	• •			• • •	7a		0	
	F _	b Net unrelated business taxable income from 990-T line 34								0	
	 	1101 01110	atou buo. Ioo lahabio laha				Prior Ye	7b ar	Current Ye		
_	8	Contribu	tions and grants (Part VIII, Ii	ne 1h)				140,560		631,172	
물	1	9 Program service revenue (Part VIII, line 2g) 2014						32,211		50,522	
Revenue	10		vestment income (Part VIII, column (A), lines 3, 4, and 7d) ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					16		-1,101	
æ	11							560		94	
	12		enue—add lines 8 through 1			ne 12)		173,347	· · ·	680,687	
_	13		nd similar amounts paid (Pa			·····		0		28,127	
	14		paid to or for members (Par		,	· ·		0		0	
	15		other compensation, employe	• • •	mn (A) lines !	5-10)		39,433		9,308	
Expenses	16a		onal fundraising fees (Part IX	•		- 10		0		450	
ĕ	Ь		draising expenses (Part IX,	• • • • • • • • • • • • • • • • • • • •		1,486					
亞	17		penses (Part IX, column (A),	• • • •		',''		118,240		139,982	
	18		penses. Add lines 13-17 (mu	· · · · · · · · · · · · · · · · · · ·	•	,` : <u>├</u>	 -	157,673		177,867	
	19	-	less expenses. Subtract lin	•	• • •	′.		15,674	····	502,820	
> \$					<u> </u>	Beg	inning of Cu		End of Ye		
ets or lances	20	Total ass	sets (Part X, line 16)			—		212,656		812,583	
88	21		pilities (Part X, line 26)					26,737	·	123,844	
Net Asser	22		ts or fund balances. Subtra					185,919		688,739	
_	art II		ture Block		 -			100///		000,107	
-		Ities of periu	rry, I declare that I have examined to	his return, including accompa	nvina schedules	and statemen	nts. and to t	he best of n	nv knowledge and	belief, it is	
			lete. Declaration of preparer of ther t						,		
			12 relia 1/1	al		- 10'		11/	13/14		
Sig	jn	3 3 gm	fature of officer				Da	te /	· / · /		
He		Bre	endan Martin, President					•	•		
			e or print name and title								
Pa	id	Pnnt/Ty	pe preparer's name	Preparer's signature		Date		Check	PTIN		
		<u> </u>		}				self-emp			
	epare		name ►	<u> </u>			Firm	n's EIN ▶			
US	e Onl	y	address ▶					ne no.			
Ma	y the IF		s this return with the prepar	er shown above? (see i	nstructions)				Yes	No	

Cat. No. 11282Y

Form **990** (2012)

Part IV	Checklist of Required Schedules

			Yes	l 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	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	1-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		,
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		,
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	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		v
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		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		,
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.	1	· Miles	17. T
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	~~^^	الامساس
b	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		,
c	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	~	
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		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		~
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		V
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	- 1 1 1 1 1 1 1 1.	14a	~	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	445	,	
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? If "Yes," complete Schedule F, Parts II and IV.	14b	-	_
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? If "Yes," complete Schedule F, Parts III and IV			<u>, </u>
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)	16		,
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.	17		<u> </u>
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	18		
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		
		20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь	. 990	5015
		Form	· 3454E)	r2012\

Part	Checklist of Required Schedules (continued)			
21	Did the arganization report more than \$5,000 of greats and other analysis to any any arrange at any		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	~	
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		,
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	23		v
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		,
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		v
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		v
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		~
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		,
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30	•	v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		,
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		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
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 VI			· ·
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	37	1	
			n 990	(2012)

	90 (2012)			Page
Part				
	Check if Schedule O contains a response to any question in this Part V			<u>. [</u>
4.			Yes	No
1a 5	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ľ		
·	reportable gaming (gambling) winnings to prize winners?			-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		╁
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		j	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		 	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		T
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		İ	1
	account)?	4a	~	
b	If "Yes," enter the name of the foreign country: Argentina, Nicaragua			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		L	ļ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	L_	~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	↓
va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		١.
ь	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	~
_	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).	00		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ł
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		\vdash
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
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 organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		-
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	36		
а	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			1
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			L
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	l		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states in which	1		
_	the organization is licensed to issue qualified health plans		- [
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
	the state of the s			

Form 99				Page C
Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response to any question in this Part VI			,0,73. . 🗹
Section	on A. Governing Body and Management	<u> </u>	<u> </u>	<u>. ك</u>
3000	The doverning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
	If there are material differences in voting rights among members of the governing body, or	1 .	[ľ
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.		1	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 2		1	Ì
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1	ĺ	1
	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	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? .	5		~
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	ł	[1
_	stockholders, or persons other than the governing body?	7b	<u> </u>	ļ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			**
	the year by the following:			
	The governing body?	8a	~	<u> </u>
	Each committee with authority to act on behalf of the governing body?	8b	~	ļ
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.		ļ	
Coctio	on B. Policies (This Section B requests information about policies not required by the Internal Reven	9		10
Section	The Folicies (This Section & Tequests information about policies not required by the internal never	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		7
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	108	_	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10Ь	ĺ	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		V
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		, .	45 1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		~
	Did the organization have a written whistleblower policy?	13		~
	Did the organization have a written document retention and destruction policy?	14		~
15	Did the process for determining compensation of the following persons include a review and approval by	ļ		,
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			<u></u>
	The organization's CEO, Executive Director, or top management official	15a		-
	Other officers or key employees of the organization	15b		~
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	46-		-
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a	-	-
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			ŀ
	organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure			ш
	List the states with which a copy of this Form 990 is required to be filed ▶ None			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or	f inte	est p	colicy,
	and financial statements available to the public during the tax year.			
	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•	
	organization: Brendan Martin, (646)257-4144			

raue	•

Part VII	Compensation of Officers, Directors, Tr	rustees, Key Employees,	Highest Compensate	ed Employees, and
	Independent Contractors			

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☑ Check this box if neither the organization no	r any relate	d org	aniz			ompe	nsa	ted any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos neck ss pe d a d	rson lirect	e than o is both or/trust	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer Institutional trustee		Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Brendan Martin	50									
President	0	~		~		Ĺ		0	0	c
Stefanie Barley	2									
Treasurer	0	~		L			L	0	0	
Cheryl Ring	1] .]		
Secretary	0	~		<u> </u>	L_		L	0	0	
		·								
	-									
							-			

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yee:	s, ar	nd H	lighe	st C	ompensated E	mployees (conti	nued)		
					•	C)					İ		
	(A)	(B)	(40.0	~+ ~+		ition	than o	200	(D)	(E)		(F)	
	Name and title	Average					is both		Reportable	Reportable	_	imated	
		hours per	officer and a director/truste				compensation	compensation from		ount of	f		
		week (list any hours for	악方	ığ	Q	Χey	태	Fo	from the	related organizations	1	other pensati	on
		related	Individual trustee or director	Institutional trustee	Officer	Į Ž	P S	Former	organization	(W-2/1099-MISC)	1	m the	
		organizations	중	ĝ		employee	ye c	~	(W-2/1099-MISC)			nızatıo	
		below dotted line)	_ <u>\$</u>	먑	ľ) Š	ğ	1	1		1	related nization	
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		i		ă	1	1	Highest compensated employee	l	ļ		į		
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		1			1			ŀ					
1b	Sub-total							▶	0	0			0
C	Total from continuation sheets to Part	VII, Sectio	n A					>					
d	Total (add lines 1b and 1c)						-	▶	0	0			0
2	Total number of individuals (including but							e) w	ho received me	ore than \$100.00	00 of		
	reportable compensation from the organi							-,					
	<u> </u>											Yes	No
3	Did the organization list any former of	ficer, direc	tor, c	r tr	uste	ee,	kev e	emp	olovee, or high	est compensate	ed -	1	
	employee on line 1a? If "Yes," complete										3	l	1
4	For any individual listed on line 1a, is the							n a	nd other comp	ensation from t		 	+
•	organization and related organizations											l	
	individual							-, 			4	 	
5	Did any person listed on line 1a receive of	L SCCLIFE CO	ombei	nsat	ion	fror	n anv	ıın	related organiz	ation or individu		 	 •
•	for services rendered to the organization									adon or individu	5	 -	
Section	on B. Independent Contractors											Ь	<u> </u>
1	Complete this table for your five highest		od inc	100	and.	ont	0001	201	om that manne	d mam than \$1	00 000 0		
•	compensation from the organization. Rep	•		•							•		-av
	year.	ort compe	n sauc	<i>)</i>	<i>3</i> 1 (1	1 . C	aleriu	a y	real ending wit	II OI WILIIII LIIE O	ı yarıızatı	on s t	ax
	·							г					
	(A) Name and business add	ress							(B) Description of s	ervices	(C) Compens		
				_									
													
								\vdash	-				
	· · · · · · · · · · · · · · · · · · ·	 -						\vdash				3	—–
	Total number of independent contractor	rs (includir	na bi	nt n	ot i	imit	ed to) th	ose listed abo	ove) who			
_	received more than \$100,000 of compens									,			j
				س			<u>-</u>		0	<u>-</u>		200	

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII. (B)
Related or exempt function revenue (C) Unrelated business (D)
Revenue
excluded from tax (A) Total revenue under sections 512, 513, or 514 Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns . . . 1a 0 Membership dues . . 1b 0 Fundraising events . . 1c 0 C Related organizations . . . 1d 0 Government grants (contributions) 1e 0 All other contributions, gifts, grants, and similar amounts not included above 1f 631,172 Noncash contributions included in lines 1a-1f: \$ 103,423 Total. Add lines 1a-1f . 631,172 **Business Code** Program Service Revenue 900099 2a Loan Interest 46,729 46,729 0 O **Teaching and Training** 900099 2,505 0 2,505 0 Sale of Donated Goods 900099 1,288 1,288 0 0 All other program service revenue. 0 0 Total. Add lines 2a-2f . 50,522 Investment income (including dividends, interest, and other similar amounts) 39 39 n O Income from investment of tax-exempt bond proceeds ▶ 0 0 0 0 5 Royalties . . . 0 0 0 0 (i) Real (ii) Personal Gross rents . . 6a b Less: rental expenses Rental income or (loss) Net rental income or (loss) (ii) Other (i) Securities 7a Gross amount from sales of assets other than inventory 99,323 0 Less: cost or other basis and sales expenses . 100,463 0 Gain or (loss) . . -1,140 0 Net gain or (loss) -1,140 -1,140 0 Other Revenue Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses Net income or (loss) from fundraising events Gross income from garning activities. 9a See Part IV, line 19 a Less: direct expenses b Net income or (loss) from gaming activities . Gross sales of inventory, less returns and allowances . . . Less: cost of goods sold . . . b Net income or (loss) from sales of inventory . . Miscellaneous Revenue **Business Code** 11a Over and Short 900099 94 94 b C d All other revenue . 0 0 0 0 Total. Add lines 11a-11d . . . 94 Total revenue. See instructions. 680,687 49,515 0 0

	= 4			-9
Doet IV	Statement of Eupotional Evacace			
Parlia	Statement of Functional Expenses			

Section	n 501(c)(3) and 501(c)(4) organizations must com				mn (A).
_	Check if Schedule O contains a respons				<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	28,127	28,127		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salanes and wages Pension plan accruats and contributions (include section 401(k) and 403(b) employer contributions)	8,118	6,494	1,624	0
9	Other employee benefits	1,190	952	238	
10	Payroll taxes				
11	Fees for services (non-employees):	ļ			
а	Management	47,939	30,313	17,626	
b	Legal	14,925		14,925	0
C	Accounting				
đ	Lobbying				
е	Professional fundraising services. See Part IV, line 17	450			450
f	Investment management fees				<u> </u>
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	4,775	4,775		
12	Advertising and promotion				
13	Office expenses	3,771	2,106	1,493	172
14	Information technology				
15	Royalties				
16	Occupancy	13,635	11,382	2,253	0
17	Travel	12,237	11,746	491	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,052	1,857	0	195
20	Interest	647	0	647	0
21	Payments to affiliates				·
22	Depreciation, depletion, and amortization .	1,479	1,479	0	0
23	Insurance				
24	Other expenses, Itemize expenses not covered	į]		
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column	ĺ	}		
	(A) amount, list line 24e expenses on Schedule O.)				
_	· · ·	22.453	90 (53		
a	Foreign Currency Loss	23,657	23,657	0	0
b	Volunteer Stipends	6,600	5,280	1,320	0
C	Bad Debts Expense	3,097	3,097	0	0
d	Miscellaneous Expenses	5,168	1,036	3,463	669
9 25	All other expenses Total functional expenses. Add lines 1 through 24e	477.0/-	422 222	44 555	
25 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	177,867	132,301	44,080	1,486
	fundraising solicitation. Check here Following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X . . . (A) (B) Beginning of year End of year 135,783 1 140,651 2 2 Savings and temporary cash investments 2,816 19,605 3 3 Pledges and grants receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other 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). Complete Part II of Schedule L. 6 Assets 7 Notes and loans receivable, net 7 Inventories for sale or use 8 8 Prepaid expenses and deferred charges . . 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 7.073 Less: accumulated depreciation 10b b 10c 4,826 3,883 2.247 11 Investments—publicly traded securities 11 Investments-other securities. See Part IV, line 11 . 12 12 13 Investments—program-related. See Part IV, line 11... 13 70,174 647,178 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 2,902 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 212,656 812,583 17 0 17 18 0 18 0 19 0 19 0 20 0 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 0 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0 22 0 23 Secured mortgages and notes payable to unrelated third parties . . . 0 23 0 24 Unsecured notes and loans payable to unrelated third parties . . . 26,737 24 123,844 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities, Add lines 17 through 25 . 26 26,737 123,844 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 185,919 27 688,739 28 ol 28 0 29 Permanently restricted net assets . . . n 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 33 185,919 33 688,739 Total liabilities and net assets/fund balances 34 212,656 812,583 Form 990 (2012)

Form 95	0 (2012)		Pa	age 12
Par	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)			30,687
2	Total expenses (must equal Part IX, column (A), line 25)		17	7,867
3	Revenue less expenses. Subtract line 2 from line 1		50	2,820
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		18	5,919
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		68	8,739
Part	XII Financial Statements and Reporting			
	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: Cash Accrual Other			
	If the organization changed its method of accounting from a pnor year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:	1 1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	1 1		
ь	Were the organization's financial statements audited by an independent accountant?	2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:	1 1		1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			1
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		
	If the organization changed either its oversight process or selection process during the tax year, explain in			1
	Schedule O.			
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		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			i -
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	1990	(2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

2012

Open to Public Inspection

Employer identification number

THE	WORKING WORL	D INC							20-22	64584		
Par	t Reason	for Public Cha	rity Status (All orga	inization	s must c	complete	this pa	rt.) See i	instructio	ons.		
The c	organization is no	ot a private found	ation because it is: (Fo	or lines 1	through 1	1, check	only one	e box.)				
1	A church, co	nvention of churc	ches, or association of	churche	s describ	ed in sec	tion 170	(b)(1)(A)(Ŋ.			
2	A school des	scribed in section	170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)							
3	A hospital or	a cooperative ho	spital service organiza	ation des	cribed in	section '	170(b)(1)	(A)(iii).				
4		search organizati me, city, and stat	on operated in conjun te:	ction with	n a hospit	tal descn	bed in se	ection 17	O(b)(1)(A)	(iii). Ente	r the	
5		tion operated for (b)(1)(A)(iv). (Com	the benefit of a colle	ge or un	versity o	wned or	operated	lby ago	vernment	tal unit c	lescnt	oed in
6 7	☐ An organizat	tion that normally	mment or government receives a substantia	al part of					nit or from	n the ge	neral	public
8)(A)(vi). (Complete Par in section 170(b)(1)(A	•	mplete Pa	art II.)						
9			receives: (1) more th				om contr	butions.	members	ship fees	. and	aross
	receipts from support from	n activities relate n gross investme	d to its exempt function of the transfer of th	tions—su lated bus	bject to o	certain e xable ind	xceptions come (les	s, and (2) ss sectio) no more	e than 3	31/3%	of its
10	☐ An organizat	on organized and	d operated exclusively	to test fo	or public s	safetv. Se	e sectio	n 509(a)(4).			
11	☐ An organiza purposes of	tion organized a one or more pul	nd operated exclusive blicly supported orgain	ely for th	ne benefi describe	t of, to d in sect	perform ion 509(a	the funct a)(1) or so	tions of, ection 50	9(a)(2). S		
	509(a)(3). Ch	neck the box that	describes the type of	supportir	ng organi	zation an	d comple	ete lines 1	1e throug	gh 11h.		
	a 🗌 Type	I b 🗌 Type	ell c ∏ Typell	I-Functio	nally inte	grated	d 🔲	Type III-ł	Non-funct	nonally in	itegra	ted
е		oundation manage	that the organization ers and other than on									
f			a written determination	on from	the IDS	that it ia	a Turna	LTime	ll or Turn	. III	nnarti	n.a
•	_	, check this box						i, iype				. U
g	Since Augus following per		the organization acce	pted any	gift or co	ontributio	on from a	iny of the	•			
			indirectly controls, eit ody of the supported								Yes	No
				-						11g(i	_	
		•	on described in (i) abo							11g(ii	+	
.		•	a person described in							11g(iii	<u> </u>	∟
_ <u>h</u>			tion about the support			T				l		
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (1) la	organization sted in your document?	the organ	rou notify nization in of your port?	organiza (i) organi	ls the tion in col. zed in the S.?	(vii) Amou sı	nt of me	onetary
			<u> </u>	Yes	No	Yes	No	Yes	No	<u></u>		
(A)			İ									
(B)										-		
(C)												
(D)							1					
(E)												
												 -

Pari	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(I)(A)(iv) and	170(b)(1)(A)(v	ri)
	(Complete only if you checked the						
	Part III. If the organization fails to						· · · · · · · · · · · · · · · · · · ·
Sect	ion A. Public Support	,		, , , , , , , , , , , , , , , , , , ,			
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and	(-7 =		(3/ = 3 + 3	1 1	1 (0, 20.12	(,, :
	membership fees received. (Do not		İ			1	1
	include any "unusual grants.")			Į	1		
2	Tax revenues levied for the	··-	-		 	-	-
	organization's benefit and either paid			ļ			
	to or expended on its behalf		İ	ĺ	İ	1	ļ
3	The value of services or facilities				 	 -	-
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3					1	
_							-
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly		,	} _			
	supported organization) included on	*			'	1	
	line 1 that exceeds 2% of the amount	<i>'</i>	* '] .	1 .		1
	shown on line 11, column (f)	*	٠	,			
6	Public support. Subtract line 5 from line 4.	···································	 -				
Sect	ion B. Total Support			<u> </u>	1	-L	<u> </u>
	idar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4					1,0,000	(1) 1012
8	Gross income from interest, dividends.						
	payments received on securities loans,				•		
	rents, royalties and income from similar						
	sources				ĺ		
9	Net income from unrelated business						
	activities, whether or not the business			-			1
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets				ļ	1	
	(Explain in Part IV.)						
11	Total support. Add lines 7 through 10	Y '	,	, ,]	
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	<u>.</u>
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	i, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop her			<u></u>	· · · · ·	<u></u>	🕨 🔲
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2012 (line 6					14	%
15	Public support percentage from 2011 Sch					15	%
16a	331/a% support test—2012. If the organiz						
	box and stop here. The organization qual						
Ь	331/3% support test—2011. If the organ					15 is 331/3%	or more,
	check this box and stop here. The organi		=	· · ·			
17a	10%-facts-and-circumstances test-20						
	10% or more, and if the organization mee	ets the "facts-	and-circumsta	nces" test, chi	eck this box ar	nd stop here. E	Explain in
	Part IV how the organization meets the "fa						upported
	organization						. 🕨 🛚
b	10%-facts-and-circumstances test-20						, and line
	15 is 10% or more, and if the organizat						
	Explain in Part IV how the organization m	eets the "facts	s-and-circumst	ances" test, T	he organizatio	n qualifies as a	a publicly
	supported organization						
18	Private foundation. If the organization did						
	instructions	<u> </u>	· · · · ·				. ▶ 🗆

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.)

Cooti	on A Dublic Company	under the tes	sis listed beit	w, piease co	impiete Fait i	1.)	
	on A. Public Support						
_	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees			ļ			
_	received. (Do not include any "unusual grants.")	73,429	129,298	82,213	140,560	631,172	1,056,672
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	4,792	14,008	17,726	32,211	50,522	119,259
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	o	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	o	0,	0	0	0
6	Total. Add lines 1 through 5	78,221	143,306	99,939	172,771	681,694	1,175,931
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	o	0	0	0	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	0	0	0	0	0
8 8	Add lines 7a and 7b Public support (Subtract line 7c from line 6.)	0	0	0	0	0	1,175,931
Secti	on B. Total Support					<u>-</u>	1,175,751
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	78,221	143,306	99,939	172,771	681,694	1,175,931
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	0	34	9	16	39	98
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c	Add lines 10a and 10b	0	34	9	16	39	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	98
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	35	0	560	94	689
13	Total support. (Add lines 9, 10c, 11, and 12.)	78,221	143,375	99,948	173,347	681,827	1,176,718
14	First five years. If the Form 990 is for the organization, check this box and stop her				or fifth tax ye	ar as a section	n 501(c)(3)
Secti	on C. Computation of Public Suppor	t Percentage)	,,			
15	Public support percentage for 2012 (line 8			3, column (f))		15	99.93 %
16	Public support percentage from 2011 Sch		•			16	99.89 %
	on D. Computation of Investment Inc				<u> </u>	ب استنساب	
17	Investment income percentage for 2012 (/ line 13. colun	nn (fi)	17	0.01 %
18 19a	Investment income percentage from 2011 331/3% support tests—2012. If the organi 17 is not more than 331/3%, check this box	Schedule A, Fization did not	Part III, line 17 check the box	on line 14, an		18 ore than 331/39	0.01 % 6, and line
b 20	331/3% support tests—2011. If the organize line 18 is not more than 331/3%, check this behavior. If the organization did	ation did not choox and stop he	neck a box on lere. The organi	ine 14 or line 1 zation qualifies	9a, and line 16 as a publicly su	is more than 3 apported organi	31/3%, and zation ► []

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

General Explanation - Line 12 - Over and short in cash accounts

SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Employer identification number

THE WORKING WORLD INC 20-2264584 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year). Aggregate grants from (during year) . . 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. a Total number of conservation easements . . . 2a **b** Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **▶**\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No In Part XIII. describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items, If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Part										
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and of	ther reco	rds, chec	k any of the	follov	ving that are a s	significar	t use	of its
а	Public exhibition		d	☐ Loan	or exchange	prog	rams			
Ь	Scholarly research		e	☐ Other	-					
C	Preservation for future generations									
4	Provide a description of the organization	on's collections	and expla	ain how ti	ney further th	e org	janization's exe	npt purp	ose II	n Part
_	XIII.	li-i4i	d4							
5	During the year, did the organization s assets to be sold to raise funds rather t								, r	7 M-
Part									es L	
art	line 9, or reported an amount				anization ai	124461	ied les tol	JIII 330	, гаг	LIV,
1a	Is the organization an agent, trustee,				or contributio	ns or	other assets n	ot		
	included on Form 990, Part X?								es [□No
b	If "Yes," explain the arrangement in Pai	rt XIII and compl	ete the fo	llowing ta	able:					
							T A	mount		
C	Beginning balance					10				
d	Additions during the year					1d	! <u></u>			
e	Distributions during the year					1e				
f	Ending balance					1f	<u> </u>			=;
2a	Did the organization include an amount								es [_ No
Par	If "Yes," explain the arrangement in Part Endowment Funds. Complete								<u>[_</u>	_!
r ai	Endowment Failds. Comple	(a) Current year		or year	(c) Two years		(d) Three years bac		ır years	back
1a	Beginning of year balance		1	,	(0) (110)	-	(4) 11100 }	(4,100	. ,	
b	Contributions							 		
C	Net investment earnings, gains, and losses									
d	Grants or scholarships		 					-		
e	Other expenditures for facilities and									
	programs		1			- 1		1		
f	Administrative expenses							T		
g	End of year balance		Ì		 					
2	Provide the estimated percentage of th	e current year er	nd balanc	e (line 1g	, column (a))	held a	as:			
а	Board designated or quasi-endowment	: ►	%							
b	Permanent endowment	%								
C	Temporanly restricted endowment	%								
20	The percentages in lines 2a, 2b, and 2c Are there endowment funds not in the	•		ration the	et are bald or	.d .d.	ministered for th			
За	organization by:	possession or u	ie organi	Zauon uk	at are nelu al	iu au	ministered for tr	ie	\ <u>\</u>	No
	(i) unrelated organizations							3a(i)	Yes	140
	(ii) related organizations					• •		3a(ii)	_	-
b	If "Yes" to 3a(ii), are the related organiz	ations listed as r	eauired o	n Schedi	ule R?			3b		
4	Describe in Part XIII the intended uses							<u> </u>		<u> </u>
Part	VI Land, Buildings, and Equipr	nent. See Form	n 990, P	art X, line	e 10.					
	Description of property	(a) Cost or of			r other basis ther)		Accumulated epreciation	(d) Bo	ok value	e
1a	Land		0		0	-				0
b	Buildings		. 0		0		0			0
C	Leasehold improvements		0		0		0			0
d	Equipment		0		0		0			0
<u>_e</u>	Other		7,073		0		4,826			2,247
Fotal.	Add lines 1a through 1e. (Column (d) mu	ust equal Form 9	90, Part 2	K, column	(B), line 10(c	<u>).) </u>	<u> ▶ </u>			2,247
							0.1			

Part VII	Investments—Other Securities	See Form 990, Part X,	line 12.	<u>X</u>
(4	a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year	
(1) Financia	derivatives			
(2) Closely-	held equity interests			
(3) Other				
(A)				
(B)				=" · · · · · · · · · · · · · · · · · · ·
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Related	L See Form 990, Part X.	line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year i	
(1) Loans I	Receivable	647,178	Cost	
(2)		577,170	0031	
(3)				
(4)				
(5)	·			
(6)				
(7)				
(8)				
(9)	· · · · · · · · · · · · · · · · · · ·			
(10)	- · · · · · · · · · · · · · · · · · · ·			
	(b) must equal Form 990, Part X, col. (B) line 13.)	647,178		· ··· · · · · · · · · · · · · · · · ·
Part IX	Other Assets. See Form 990, Pa			
		a) Description		(b) Book value
(1)				
(2)				****
(3)		· /		
(4)				
(5)				· · · · · · · · · · · · · · · · · · ·
(6)				
(7)			· · · · · · · · · · · · · · · · · · ·	
(8)				
(9)	Table 1			
(10)				
Total. (Colu	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)		
Part X	Other Liabilities. See Form 990,		1-1	
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)				
(3)				
(4)		-		
(5)				
(6)				
(7)				
(8)			•	
(9)	•			
(10)	· - ·			
(11)				
	b) must equal Form 990, Part X, col. (B) line 25.)			
		ext of the footpote to the	anization's financial statements that	monto the generalization!
	SC 740) Footnote. In Part XIII, provide the t			

Schedu	le D (Form 990) 2012			Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With R	evenue per	Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments		_	
b	Donated services and use of facilities]	
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)		1	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		<u> </u>	
Ь	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With E	xpenses pe	er Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments] . [
C	Other losses		<u> </u>	
d	Other (Describe in Part XIII.)		<u> </u>	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		<u>l</u> 'l	
b	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u> </u>	5	
	XIII Supplemental Information			
^	late this and to married the depositations are rised for Dark II, lines O. F. and O. Dark III, lines		3- 4 B4 Para 46	-1 -01-

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.

OMB No. 1545-0047

Open to Public Inspection

Depart	ment of the Treasury I Revenue Service	► Att	ach to Form 99	0. ► See separate instructio	ns.	Inspection
	of the organization	· · · · · · · · · · · · · · · · · · ·		**	Employe	r identification number
	WORKING WORLD IN					20-2264584
Par		ormation on Activit art IV, line 14b.	ties Outside	the United States. Com	plete if the organization a	inswered "Yes" to
1				ords to substantiate the am		
	assistance, the grants or assistant		ne grants or as	sistance, and the selection	n criteria used to award t	
	grants or assistant	Jer				. □Yes □No
2		. Describe in Part V the United States.	the organizati	on's procedures for moni	itoring the use of its gr	ants and other
3	Activities per Regi	on. (The following Part	I, line 3 table o	can be duplicated if additio	nal 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
(1)	South America	1	8	Program Services	Loans, business consult	81,568
(2)	Central America and	the Ca 1	3	Program Services	Loans, business consult	35,505
(3)						
(4)						
(5)						
(6)						
_(7)						
(8)	- <u></u>					
(9)			<u> </u>			
(10)						
(11)						
(12)						
(13)						
(14)						
(15)	· · · · · · · · · · · · · · · · · · ·					
(16)						
(17)						
3a	Sub-total			<u> </u>		
b	Total from con sheets to Part I.	tinuation				

117,073

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2012
Part II Grants al

-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	ie of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) (ash non-cash grant cash grant disbursement assistance of non-cash	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)
Ξ									
(S)									
ව									
(4)									
(9)									
(9)									
3									
(9)									
(6)									
(10)									
(11)									
(12)									
(13)									
1 4									
(16)									
(18)									
81	Enter total nu by the IRS, or	mber of reciple for which the ε	int organizations list	Enter total number of reciplent 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	ognized as charitie: 501(c)(3) equivaler	s by the foreign coul	ntry, recognized as t	ax-exempt · · · ▼	
3	Enter total nu	mber of other c	Enter total number of other organizations or entitles	ities				•	T T

Schedule F (Form 990) 2012

Page G

chedule F (Form 990) 2012

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of reciplents (b) Region (a) Type of grant or assistance Part III (17) (13) <u>5</u> £ Ξ 3 5 (11) (12) (15) (16) Ø ල 3 9 Ε <u>®</u> <u>@</u>

Schedule F (Form 990) 2012

Schedule F (Fo	rm 990) 2012
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Page 4

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)		☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	☑ No

Schedule F (Form 990) 2012

Part V

Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States

OMB No. 1545-0047

Open to Public Inspection 2012

> Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Employer Identification number

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, **%** □ (h) Purpose of grant or assistance 0 20-2264584 **₹** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. . (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance (g) 1 (a) Name and address of organization THE WORKING WORLD INC or government (1) Sch I, Stmt 1 Part Part II 3 9 Ē 12 ල <u>(0</u> e 3 8 6

Schedule I (Form 990) (2012)

Cat. No. 50055P

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

(f) Description of non-cash assistance
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Schedule I, Part I, Line 2 - Procedures for monitoring include detailed pre-planning on grant-based deliverables and evaluation of deliverables after a grant is given. Monitoring also Includes frequent site visits and in-person evaluation of reported grant-related spending and activity.

SCHEDULE M (Form 990)

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Noncash Contributions

OMB No. 1545-0047

2012

Open To Public Inspection

(d)

Employer identification number

20-2264584

Department of the Treasury Internal Revenue Service

THE WORKING WORLD INC

Part I Types of Property

Real estate-Other Collectibles

Food inventory

Drugs and medical supplies . .

Taxidermy

Historical artifacts

Scientific specimens . .

Archeological artifacts

Other ▶ (

Other ► (

Other ► (

Other ▶ (

describe in Part II.

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

(b)

▶ Attach to Form 990. Name of the organization

(a)

Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art . Art-Historical treasures . 3 Art-Fractional interests . 4 Books and publications . . 5 Clothing and household goods 3,139 Cost Cars and other vehicles . . . 6 7 Boats and planes R Intellectual property . . . 9 Securities-Publicly traded . . • 100,520 Market value Securities-Closely held stock . 10 Securities-Partnership, LLC, 11 or trust interests 12 Securities-Miscellaneous . 13 Qualified conservation contribution-Historic structures 14 Qualified conservation contribution-Other . . 15 Real estate-Residential . . . Real estate-Commercial . . 16

which the organization completed Form 8283, Part IV, Donee Acknowledgement 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be 30a b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33

Number of Forms 8283 received by the organization during the tax year for contributions for

Yes No

Page 2

Schedule M (Form 990) (2012)

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

OMB No. 1545-0047
2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE WORKING WORLD INC

Employer identification number

20-2264584

Form 990, Part VI, Section B, Line 11b - Prior to being submitted, the Form 990 was reviewed by the Director of Finance and Operations and the Executive Director to ensure accuracy and completeness of the information within the Form.

Form 990, Part VI, Section C, Line 19 - The organization discloses all governing documents, policies, and financial statements upon request.

Schedule O, Statement 1

Form 990 Page: 1 Line Number: THE WORKING WORLD INC 20-2264584

Reasonable Cause Explanations

Explanation

The reasonable cause for filing late was a severe change in the regulations regarding required filings for our office in Argentina, where a large amount of our activity took place in 2012. In an attempt to confront financial corruption, the Argentine government made stringent new reporting requirements, called UIF, which required us to hire an outside firm to overhaul our financial management and accounting systems. This process took a total of three years from beginning until the new format of the books was completed. With this large work completed, our US operation has now been able to get final financial data compiled for our entire international operation and is submitting 2012 and 2013 together. With this system now in place to handle the new Argentine requirements, our financials are current, and we do not foresee delays in future filings.

Schedule I, Part IV, Statement 1

THE WORKING WORLD INC 20-2264584

Form Schedule I

Page: 1

Line Number Part II

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Amt, of cash grant	Amt. of non-cash asst.
Name and address	Atlas Dıy	28,127	0
	278 44th Street		
	2nd Floor		
	Brookyn, NY 11232		
EIN	45-4316117		
IRC code section			
Method of valuation	1		
Desc. of Non-Cash			
Asst.			
Purpose of grant	General support for operations staff salanes, office		
	rent, etc.		