

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form **990**

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2013

Open to Public

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

inte	mal Revenu	e Service	► Information abou	t Form 990 and its in	structions is at	www.irs.	gov/form990	<u>.                                      </u>	Inspection
A	For the 2	2013 cale	ndar year, or tax year beginnin	g 01/01	, 2013, a	nd ending	12/	31	, 20 13
В	Check if a	pplicable:	C Name of organization THE WOR	KING WORLD INC				D Employ	er identification number
	Address o	hange	Doing Business As						20-2264584
	Name cha	nge	Number and street (or P.O. box if n	naıl is not delivered to st	reet address)	Room/suit	е	E Telepho	ne number
	Initial retu	m	228 Park Avenue South Ste 27	395					646-257-4144
	Terminate	d	City or town, state or province, cou	intry, and ZIP or foreign	postal code		f	_	
	Amended	retum	New York, NY 10003					<b>G</b> Gross n	eceipts \$ 348,949
	Applicatio	n pending	F Name and address of principal office	er: Brendan Martii	<del></del>				subordinates? Yes No
		1	250 Carlton Avenue, Apt 2, Bro	oklyn, NY 11205			1		s included? Yes No
$\overline{}$	Tax-exem		501(c)(3) 501(c)		4947(a)(1) or	527	<del>  ''</del>		see instructions)
J	Website:		w.theworkingworld.org				H(c) Group	exemption	number >
K	Form of or		Corporation Trust Associ	ation ☐ Other ▶	L Yea	r of formation			of legal domicile ME
	art I	Summ			·-···				IIIL
	1 E		scribe the organization's mis	sion or most signific	cant activities:	The Wo	rkina World	is a non	profit organization that
9			economic prosperity in poor,						
Activities & Governance	1		al and business consulting for				- <b></b>		olaiss by problaming
9	1	•	s box ▶☐ if the organization	-			more than	25% of	its net assets
Š			of voting members of the gove					3	3
8			of independent voting member			line 1b)		4	2
jes	,		nber of individuals employed			-		5	2
Ξ	1		ber of volunteers (estimate if	-		, .		6	7
Ą	3		elated business revenue from		C). line 12			7a	0
	1		ated business taxable income	•	• -			7b	0
	1			· · · · · · · · · · · · · · · · · · ·			Prior Yea		Current Year
•	8 (	Contribut	ions and grants (Part VIII, line	M. DECEN	VED . I	🗀	<del></del>	631,172	326,844
Š									18,189
Revenue		-	nt income (Part VIII, column (/			🗀		50,522 -1,101	3,154
Œ			enue (Part VIII, column (A), lin					94	0
			nue-add lines 8 through 11 (			e 12)		680,687	348,187
	13 (	Grants an	d similar amounts paid (Part	IX column (A) lines	Ni-3)J. I			28,127	20,048
			paid to or for members (Part I			´ [=		0	0
8			other compensation, employee			j–10)		47,939	31,163
Expenses	1		nal fundraising fees (Part IX, o	•			<del></del>	450	3,369
9	ьт	Total fund	draising expenses (Part IX, co	lumn (D), line 25) <b>&gt;</b>		5,059	TE CASE OF THE SE		
ũ	17 (	Other exp	enses (Part IX, column (A), lir	nes 11a-11d, 11f-2		🗂		101,351	220,375
	18 T	Total exp	enses. Add lines 13–17 (must	equal Part IX, colu	mn (A), line 25)			177,867	274,955
	19 F	Revenue	less expenses. Subtract line 1	18 from line 12 .		🗀		502,820	73,232
58						Ве	eginning of Cum	rent Year	End of Year
seta	20 T	Total asse	ets (Part X, line 16)			$ abla$		812,583	1,012,986
Net Assets o Fund Bajance	21 T	Total liabi	lities (Part X, line 26)			$ abla$		123,844	251,015
ž	22 N	let asset	s or fund balances. Subtract	line 21 from line 20		🗀		688,739	761,971
Pa	art II	Signat	ure Block						
Un	der penalti	es of perjur	y, I declare that I have examined this	return, including accomp	panying schedules	and statem	ents, and to the	e best of n	ny knowledge and belief, it is
tru	e, correct, a	and comple	ete. Declaration of preparer (other than	n officer) is based on all i	nformation of whic	h preparer h	nas any knowle	dge.	1 .
			SARA Plas					11/	13/14
Sig	וח	Signa	iture of officer			_	Date	, -,	
He	re	Bren	ndan Martin, President						
		Туре	or print name and title			_			
Pa	 id	Print/Typ	e preparer's name	Preparer's signature		Date	•	Check [	PTIN
	 eparer							self-emp	
	e Only	Firm's na	arne ►				Firm's	s EIN ►	
		Firm's ac					Phon		
Ма	y the IRS	discuss	this return with the preparer	shown above? (see	instructions)			<u></u> .	🗌 Yes 🗌 No
For	Paperwo	rk Reduc	tion Act Notice, see the separa	te instructions.		Cat. No.	11282Y		Form <b>990</b> (2013)

	90 (2013)			Page Z
Part				_
<u> </u>		ains a response or note to any line in th	is Part III	<u> U</u>
1	Briefly describe the organization'			
		organization that advances economic prosp es in Argentina, Nicaragua and the United S		
	=	es in Argentina, Nicaragua and the United S al assistance to democratic businesses in ti	<del>-</del> -	ing and
	pro-bono or below market technic	assistance to democratic businesses in the	rese targeted areas and populations.	
2	Did the organization undertake a	ny significant program services during th	e year which were not listed on the	<del> </del>
	prior Form 990 or 990-EZ?		[	∐Yes ☑ No
	If "Yes," describe these new serv			
3		nducting, or make significant changes	in how it conducts, any program	
	services?		[	_ Yes ☑ No
_	If "Yes," describe these changes			
4	expenses. Section 501(c)(3) and	ram service accomplishments for each of 501(c)(4) organizations are required to reif any, for each program service reported	eport the amount of grants and alloca	
4a	approximately 430 worker-owners. with 12 loans, and in the US with 8 communities whose populations a continued with great success, bott measure the projected yield in fina which can include such countable employment, and more abstract va of the loans made were paid back and social. These loans improved	224,798 including grants of \$ 101 below-market rate loans to 30 small, de Regionally, the organization continued its loans given to cooperative businesses. The re low-income, marginalized, and at-risk. The fiscally and objectively. The loan selection incial benefit to the cooperative with a proje parameters as income enhancement (especiables such as capacity development and and substantially increased the capital of the	operations in Argentina with 81 loans, ir e organization continues to focus its wo ne organization's maturation process ha n process involves a double bottom line, ect business plan and also measure the cially when raising above the poverty lin increases in social trust and cooperation ne enterprise in all three categories: final	n Nicaragua ork in s again , where we social impact ne), increased n Over 98% ncial, human,
	increase in production and employ	<i>i</i> ment		
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	<u> </u>
			•	•
<b>4</b> c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	(Expenses \$ 0 incl	uding grants of \$ 0) (Rever	nue \$ 0)	
<u>4e</u>	Total program service expenses	224,798		

Form **990** (2013)

	0 (2013)			Page (
Part	V Checklist of Required Schedules		Yes	T
`1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Tes	No
-	complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
4	candidates for public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	~
*	<b>Section 501(c)(3) organizations.</b> 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			
7	"Yes," complete Schedule D, Part I	6		~
•	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,"	<b>-</b>		-
	complete Schedule D, Part III	8		_
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			
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		-
	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, VIII, VIII, IX, or X as applicable.	<b>对特</b>	神教	
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	***********	*-5
þ	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	<b>v</b>	
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	<del>                                     </del>		_
_	Schedule D, Parts XI and XII	12a		
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		>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	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.	14b	,	i
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<b>&gt;</b>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<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)	17		~
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		~
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			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		7
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		

Form 99	0 (2013)			Page <b>4</b>
Part	V Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No
22	Did the organization report more than \$5,000 of grants or 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		•
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 25a	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 <b>25</b> a	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		v
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		v
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):		.71	,
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		v
С	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		v
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	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? <i>If "Yes," complete Schedule R, Part I</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 b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		V
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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	35b		•
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,	36		
38	Part VI	37		•
	19? Note. All Form 990 filers are required to complete Schedule O	38	~	L

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
١	Check if Schedule O contains a response or note to any line in this Part V			
٠.			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			<b> </b>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	ļ	-
	Chalamanta filad for the colondary and a file file file file file file file file			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	~	<b></b>
-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		-	<del>                                     </del>
<b>3</b> a	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" to line 3b, provide an explanation in Schedule O	3b		
4a	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	<b>'</b>	
Þ	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
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		<b> </b>
Va	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 as charitable contributions?			,
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5	7 .1	. •
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		4.	
	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		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	<del>- ′ ′ ′ </del>	-	
	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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1 1		
'' a	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L ∣	_	-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
C	Enter the amount of reserves on hand			
l4a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
U	in 100, has a mod a norm 120 to report these payments? If two, "brovide an explanation in Schedule ()	14b	ı	

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	struct	ions.
Secti	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	-	
<del>Sec a</del>	On A. Governing body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
ь 2	Enter the number of voting members included in line 1a, above, who are independent .  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			v
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 6 7a	Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint	6		V
b	one or more members of the governing body?	7a 7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?	8a 8b	V	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 ue Ce	ode.	~
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		~
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		_
13	Did the organization have a written whistleblower policy?	13		~
14 15	Did the organization have a written document retention and destruction policy?	14		~
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		~
b	Other officers or key employees of the organization	15b		
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17 18	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 available for public inspection. Indicate how you made these available. Check all that apply.	501(	c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest (	polic	y, and
20	State the name, physical address, and telephone number of the person who possesses the books and records organization:   Regular Martin (646)257-4144	of the	;	

Form	990	(2013)	
------	-----	--------	--

Paga	7
ı ayc	

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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 nor		<u> </u>		_	C)			1	,		
(A) Name and Title	(B) Average hours per	rage box, unless person is both an sper officer and a director/trustee) co							(E)  Reportable compensation from related		
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
Brendan Martin	50										
President	0	~		~				0	0		(
Stefanie Barley	2			ŀ			1				
Treasurer	0	~	ļ	_		<u> </u>	_	0	0		C
Cheryl Ring	1				İ		}		•		
Secretary	0	-		<del> </del>				0	0		0
7											
								10.10			
				$\vdash$							_
				$\vdash$							
				$\vdash$							_

c Total from continuation sheets to Part VII, Section A	Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, aı	nd H	lighe	st C	ompensated E	mployees (	continue	d)		
Name and title    Comparison	•					•	-								_
Name and title    Average   Percentage   Per		(A)	(B)	(do n	not of			than e	200	(D)	e Reportable			(F)	
the Sub-total .  1 Total from continuation sheets to Part VII, Section A  1 Total (add lines 1b and 1c).  2 Total from continuation sheets to Part VII, Section A  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and related organization or organization and related organization and related organization or organization and related organization or organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accuse compensation from the organization or organization. Report compensation from the organization reportable compensation from the organization or organization. Report compensation from the organization or organization. Report compensation from the organization or organization or organization. Report compensation from the organization or organization or organization. Report compensation from the organization or organization or organization or organization. Report compensation for the celeradar year ending with or within the organization's tax year.  (A)  1 Itual number of independent contractors (including but not limited to those listed above) who		Name and title													
Total from continuation sheets to Part VII, Section A  Total fadd lines it b and 1c).  Total add lines it b and 1c).  Total add lines it b and 1c).  Total amper of individual sincluding but not limited to those listed above, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$\$150,0007 if "Yes," complete Schedule J for such individual  For services rendered to the organization. He provides the stable for your five highest compensation from the organization and related organizations greater than \$\$150,0007 if "Yes," complete Schedule J for such individual  To carpital for such individual is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$\$150,0007 if "Yes," complete Schedule J for such individual to this stable for your five highest compensation from the organization or individual to the organization from the orga				office	er and	dad	irect	or/trus	<u> </u>	fmm					
below dotted into the companient of the companie				유표	3	1 €	<u>§</u>	캶	잘	the					n
below dotted into the companient of the companie				蒙	ŝ	ള	e e	Ples	l g	organization		VISC)			
th Sub-total				호후	ona		힣	8 8	`	(W-2/1099-MISC)					
th Sub-total				T <sub>st</sub>	1		8	l m		ŀ					
1b Sub-total .			}	8	Ste	1	1	nsa	}			1			
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			<u> </u>		۲			<u>a</u>	L						
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual					1										
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual								<u> </u>	L	<u> </u>					
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual								•							
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			1				_	<u> </u>	_						
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			1		l			1	l		İ				
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual						L	<u></u>								
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			1		i					ľ					
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			1												
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			1						1	ļ					
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual						L.	L								
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual				İ											
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			ļ						<u> </u>						
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			1	l											
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			1	<u> </u>							l				
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual						i			l						
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual									L						_
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual															_
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual															
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			İ	]				1	Ì						
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual						_					L				
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual				•					l	ļ					
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual				<u></u>		<u>L</u> .									_
Total (add lines 1b and 1c).  1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	1b				•					0		0			0
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  Yes No  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	C	Total from continuation sheets to Part	VII, Sectio	n A				-							
a Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual employee on line 1a? If "Yes," complete Schedule J for such individual organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual or services rendered to the organization? If "Yes," complete Schedule J for such person or services rendered to the organization? If "Yes," complete Schedule J for such person or services rendered to the organization? If "Yes," complete Schedule J for such person or services rendered to the organization? If "Yes," complete Schedule J for such person or services rendered to the organization. Report compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Compensation  Compensation  Compensation  Compensation  Compensation  Compensation  Compensation  Compensation  Compensation  Compensation  Compensation		Total (add lines 1b and 1c)	<u> </u>	<u> </u>	-			•	<u> </u>	0	L	0			0
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2				ose	list	ed a	above	e) w	ho received m	ore than \$1	00,000	of		
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		reportable compensation from the organ	ization ► 0											,	
employee on line 1a? If "Yes," complete Schedule J for such individual														Yes	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3								emp	oloyee, or high	est compe	ensated			
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual									•	· · · · ·			3		~
bid any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4												•		,
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person			greater that	an \$1	150,	000	? <i>t</i> t	"Ye	s, "	complete Sch	edule J fo	or such			
for services rendered to the organization? If "Yes," complete Schedule J for such person					•	•	٠.	•		· · · · ·	· · · ·		4		~
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	5										cation or inc	laubivit			
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who			? If "Yes," c	ompl	ete	Sch	iedi	ile J 1	or s	such person	· · · ·		5		~
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who	<u>Section</u>														
year.  (A) Name and business address Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	1														
(A) Name and business address Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who			port compe	nsatio	on fo	or th	e c	alend	ar y	ear ending wit	h or within	the orga	ınizatio	on's ta	ЭX
Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who		year.	_												
2 Total number of independent contractors (including but not limited to those listed above) who			4								_	_			
		Name and business acc	aress						<u> </u>	Description of s	ervices		ompens	ation	
									<u> </u>			<b> </b>			_
			<del></del>						<u> </u>		-	<b></b>			_
									<b> </b>			<b></b>			
									<u> </u>	_ <del>_</del>					
		Total annual as a second as a second	G		<u> </u>	_4 .	· 1:	<del></del>	<u></u>			<del>                                     </del>			
	2								) th		ove) who	1			

Form **990** (2013)

Part	VIII	Statement of Reve						_
· ·		Check if Schedule C	contains a re	sponse or note to	o any line in this  (A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated campaigns	s <b>1a</b>	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b	0				
B, G	С	Fundraising events .	1c	_ 0				
alft.	d	Related organizations	s 1d	0				
8, <u>E</u>	е	Government grants (cor	ntributions) 1e	0				
	f	All other contributions, g						
幸		and similar amounts not in	cluded above 1f	326,844				
1 0 E	g	Noncash contributions include	ded in lines 1a-1f: \$	0				
S E	h	Total. Add lines 1a-1	<u>f</u>	<b>.</b>	326,844			
97				Business Code				
¥e Y	2a	Loan Interest		900099	15,939	15,939	0	0
æ	b	Project Consulting		900099	1,772	1,772	0	0
<u>8</u>	С	Sale of Donated Good	ls	900099	478	478	0	0
Š	d							·
E	e					<u></u>		
Program Service Revenue	f	All other program ser			0	0	0	0
<u> </u>	g	Total. Add lines 2a-2			18,189			
	3	Investment income						
		and other similar amo	•	•	293	293	0	0
	4	Income from investmen		-	0	0	0	0
	5	Royalties	(i) Real	(ii) Personal	0	0	0	0
	۱ ـ		(i) Real	(ii) Personai				
	6a	Gross rents		ļ		i		
	Ь	Less: rental expenses	ļ					-
	C	Rental income or (loss)		0 0			<del></del>	
	d   7a	Net rental income or Gross amount from sales of	(IOSS)	(ii) Other				
	'a	assets other than inventory	<b>⊢</b> "———	<del></del>				
	ь	Less: cost or other basis		0 3,623	-			1
		and sales expenses .		762				ſ
	c	Gain or (loss)	<del></del>	0 2,861				
	ď	Net gain or (loss) .		2,801	2,861	2,861	0	0
9	_	•	· · · · ·		2,601	2,601		
	8a	Gross income from fu events (not including \$	0					
Other Reven		of contributions reported See Part IV, line 18 .	•	a				
8	ь	Less: direct expenses		b				
	1	Net income or (loss) f		events . 🕨				
	9a	Gross income from ga	-	i				
		•		a			'	
		Less: direct expenses		b[				
;		Net income or (loss) f		tivities ►				! 
!	10a	Gross sales of in						
	١.	returns and allowance		~  <del></del>				
		Less: cost of goods s		b				
;	<u> </u>	Net income or (loss) f  Miscellaneous F		Business Code				<u> </u>
i	11a	WIISCEREI ROUS P		DUSHROS CORP			·	
	b							
	C			<del> </del>	<del></del>			<u> </u>
	ď	All other revenue .			<del></del>			<del> </del>
	e	Total. Add lines 11a-	-11d	<b></b>	0	<del></del>		
i	12	Total revenue. See it			348 187	21 343		

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com	iplete all columns. Al	ll other organization	s must complete colu	mn (A).
	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX .		
	ot include amounts reported on lines 6b, 7b, b, 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	20,048	20,048		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	0	o		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the		ļ.	İ	
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	27,115	21,000	6,115	0
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	1,803	1,629	174	0
10	Payroll taxes	2,245	1,712	533	0
11	Fees for services (non-employees):		]		
а	Management	60,609	49,115	11,494	
b	Legal	12,841	406	12,435	0
C	Accounting	1,490	0	1,490	. 0
d	Lobbying	0	0	0	
е	Professional fundraising services. See Part IV, line 17	3,369	·		3,369
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	17,316	17,316	0	0
12	Advertising and promotion		,		
13	Office expenses	7,171	6,363	774	34
14	Information technology	0	0	0	0
15	Royalties	. 0	0	0	0
16	Occupancy	18,349	13,986	4,363	0
17	Travel	27,348	26,358	990	0
18	Payments of travel or entertainment expenses		i	i	
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	2,655	2,655	0	0
20	Interest	1,379	259	1,120	0
21	Payments to affiliates		0	0	0
22	Depreciation, depletion, and amortization .	665	660	5	······································
23	Insurance	681	517	164	0
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If		l	1	
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	1		-	
	· '			·	
a	Foreign Currency Loss	40,038	40,038	0	0
b	Volunteer Stipends	9,332	7,466	1,866	0
C	Bad Debts Expense	10,592	10,592	0	0
d	Miscellaneous Expenses	9,909	4,678	2,575	2,656
е 25	All other expenses  Total functional expenses. Add lines 1 through 24e	274 055	204 700	44.000	
25	Joint costs. Complete this line only if the	274,955	224,798	44,098	6,059
26	organization reported in column (B) joint costs	j	ł		
	from a combined educational campaign and		i	ſ	
	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)		i		

P	art X	Balance Sheet					<del></del>
`		Check if Schedule O contains a response or	note	to any line in this Par	tX		<u> </u>
				Į	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			140,651	1	203,083
i	2	Savings and temporary cash investments			19,605	2	18,330
ı	3	Pledges and grants receivable, net		F		3	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and	forme	officers, directors,			
		trustees, key employees, and highest co Complete Part II of Schedule L			5		
ts	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volur organizations (see instructions). Complete Part II of Sche		6			
Assets	7	Notes and loans receivable, net		[		7	
¥	8	Inventories for sale or use		[		8	
	9	Prepaid expenses and deferred charges		[		9	
	10a	Land, buildings, and equipment: cost or		Ţ			
		other basis. Complete Part VI of Schedule D	10a	3,779			
	b	Less: accumulated depreciation	10b	2,383	2,247	10c	1,396
	11	Investments—publicly traded securities				11	
	12	Investments-other securities. See Part IV, line	11 .			12	
	13	Investments-program-related. See Part IV, line	647,178	13	787,137		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			2,902	15	3,040
	16	Total assets. Add lines 1 through 15 (must equa	al line	34) [	812,583	16	1,012,986
	17	Accounts payable and accrued expenses			0	17	
	18	Grants payable	0	18			
	19	Deferred revenue	0	19			
	20	Tax-exempt bond liabilities		[	0	20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D.	0	21	
93	22	Loans and other payables to current and for	ormer	officers, directors,			
Liabilities		trustees, key employees, highest compen		employees, and			
abj		disqualified persons. Complete Part II of Schedu	ıle L	[	0	22	
Ĩ	23	Secured mortgages and notes payable to unrela	ited th	ırd parties [	0	23	
	24	Unsecured notes and loans payable to unrelated	d third	parties	123,844	24	251,015
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines of Schedule D	17-2	4). Complete Part X		25	
	26	Total liabilities. Add lines 17 through 25		ţ	123,844		251,015
		Organizations that follow SFAS 117 (ASC 958	), che	ck here ▶ 🔽 and	120,044	<del></del> -	201,010
98		complete lines 27 through 29, and lines 33 an		_			
E S	27	Unrestricted net assets			688,739	27	722,548
3al	28	Temporanly restricted net assets		-	0		39,423
Ā	29	Permanently restricted net assets			0		0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 9) complete lines 30 through 34,	58), ch	eck here ▶ 🔲 and			
ts c	30	Capital stock or trust principal, or current funds				30	**************************************
88	31	Paid-in or capital surplus, or land, building, or ed				31	
A	32	Retained earnings, endowment, accumulated in			<del></del>	32	
de l	33	Total net assets or fund balances			688,739	<del></del>	761,971
~	34	Total liabilities and net assets/fund balances .			812,583	<del></del>	1,012,986
	_						Form <b>990</b> (2013)

_	4	•
Page		4

						9
Part	XI Reconciliation of Net Assets					
•	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			34	8,187
2	Total expenses (must equal Part IX, column (A), line 25)	2		_	27	4,955
3	Revenue less expenses. Subtract line 2 from line 1	3			7	3,232
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	ļ		68	8,739
5	Net unrealized gains (losses) on investments	5_	_			0
6	Donated services and use of facilities	6				0
7	Investment expenses	7	<u> </u>			0
8	Prior period adjustments	8_				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		ŀ			
_	33, column (B))	10		_	76	1,971
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>	· · ·		
			_		Yes	No
1	Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in	1		- {
_	Schedule O.		-	تسيئا		لـــــا
<b>2</b> a	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 companiented as a constant basic constitution of the year were companiented by the statement of the year were companiented by the statement of the year were companiented by the year wer	oiled	or	.		, }
	reviewed on a separate basis, consolidated basis, or both:		ŀ	i		1. 1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		-			لـــا
b	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 audite	ed on	a	- 1		"
	separate basis, consolidated basis, or both:			٠,	,	
	Separate basis Consolidated basis Both consolidated and separate basis					لنسك
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account			_ 1		
	•			2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	piain	in			
0-		£ A 1-	-			لـــــا
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	ιοπη				
	· ·	· ·		3a		-
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			_		
	required addit of addits, explain why in schedule O and describe any steps taken to undergo such a	uans.		3b	000	<u> </u>
				Forn	n <b>990</b>	(2013)

### 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.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	or the organization							Employer (	genuncauo.	n number		
THE	<b>WORKING WORLD</b>	INC							20-22	264584		
Par	t l Reason f	or Public Cha	rity Status (All orga	nization	s must c	complete	this pa	rt.) See i	instruction	ons.		
The a	organization is not	a private founda	tion because it is: (Fo	r lines 1	through 1	1, check	only one	box.)			-	
1	A church, con	vention of churc	hes, or association of	churches	s describ	ed in sec	tion 170	(b)(1)(A)(ī	ī).			
2	☐ A school desc	ribed in <b>section</b>	170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)							
3	A hospital or a	cooperative hos	spital service organiza	ation desc	cribed in	section '	170(b)(1)(	(A)(iii).				
4	A medical rese	earch organizatio	on operated in conjun	ction with	n a hospit	al descri	bed in <b>se</b>	ction 17	0(b)(1)(A)	(îii), Ente	r the	
	hospital's nam	ne, city, and state	<del>e</del> :									
5		on operated for a (Comp.) (1) (A) (iv). (Comp.)	the benefit of a colle- plete Part II.)	ge or uni	versity o	wned or	operated	by a go	vernmen	tal unit d	escribe	∌d in
6 7	An organization	on that normally	nment or govemment receives a substantia <b>(A)(vi).</b> (Complete Par	al part of					nıt or fror	n the ger	neral p	ublic
8	☐ A community	trust described i	n section 170(b)(1)(A	<b>)(vi).</b> (Cor	nplete Pa	art II.)						
9	receipts from support from	activities related gross investme	receives: (1) more that to its exempt funct income and unrefer June 30, 1975. Se	ions—sul lated bus	bject to o siness ta	certain e xable ind	xceptions come (les	s, and (2) ss sectio	) no more	e than 33	31/3% 0	of its
10	☐ An organization	n organized and	operated exclusively	to test fo	or public :	safety. Se	e sectio	n 509(a)(	(4).			
11	purposes of o	ne or more pub	d operated exclusive licly supported organ describes the type of	nizatıons	describe	d in sect	ion 509(a	a)(1) or se	ection 50	9(a)(2). S		
	a 🔲 Type I	b 🔲 Type	II c ☐ Type II	-Functio	nally inte	grated	d □	Type III—1	Non-func	tionally in	tegrate	ed
е			that the organization									
			ers and other than one									
	or section 509	(a)(2).					_					
f		ation received a	written determination	on from t	the IRS	that it is	а Туре	I, Type	ll, or Typ	oe III sup	porting	g
g	•		ne organization accep	nted anv	gift or c	ontributio	n from a	ny of the			•	ш
9	following pers			,	g o. o.			, 0	-			
	(i) A person v	who directly or i	ndirectly controls, eithody of the supported o						din (ii) a		Yes	No
		•	on described in (i) abo	-				• • •	• • •	11g(i)	-	
		-	a person described in							11g(ii)	-	
h			on about the support							11g(iii)		
	Name of supported	(ii) EIN	(iii) Type of organization	<del>,                                      </del>	organization	· · · · · ·		4-2		I4-27 A		
W	organization	(ii) Eliv	(described on lines 1–9 above or IRC section (see instructions))	ın col. (i) lis	sted in your document?	the organ	rou notify nization in of your port?	organizat (i) organi	Is the tion in col. ized in the S.?	(vii) Amour su	pport	letary
		<b>[</b>	, , , , , , , , , , , , , , , , , , , ,	Yes	No	Yes	No	Yes	No	1		
(A)						<del></del>			1	1		
\^ <u>\</u>							<b>_</b>		ļ	<u> </u>		
(B)												
(C)												
(D)												
(E)												
			Ţ		T -							

**Total** 

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	170(b)(1)(A)(v	ri)
•	(Complete only if you checked the						alify under
~	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	(-) 0000	# N 0040	1 (1) 0044	1.0040	(-) 0040	T (0 T ) )
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						!
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						ļ
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.		l	<u></u>		<u> </u>	<u> </u>
	on B. Total Support				T	T	T
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 8	Amounts from line 4						
	rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						)
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	re		d, third, fourth	, or fifth tax y	ear as a section	on 501(c)(3) ► □
	on C. Computation of Public Suppor						
14 15 16a	Public support percentage for 2013 (line 6 Public support percentage from 2012 Sch 331/2% support test—2013. If the organization	nedule A, Part zation did not	II, line 14 check the box	on line 13, and	 d line 14 is 33¹		
b	box and <b>stop here.</b> The organization qual <b>33</b> ½% <b>support test—2012.</b> If the organicheck this box and <b>stop here.</b> The organic	nization did no	t check a box	on line 13 or	16a, and line		or more,
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization meet Part IV how the organization meets the "factorization".	013. If the orga ets the "facts- acts-and-circu	nization did no and-circumsta imstances" tes	ot check a box nces" test, che t. The organiz	on line 13, 16 eck this box ar ation qualifies	nd <b>stop here.</b> I as a publicly s	Explain ın
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m supported organization	ion meets the eets the	facts-and-ci a-and-circums	rcumstances" tances" test. T	test, check the organization	nis box and st n qualifies as	i, and line top here. a publicly
18	Private foundation. If the organization did instructions	d not check a	box on line 13,	, 16a, 16b, 17a			

# 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.)

C4:	and Dublic Connect	under the tes	sis listed Deit	w, please co	inbiere Larri	1.)	
	on A. Public Support	(-) 0000 T	4. 0040	4-3-0044	(1) 0010	(1) 0010	
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees	1				ŀ	
	received. (Do not include any "unusual grants.")	129,298	82,213	140,560	631,172	326,844	1,310,087
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	1					
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	14,008	17,726	32,211	50,522	18,189	132,656
3	Gross receipts from activities that are not an					Î	
	unrelated trade or business under section 513	اه	o	o	اه	o	0
4	Tax revenues levied for the	<del></del>		<u>-</u>	Ť	<del>`</del>	<u>-</u>
•	organization's benefit and either paid					1	
	to or expended on its behalf	ا	ا		ا	اء	
_	· ·	0	<u>0</u>	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the					ŀ	
_	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	143,306	99,939	172,771	681,694	345,033	1,442,743
7a	Amounts included on lines 1, 2, and 3			j		ŀ	
	received from disqualified persons .	0	. 0	0	0	0	0
b	Amounts included on lines 2 and 3	7	T				
	received from other than disqualified	Į		ļ		ļ	
	persons that exceed the greater of \$5,000	ŀ				]	
	or 1% of the amount on line 13 for the year	o	o	o	ol	اه	0
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from			, 1			<u>_</u>
	line 6.)						1,442,743
Secti	on B. Total Support					L	1,442,143
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	143,306	99,939	172,771	681,694	345,033	1,442,743
10a	Gross income from interest, dividends,	143,300	77,737	172,771	001,074	343,033	1,442,743
.04	payments received on securities loans, rents,						
	royalties and income from similar sources .			4.			
_	-	34	9	16	39	293	391
b	Unrelated business taxable income (less section 511 taxes) from businesses	1	Ì	- 1			
	acquired after June 30, 1975	0	0	0	0	0	0
_	Add lines 10a and 10b	34	. 9	16	39	293	391
11	Net income from unrelated business	ĺ	!				
	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or	Į	1	ļ			
	loss from the sale of capital assets		l				
	(Explain in Part IV.)	35	0	560	94	0	689
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	143,375	99,948	173,347	681,827	345,326	1,443,823
14	First five years. If the Form 990 is for th	e organization			or fifth tax ye		501(c)(3)
	organization, check this box and stop her				=		
Secti	on C. Computation of Public Suppor	t Percentage	)	<del></del>			
15	Public support percentage for 2013 (line 8	, column (f) div	rided by line 13	3, column (f))		15	99.92 %
16	Public support percentage from 2012 Sch	edule A, Part II	II, line 15 .			16	99.93 %
Secti	on D. Computation of Investment Inc					<del></del>	
17	Investment income percentage for 2013 (li			line 13. colum	nn (f))	17	0.03 %
18	Investment income percentage from 2012					18	0.01 %
19a	331/3% support tests—2013. If the organi					1	
	17 is not more than 331/3%, check this box						
ь	331/s% support tests-2012. If the organization						
-	line 18 is not more than 331/3%, check this b	ox and stop he	ere. The organiz	ration qualifies	as a publicly s	ipported organi	
20	Private foundation. If the organization did						
		- HOL GHOOK & L	707 OH III 16 14,	13a, 01 13b, 0	TOOK HIS DOX O	and see monuc	tions 🕨 📋

Part IV
Supplemental Information. 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).

Schedule A, Part III, Line 12 - Over and short in cash accounts

# SCHEDULE D (Form 990)

Department of the Treasury

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.

National States (No. 113) (No. 114) (No. 1

OMB No. 1545-0047 20 **1 3** 

Open to Public Inspection

Name of the organization **Employer identification number** THE WORKING WORLD INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the 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) . 3 Aggregate grants from (during year) . . Aggregate value at end of year . . . . 4 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? ☐ Yes ☐ No 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) Preservation of an historically important land area 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 easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements . . . . . h 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 ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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: 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: Assets included in Form 990, Part X

Part	Ш	<b>Organizations Maintaining</b>	Collections o	f Art, His	torical T	reasures	, or Ot	her Similar <i>F</i>	Assets (c	ontinuec	낏
3		the organization's acquisition, tion items (check all that apply):		other reco	rds, chec	k any of th	ne follov	ving that are a	significar	it use of	ıts
а	☐ Pu	blic exhibition		d	☐ Loan	or exchan	ge progi	rams			
b	☐ Sc	holarly research		е	□ Other	•					
C	☐ Pr	eservation for future generations	5								
4	Provid	e a description of the organizat	tion's collections	and expl	ain how tl	ney further	the org	anization's ex	empt purp	iose in Pa	art
5		the year, did the organization to be sold to raise funds rather								'es 🗌 N	lo
Part	: IV	<b>Escrow and Custodial Arra</b>	angements.			_					_
		Complete if the organization 990, Part X, line 21.				•	-	•		ւ Form	
1a	includ									res □ N	lo
þ	If "Yes	s," explain the arrangement in P	art XIII and comp	olete the fo	ollowing ta	able:	[	T	Amount		—
C	Begin	ning balance					1c				
d	Additi	ons during the year					1d				_
е		outions during the year					1e				_
f		g balance					1f				_
2a	Did th	- e organization include an amou	nt on Form 990,	Part X, line	€21? .				. <b>Y</b>	es 🗌 N	— lo
b	If "Yes	s," explain the arrangement in P	art XIII. Check he	ere if the e	xplanatio	n has been	provide	ed in Part XIII			
Par	t V	Endowment Funds.									_
	_	Complete if the organization	answered "Ye	s" to For	m 990, <u>P</u>	art IV, line	e 10.				
			(a) Current year	<b>(b)</b> Pri	ior year	(c) Two year	ars back	(d) Three years ba	ack (e) Fou	ır years bac	k
1a	Begin	ning of year balance									
b	Contri	butions									
C		vestment earnings, gains, and			ï						
d	Grant	s or scholarships			**						_
e	Other	expenditures for facilities and									_
	progra	nms									
f	Admir	ustrative expenses									_
g		year balance			·						_
2	Provid	le the estimated percentage of t	the current year	end balanc	e (line 1g	, column (a	a)) held a	as:			_
а		designated or quasi-endowmer	-	%	, ,	•	•				
b	Perma	nent endowment ▶	%								
C	Temp	orarily restricted endowment	%								
	•	ercentages in lines 2a, 2b, and 2		100%.							
За	Are th	ere endowment funds not in the	e possession of	the organi	zation tha	at are held	and ad	ministered for	the		
	organ	zation by:								Yes N	_ o
	(i) un	related organizations							. 3a(i)		_
	(ii) rel	ated organizations							. 3a(ii		_
b	If "Yes	s" to 3a(ii), are the related organ	izations listed as	required o	on Sched	ule R? .			. 3b		
4	Descr	be in Part XIII the intended uses	s of the organiza	tion's end	owment fu	ınds.					
Part	· VI	Land, Buildings, and Equip									
		Complete if the organization	answered "Ye	s" to Fon	m 990, P	art IV, line	e 11a. S	See Form 990	), Part X,	line 10.	
		Description of property	(a) Cost or (invest			r other basis ther)		Accumulated epreciation	(d) Bo	ok value	
1a	Land			0		0					0
b	Buildii	ngs		0		0		0		_	0
C		hold improvements		0		0	<del>                                     </del>	0		_	0
d	Equip	ment		0		0	<del>                                     </del>	0	<del></del>		0
е	Other			3,779		0	<del>†</del>	2,383	<del></del> -	1,39	_
Total.	Add lir	es 1a through 1e. (Column (d) n	nust equal Form			(B), line 1	O(c).) .	>		1,39	

Part VII	Investments – Other Securities.  Complete if the organization answered "Yes" to Fo	um 990 Part IV line	a 11h See Form (	200 Part Y line 12
	(a) Description of security or category	(b) Book value		od of valuation:
	(including name of security)	(b) BOOK VAIGE		of-year market value
(1) Financial	derivatives	<del>                                     </del>	<del> </del>	<del></del>
	eld equity interests			
(3) Other	•			
(A)				
(B)				
(C)				
(D)				
Œ)				
(F)				<del></del>
(G)				
(H)				
Total. (Column (l	b) must equal Form 990, Part X, col. (B) line 12.) ▶			······································
Part VIII	Investments - Program Related.		<u> </u>	
	Complete if the organization answered "Yes" to Fo	rm 990, Part IV, line	e 11c. See Form 9	990, Part X, line 13.
	(a) Description of investment	(b) Book value		nod of valuation: of-year market value
(1) Loans R	eceivable	787,137	Cost	
(2)				
(3)				
(4)				
(5)				
(6)		<del></del>		
(7)			<del></del>	<del></del>
(8)	······································		<u> </u>	
(9)	· · · · · · · · · · · · · · · · · · ·	<del> </del>		
	b) must equal Form 990, Part X, col. (B) line 13.) ▶	787,137		
Part IX	Other Assets.	7017101	<del></del> ,	
	Complete if the organization answered "Yes" to Fo	orm 990. Part IV. line	e 11d. See Form 9	990. Part X. line 15.
	(a) Description	<u> </u>		(b) Book value
(1)				
(2)				
(3)				
(4)	<del></del>			
(5)		<del>-</del>		
(6)				
(7)				
(8)				
(9)		<del></del>		
Total. (Colui	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.  Complete if the organization answered "Yes" to Fo	orm 990, Part IV, line	e 11e or 11f. See	Form 990. Part X.
	line 25.	, ,		,
1.	(a) Description of liability (b) Book value	T	<del></del>	
(1) Federal in	come taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		<del> </del>		
	b) must equal Form 990, Part X, col. (B) line 25.) ▶	·		
	uncertain tax positions. In Part XIII, provide the text of the foo	tnote to the organizatio	n's financial statemer	nts that reports the
organization's	s liability for uncertain tax positions under FIN 48 (ASC 740). Cl	neck here if the text of t	the footnote has beer	provided in Part XIII 🔲

Par	10	1

	5 J. G. 11 330/2010	1 ago 4
Part		Return.
•	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	r
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	1
C	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
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:	<b>\</b>
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	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		er Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	<b>-</b>
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:	l i
а	Donated services and use of facilities	]
b	Prior year adjustments	] ]
C	Other losses	
đ	Other (Describe in Part XIII.)	
e	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	] ]
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.)	5
•	rotal expenses. Add lines of and for trins mast equal to misson, t are i, line to.,	( 3 (

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### **SCHEDULE F** (Form 990)

## **Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2013 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Name o	of the organization				- (	Employer ide	entification number
	WORKING WORLD INC					20-	-2264584
Par			es Outside	the United States. Comp	olete if the organiz		
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	gibility for the					∐Yes ∐No
2	For grantmakers. Describe assistance outside the Unite		the organization	on's procedures for monit	toring the use of	f its grants	s and other
3	Activities per Region. (The fo	llowing Part	l, line 3 table o	can be duplicated if addition	nal space is need	ed.)	
	(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 a program set describe specific service(s) in re	rvice, type of	(f) Total expenditures for and investments in region
(1)	South America	1	5	Program Services	Loans, business	consulti <u>ng</u>	87,263
(2)	Central America and the Caribb	1	3	Program Services	Loans, business	consulting	40,735
(3)							
(4)							
(5)	——————————————————————————————————————						·····
(6)	· · · · · · · · · · · · · · · · · · ·						
(7)	· · · · · · · · · · · · · · · · · · ·						
(8)							
(9)							
(10)							<u></u>
(11)							
(12)							А
(13)							···
(14)							
(15)							
(16)							
(17)							
3a					<u> </u>		
b	Total from continuation sheets to Part I						

c Totals (add lines 3a and 3b)

127,998

Schedule F (Form 990) 2013

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (h) Description of non-cash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Amount of non-cash assistance cash disbursement (f) Manner of by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (e) Amount of cash grant (d) Purpose of grant Enter total number of other organizations or entitles (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization Part II 6 Ê 12 <u>ප</u> 4 15 16 N ෆ 至 ල 3 <u>@</u> E <u>@</u> <u>6</u>

Schedule F (Form 990) 2013

Page 3

Schedule F (Form 990) 2013

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on 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 recipients (b) Region (a) Type of grant or assistance Part III (13) (15) 5 Q ල 3 (2) <u>®</u> Ξ (12) ₹ 4 (16) 8  $\Xi$ 9 3 6

Schedule F (Form 990) 2013

Page	4
raye	_

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

### Part V

#### **Supplemental Information**

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).

# **SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

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 Employer identification number ✓ Yes 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? General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the Instructions for Form 990. (p) EIN 1 (a) Name and address of organization THE WORKING WORLD INC or government Name of the organization (1) Sch I, Stmt 1 Partl PartII ල 3 8 <u>O</u> 9  $\mathbf{\epsilon}$ 8 9 (10) E 12)

Schedule I (Form 990) (2013)

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. Schedule I (Form 990) (2013)
Part III Grants ar

			١			
	(a) Iype of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
•						
-						
2						
က						
4						
5						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information re	equired in Part I, lin	e 2, Part III, column	(b), and any other addition	onal information.

Schedule I, Part I, Line 2 - Procedures for monitoring include detalled pre-planning on grant-based deliverables and evaluation of deliverables after the grant is given. Monitoring also includes frequent site visits and in-person evaluation of reported grant-related spending and activity.

## 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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 I, Part IV, Statement 1

Form: Schedule I

i oim, schedule

THE WORKING WORLD INC 20-2264584

Page: 1

Line Number: Part II

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

		Recipient EIN	Amt. of cash grant	
Name and address	Atlas DIY	45-4316117	20,048	
	278 44th Street			
	2nd Floor			
	Brooklyn, NY 11232			
IRC code section				
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	General support for operations, such as office rent, staff salanes, etc.			

Schedule O, Statement 1

THE WORKING WORLD INC 20-2264584

Form. 990

Page: 1

Line Number:

#### **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.