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Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

| | A I | For the | 2013 ca | lendar year, or tax year beginning 7/1/2013 , and er | nding 6/30/ | 2014 |
|------------|-------------------------|--------------------------|--------------------------------|--|---------------------------------------|-------------------------------|
| | BC | heck if a | ipplicable. | C Name of organization RIGHT SHARING OF WORLD RESOURCES, IN | C. D Employer i | dentification number |
| | ┌ | ddress c | hange | Doing Business As | | |
| | 一. | | | Number and street (or P.O. box if mail is not delivered to street address) Room/suite | 31-1636209 | |
| | ╚ | lame cha | ange | 101 QUAKER HILL DRIVE | E Telephone n | umber |
| | Ir | nitial retu | rn | City or town State ZIP code | (765) 966-03 | 14 |
| | 一. | erminate | .al | RICHMOND IN 47374 | (100) 300-00 | |
| | 느" | erminate | iu | Foreign country name Foreign province/state/county Foreign postal | code | |
| | ∟ ^ | mended | return | | G Gross receip | ots \$ 631,332 |
| | \square_{A} | oplicatio | n pending | F Name and address of principal officer: | H(a) Is this a group return for | subordinates? Yes X No |
| | | ,, | | SYLVIA GRAVES 101 QUAKER HILL DRIVE, RICHMOND, IN 47374 | H(b) Are all subordinates | = = |
| | | | | | If "No," attach a list | |
| | | | ot status: | | | |
| | <u>J W</u> | <u>/ebsite</u> | : ► ww | w RSWR org | H(c) Group exemption nu | mber > |
| | K F | orm of or | ganization | X Corporation Trust Association Other ▶ L Year | r of formation: 1998 | M State of legal domicile: IN |
| | P: | art l | Su | mmary | | |
| | | 1 | | | UPPORT GRASSRO | OOTS DEVELOPMENT AND |
| | 9 | | | MIC DISCIPLESHIP BY WORKING PRIMARILY WITH NEWLY ESTABLIS | | |
| | a | | | IIZATIONS WORLD WIDE, WHICH ARE LED BY WOMEN | | |
| | ern | ۱ . | | | of more than 25% of | ite not conote |
| | ò | 2 | | his box I if the organization discontinued its operations or disposed | i i | |
| | 2. G | 3 | | of town 2 the man 2 and the second a | • • • • • • | 3 16 |
| | Se | 4 | | of independent voting members of the governing body (Part VI, line 1b) | | <u>4</u> 16 5 3 |
| | Activities & Governance | 5 | | mber of individuals employed in calendar year 2013 (Part V, line 2a) | | 5 3 6 2 |
| | cţi | 6 | | mber of volunteers (estimate if necessary). | | |
| | ⋖ | 7a | | related business revenue from Part VIII, column (C), line 12 | | 7a |
| | | b | Net unre | elated business taxable income from Form 990-T, line 34 | Prior Year | Current Year |
| | | | 0 | Annual and annual (Dark) (III line 4b) | 188, | |
| | e | 8 | | utions and grants (Part VIII, line 1h) | 100,0 | 301,017 |
| | Revenue | 9 | | n service revenue (Part VIII, line 2g) | 23,0 | 041 49,420 |
| | Re | 10 | | ent income (Part VIII, column (A), lines 3, 4, and 7d) | 23,1 | 95 |
| | _ | 11 | Other re | evenue (Pert-VIII, Columnit 1, Vines 5, 6d, 8t, 9c, 10c, and 11e) enue—add lines 8 through 11 (must equal Par VIII, column (A), line 12) | 211,8 | |
| | | 12 | lotal rev | enue—and lines 8 through 11 (must equal Part VIII, column (A), line 12) | 69,6 | |
| | | 13 | Grants a | and similar amounts paid (Part IX, column 2A), lines 1–3). | 7,60 | 310,907 |
| | | 14 | Benefits | paid to or the members (Parti & Court (A), line 4) | 76.6 | 227 156 454 |
| | es | 15 | | other compensation, employee benefits (Pare X, column (A), lines 5–10) | 76, | 337 156,454 |
| | Expenses | 16a | | ional fundraising-fee s (Part IX, colume (A), lihe 11e) . | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | S. | _b | | ndraising expense (Rart X column (h), line 25) 41,123 | 7 17 | |
| | ш | 17 | | xpenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 85, 231,6 | |
| | | 18 | | penses Add lines 13–17 (must equal Part IX, column (A), line 25) | | |
| | | 19 | Revenu | e less expenses. Subtract line 18 from line 12 | -19.8 Beginning of Current Ye | |
| | 10 or | | Takal aa | (D+ V (40) | 1,538,2 | |
| | Assets Balan | 20 | | sets (Part X, line 16) | 238,4 | |
| (C) | tet A | 21 | | bilities (Part X, line 26) | 1,299, | |
| 03 | 26 | 22 | | ets or fund balances. Subtract line 21 from line 20 | 1,233,1 | 1,400,400 |
| ~ | | rt II | | nature Block y, I declare that I have examined this return, including accompanying schedules and statements, | and to the best of my know | Medae |
| 143 143 | and b | r penalu selief it is | es or perjur; s true, corre | y. I declare that thave examined this return, including accompanying screenies and statements, ect, and complete. Declaration of preparer (other than officer) is based on all information of which | preparer has any knowled | lge. |
| _ | | | 333,65 | Jacqueline Stilvell | | |
| NIT | Sig | n | | Signature of officer | . Date | |
| = | Her | e | | JACQUELINE STILLWELL, General Secre | etary i | 3 Thoug 2015 |
| | | | | Type or print name and title | | |
| 11 | | | Prin | VType preparer's name Preparer's signature | Date | PTIN |
| Z | Pai | d | 1 ' ' ' | | Che | |
| SCANNED | | u parer | Dav | vn D. James, CPA | 10/14/2014 sell | -employed P00715957 |
| 3 | | Only | | o's name ► Webb & Associates | Firm's EIN ► 3 | 5-1838992 |
| S | 000 | , Oilly | Firm | r's address ▶ 66 South 12th Street, Richmond, IN 47374 | lander vote of (| 765) 962-3524 |
| | Mari | the ID | | is this return with the preparer shown above? (see instructions) | | X Yes No |
| | | | | | <u> </u> | Form 990 (2013) |
| | | Paperv | vork Red | uction Act Notice, see the separate instructions. | \mathcal{O} | |
| | HTA | | | | Y | 11-10 |
| | | | | | \rightarrow | / |

| Form 9 | 90 (2013) | RIGHT SHARING O | F WORLD RESOUR | CES, INC. | | 31-1 | 636209 | Page 2 |
|------------|---------------------------------------|---|---|--------------------------|---------------------------------------|---------------|-----------|-------------|
| Pa | rt III | Statement of Progra | | | | | | |
| | | Check if Schedule O | contains a respon | se or note to any lin | e in this Part III . | | | |
| 1 | TO SUP | escribe the organization's PORT GRASSROOTS DE ISHED AND SMALL DEVI | VELOPMENT AND E ELOPMENT ORGAN | IZATIONS WORLD WI | DE, WHICH ARE I | ED BY WOMEN | | |
| 2 | the prior If "Yes," | organization undertake any Form 990 or 990-EZ? describe these new service | es on Schedule O | | | | Yes | X No |
| 3 | services | organization cease conduct? describe these changes or | | | | | Yes | X No |
| 4 | Describe | e the organization's progra s Section 501(c)(3) and 5 expenses, and revenue, if | m service accomplish 01(c)(4) organization | s are required to report | | | | |
| 4a | PROVID |) (Expense ED DIRECT SUPPORT T | O OVER 50 OTHER | SMALL ORGANIZATIO | NS | | | |
| | | | | | | | | |
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| | | | | | | | | _ |
| 4b | (Code: |) (Expense | es \$ | including grants of \$ | |) (Revenue \$ | |) |
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| | | | | | | | | |
| 4c | (Code: |) (Expense | es \$ | including grants of \$ | |) (Revenue \$ | |) |
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| 4d | - | ogram services. (Describe | | | | | | |
| | (Expens | | including grants of | |) (Revenue \$ | |) | |
| <u> 4e</u> | iotal pro | gram service expenses | | 508,222 | | | | |

| Part | t IV Checklist of Required Schedules | | | |
|--------|--|------------|----------|----------------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | x |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | | | |
| 6 | Part III. 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 | 5_ | | X |
| - | "Yes," complete Schedule D, Part i | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. | 10 | x | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 10 | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete | | | 1 |
| | Schedule D, Part VI. | 11a | x | ł |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | x | |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | 11c | | × |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | 1.10 | | <u> </u> |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| e f | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 11e | | Х |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | X | |
| 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 | | x |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | X | ^ |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | \vdash |
| | 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 | Х | ŀ |
| 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 | x | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | J |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services | 16 | | X |
| | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). | 17 | | <u>x</u> _ |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | , | ١., |
| 19 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 18 | | X |
| 20- | If "Yes," complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a 20b | | Х |

| Par | t IV Checklist of Required Schedules (continued) | · | | |
|-----|--|-----------|-------|-----------|
| 04 | Did the approximation report more than \$5,000 of grants or other positioned to any democrac organization or | Γ- | Yes | No |
| 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 | | x |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States | | | <u>^</u> |
| ~~ | on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. | 22 | | х |
| 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 | | Х |
| 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 | | | ļ |
| | 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | Х |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | X |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | l |
| _ | to defease any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | 25- | | v |
| L | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| Ð | prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or | Ì | | |
| | 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | Х |
| 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 | | X |
| 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 | | Х |
| 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) | 1 | | . ` ' |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | _X_ |
| b | | | | |
| | Schedule L, Part IV. | 28b | | <u> X</u> |
| 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 | 200 | | ~ |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 28c 29 | | X |
| 30 | Did the organization receive more than \$25,000 in non-cash contributions in res, complete schedule in | 25 | | |
| • | conservation contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? | | | |
| | If "Yes," complete Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | <u> </u> |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, | | | v |
| 25- | III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 | | <u> </u> |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled | 35a | | <u> </u> |
| D | entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related | 1000 | | |
| | organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part | 1 | | |
| | VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | | |
| | 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | Х | |
| | | Form | 990 (| 2013) |

| Par | Statements Regarding Other IRS Filings and Tax Compliance | | | |
|------------|--|------------|----------|---------------------|
| | Check if Schedule O contains a response or note to any line in this Part V | | | <u>Ш</u> |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1 | | , |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | - | | , |
| _ | gaming (gambling) winnings to prize winners? | 1c | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | , | |
| | Statements, filed for the calendar year ending with or within the year covered by this return . 2a 3 | ! | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | <u> </u> |
| • | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) | l _ | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| 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 | | |
| 4 a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | 1 | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | ١. | | |
| L | account)? | 4a | <u> </u> | X |
| b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | |] | , |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | - | | v |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5a | | X |
| C | If IN and the line for on the deal the assessment of the first and the second of the s | 5b | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 5c | | |
| Va | organization solicit any contributions that were not tax deductible as charitable contributions? | 60 | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | 6a | | |
| ~ | gifts were not tax deductible? | 6b | | 1 |
| 7 | Organizations that may receive deductible contributions under section 170(c). | OU | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | | Х |
| 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 | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | , | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х |
| F | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | $\frac{\hat{x}}{x}$ |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | | <u> </u> |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | l | |
| | organization, have excess business holdings at any time during the year? | 8 | l | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | ř, | |
| 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: | | ĺ | , |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | ŀ | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | l | |
| 11 | Section 501(c)(12) organizations. Enter. | | ة. | |
| a | Gross income from members or shareholders | . | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | 1 | | |
| 40- | against amounts due or received from them.) | 1 | - 1 | |
| 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. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| h | Note. See the instructions for additional information the organization must report on Schedule O | 24 | ļ | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | ~~ | | |
| С | the organization is licensed to issue qualified health plans | İ | l | |
| 14a | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a 14b | | X |
| | n 100, neo a nee a comerzo lo report inese payments (n. 170). Drovide an explanation in schedule () | 140 | 1 | |

Part VI

| Sect | tion A. Governing Body and Management | | | | |
|------|---|---------------------------|----------|----------------------|----------------|
| | | | | Yes | No |
| 1a | | 1a 16 | | | l |
| | If there are material differences in voting rights among members of the governing body, or | | | 1 | i |
| | if the governing body delegated broad authority to an executive committee or similar | | | | |
| | committee, explain in Schedule O | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b 16 | | 1 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relation | ship with | | | |
| | any other officer, director, trustee, or key employee? | | 2 | | Х |
| 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 oth | er person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 v | as filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's | | 5 | | Х |
| 6 | Did the organization have members or stockholders? | | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or | appoint | | | |
| | one or more members of the governing body? | | 7a | | х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) member | 3 . | | | |
| _ | stockholders, or persons other than the governing body? | | 7b | | х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertake | en during | | | ^ |
| · | the year by the following. | in damig | | | l |
| a | The governing body? | | - 8a | х | 1 |
| b | | | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be | | OD | - <u>^</u> | |
| - | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. | | 9 | | Х |
| Sact | ion B. Policies (This Section B requests information about policies not required by the | | | <u> </u> | |
| 000 | 101) 2.1 Choice (That Gotton B Toquedo monnation about policide not required by the | miomai novembe e | OUC. | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | 10a | | X |
| 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 pr | | 10b | | l |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before | - | 11a | | Х |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | are uning are remain | | | |
| 12a | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> | | 12a | х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could | give rise to conflicts? | 12b | | Х |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If | ~ | | | |
| • | describe in Schedule O how this was done | | 12c | - 1 | Х |
| 13 | Did the organization have a written whistleblower policy? | · · · · · · | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and appro | val hv | | _ | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation | - | | Ì | |
| а | The organization's CEO, Executive Director, or top management official | ana accioni. | 15a | х | |
| h | Other officers or key employees of the organization | | 15b | $\stackrel{\sim}{-}$ | Х |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | .00 | | _^_ |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang | iement | | | |
| 100 | | | 16a | - 1 | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the organization of the | | IVa | | |
| J | participation in joint venture arrangements under applicable federal tax law, and take steps to safe | | | [| |
| | the organization's exempt status with respect to such arrangements? | | 16b | | |
| Sect | ion C. Disclosure | _ · · · · · · | 100 | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed IN | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99 | 0-T (Section 501(a)(3) | s onh | · | |
| .5 | available for public inspection. Indicate how you made these available. Check all that apply. | 5 . (00000011 00 1(0)(0) | - Or 11y | , | |
| | | (plain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, | | יע פי | d | |
| | financial statements available to the public during the tax year. | commot or interest polic | y, an | • | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books | and records of the | | | |
| 20 | | (202) 200 20 | 14 | | |
| | organization SYLVIA GRAVES 101 QUAKER HILL DRIVE RICHMOND IN 47374 | 7,005,000,00 | <u> </u> | | |

| Form 990 (2013) | RIGHT SHARING OF WORLD RE | SOURCES, INC | > | | | | | | 1 | 31-1636 | 209 Page 7 |
|--|---|---|------------------------|---------------------------------|---------------------|------------------------------|-------------------------------|-----------------------|---|--|--|
| Part VII | Compensation of Officers, Direction Compensation of Officers, Direction Check if Schedule O contains a result of the Compensation of Officers, Direction of Offi | Contractors | | - | | • | - | - | , | pensated | 🗆 |
| Section A. | Officers, Directors, Trustees, Key E | mployees, and | High | est | Com | ηpe | nsat | ed i | Employees | | |
| organization's • List all | of the organization's current officers, d | rectors, trustees | s (whe | ethe | r ind | livio | | | | | |
| List all of List the who received organization a List all of List all of Lis | on. Enter -0- in columns (D), (E), and (of the organization's current key emplor organization's five current highest con reportable compensation (Box 5 of For- ind any related organizations of the organization's former officers, ket eportable compensation from the organ | oyees, if any Seon pensated emplor m W-2 and/or Book ey employees, ar | e instroyees ox 7 c | ructi s (ot of Fo thes | ons her t orm | for that 109 | n an 9-Mi ensal | offic SC) ted (| er, director, trust of more than \$1 | ee, or key emplo 100,000 from the | • • |
| List all organization, i | of the organization's former directors of the organization of th | or trustees that ensation from the | recei | ved, | in the | ne i | capa nd an | city y re | lated organizatio | ins. | the |
| compensated | ithe following order, individual trustees employees; and former such persons | | | | | | | | | | |
| Check thi | s box if neither the organization nor an | y related organiz | ation | con | nper | ısa | ted a | ny c | current officer, dir | ector, or trustee | |
| | (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, | unies er and | s per | tion nore son recti | than both Highest compensated | an (ee) | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |

| Name and Title | Average hours per | box, | unle | ss pe | rson | e than o is both or/trust | an | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
|-------------------------------------|--|-------------|----------|----------|--------------|---------------------------------|----------|--|--|---|
| | week (list any hours for related organizations below dotted line) | or director | Ţ | | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) JOHN SMALLWOOD | 1.00 | | Π | | | | | | | |
| CLERK | | X | L | <u>X</u> | | | ļ | | | |
| (2) ROSEMARY COFFEY | 1.00 | ١., | | . | | | | | | |
| RECORDING CLERK | 100 | Х | ļ | X | | | \vdash | | | |
| (3) CHRIS SIEGLER | 1.00 | | | | | | ŀ | | | |
| TREASURER (4) DONNA ANDERTON | 4.00 | X | - | X | | | <u> </u> | | | |
| TRUSTEE | 1.00 | х | | | | | | | | |
| (5) BRUCE BIRCHARD | 1 00 | | _ | | | | | | | |
| TRUSTEE | | х | | | | | | | | |
| (6) ERICA H BRAUNGINN | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | | | |
| (7) DAVID CAMP | 1.00 | | | | | | | - | | · · · · · · · · · · · · · · · · · · · |
| TRUSTEE | | Х | | | | | | | | |
| (8) MARY EAGLESON | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | | | |
| (9) KAREN GRISEZ | 1 00 | | | | | | | | | |
| TRUSTEE | | Х | | _ | | | | | | |
| (10) BETH HENRICKS | 1 00 | | | ı | ı | | | | | |
| TRUSTEE | | X | | _ | _ | | | | | |
| (11) KRYSTAL SUMMER CREES LANGHOLZ | 1.00 | | | | | | | | | |
| TRUSTEE | | Х | | | _ | | | | | |
| (12) MARVIA LINDSAY | 1.00 | | | | | | | | | |
| TRUSTEE | | _X_ | \vdash | _ | | | | | | |
| (13) JOHN NORRIS | 1.00 | | | | | | | | | |
| TRUSTEE (14) JESSICA WALKER KELEUER | 4.00 | Х | | | | | | | | |
| (14) JESSICA WALKER-KELEHER TRUSTEE | 1 00 | ا پ | | | | | | | | |
| INUSTEE | | X | | 1 | | | - } | | <u> </u> | |

| _ | |
|------|--|
| Daga | |
| | |

| Part VII Section A. Officers, Direct | ors, Trustees, Key Em | ploye | es, | and | iH t | ghes | t C | ompensated Em | ployees (contin | ued) |
|---|--|--------------------------------|----------------------|----------------------|--------------|---------------------------------|-------------|--|--|--|
| (A) Name and title | (B) Average hours per week (list any | box, | unie: er an | Pos neck ss pe | rson | than of the trust | an lee) | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
| | hours for related organizations below dotted line) | Individual trustee or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (15) LINNEA WANG TRUSTEE | 1.00 | x | | | | | | | | |
| (16) NILUFER WILKINS | 1.00 | x | | | | | | | | |
| TRUSTEE (17) BETTY TONSING | 40.00 | † | | | | | - | | | |
| GENERAL SECRETARY (18) SYLVIA GRAVES | 40.00 | | | | Х | | _ | 75,000 | - | |
| INTERIM GENERAL SECRETARY | | <u> </u> | | | x | | | 1,608 | | |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | · · · · · · · · · · · · · · · · · · · | |
| (25) | | | | | | | - | | · | |
| 1b Sub-total | <u></u> | | | l | | | > | 76,608 | | |
| c Total from continuation sheets to Pard Total (add lines 1b and 1c). | | | | | | | • | 76,608 | | |
| Total number of individuals (including be reportable compensation from the organ | | ted a | bov | e) w | vho | recer | | | ,000 of | |
| 3 Did the organization list any former office | | | | oye | e, o | r high | nest | t compensated | | Yes No |
| employee on line 1a? If "Yes," completeFor any individual listed on line 1a, is th | | | | n a | nd c | other | con | npensation from | | 3 X |
| the organization and related organization | - | | | | | | | | ו | |
| individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual | | | | | | idual | 4 X | | | |
| for services rendered to the organization | | | | | | | | | | 5 X |
| Section B. Independent Contractors Complete this table for your five highest compensation from the organization. Re- | | | | | | | | | | iax |
| year. | | | | | | | | (B) | | (C) |
| (A Name and busi | | | | | | | | Description of sen | rices (| Compensation |
| | | | | | | | | | | |
| | | | | - | | | | | | |
| Total number of independent contractors | s (including but not limite | ed to | tho | se li | stec | d abo | ve) | who received | | |
| more than \$100,000 of compensation fr | | <u> </u> | | _ | | | | | | Form 990 (2013) |
| | | | | | | | | | | 1 JULY 6 A (50 (20 (3)) |

Form 990 (2013)
Part VIII

| Statement of Nevenue | Stat | emer | ıt of | Revenue |
|----------------------|------|------|-------|---------|
|----------------------|------|------|-------|---------|

| | | Check if Schedule O contains | a response or i | note to any line u | n this Part VIII. | | | [_] |
|--|-------------------|---|--|--------------------|----------------------|--------------------------------|---|--|
| | | | | | (A) Total revenue | (B) Related or exempt function | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a b c d | Federated campaigns | . 1b | | | revenue | | 512-514 |
| | f g h | All other contributions, gifts, gran similar amounts not included about Noncash contributions included in littotal. Add lines 1a–1f | its, and its | 581,817 | 581,817 | | | |
| Program Service Revenue | 2a b c d | | | Dustiness Cour | | | | |
| Progra | f g | All other program service revenu Total. Add lines 2a–2f | e | | | | | |
| | 3 | Investment income (including div other similar amounts) Income from investment of tax-ex | | | 49,420 | | | 49,420 |
| | 5 6a b | Royalties Gross rents Less: rental expenses Rental income or (loss) | (i) Real | (ii) Personal | \$. * | | | |
| | d 7a b | , , | (i) Secunties | (II) Other | <u>.</u> ′ | | . , | , |
| | c d | Gain or (loss) | | • | 4- | , , | | 7.5 |
| Other Revenue | 8a | Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18 | а | | ^ ` | · . | | - |
| Ş | b | Less direct expenses | | | man and a | | | |
| | b | Gross income from gaming activities See Part IV, line 19. Less: direct expenses. | tiesab | | | | | |
| | 10a b | Net income or (loss) from gaming Gross sales of inventory, less returns and allowances. Less cost of goods sold. | a | | ts. | 3f 3g 2g 2g 2g | - | |
| | | Net income or (loss) from sales of Miscellaneous Revenue | | Business Code | hr | | | |
| | 11a b c | | | | 95 | 95 | | |
| | d e 12 | All other revenue | | | 95 631,332 | | | 49,420 |
| | | | | | | | | |

d
e All other expenses

Total functional expenses. Add lines 1 through 24e...

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)....

| Form 9 | 90 (2013) RIGHT SHARING OF WORLD RESOURCE | CES, INC | | 31-16 | 36209 Page 10 |
|----------|--|------------------------|------------------------------|---|--------------------------------|
| Par | t IX Statement of Functional Expenses | | | | |
| Secti | on 501(c)(3) and 501(c)(4) organizations must complete all | columns. All other of | rganizations must d | omplete column (A) | |
| | Check if Schedule O contains a response or note | to any line in this Pa | art IX | | |
| Do | not include amounts reported on lines 6b, 8b, 9b, 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 | | | , i, j, | .74 |
| | organizations in the United States. See Part IV, line 21 | | | | , , |
| 2 | Grants and other assistance to individuals in the | | | | ′ (|
| | United States See Part IV, line 22 | | | * | , |
| 3 | Grants and other assistance to governments, | | | | , ,,,, |
| | organizations, and individuals outside the | | | | 4 5 |
| | United States See Part IV, lines 15 and 16 | 316,907 | 316,907 | | , , , |
| 4 | Benefits paid to or for members | | | - **** | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 76,608 | 44,432 | 15,322 | 16,854 |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 55,288 | 23,288 | 4,000 | 28,000 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions). | | | | |
| 9 | Other employee benefits | 13,278 | 6,774 | | 4,093 |
| 10 | Payroll taxes | 11,280 | 5,753 | 1,692 | 3,835 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| þ | Legal | | | | |
| C | Accounting | 14,791 | 11,833 | 1,479 | 1,479 |
| d | Lobbying | | ***** | <u> </u> | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column | 4.740 | 4 470 | 200 | 324 |
| | (A) amount, list line 11g expenses on Schedule O.) | 1,719 | 1,176 | 209 | 334 399 |
| 12 | Advertising and promotion | 1,992 | 1,593 | 6,083 | 10,831 |
| 13 | Office expenses | 50,132 141 | 33,218 99 | 0,063 | 28 |
| 14 | Information technology | 141 | 99 | | |
| 15 46 | Royalties | 7,200 | 2,880 | 2,160 | 2,160 |
| 16 | Occupancy | 14,794 | 11,835 | 2,100 | 2,515 |
| 17 18 | Travel | 14,734 | 11,000 | -7-17 | 2,310 |
| 10 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings. | 4,483 | 3,584 | 292 | 607 |
| 20 | Interest | 1,100 | 0,00 : | | |
| 21 | Payments to affiliates | | | | <u> </u> |
| 22 | Depreciation, depletion, and amortization | 1,857 | 1,300 | 186 | 371 |
| 23 | Insurance | .,,557 | | | |
| 24 | Other expenses Itemize expenses not covered | | £ 7.47, 7.5% | | |
| - + | above (List miscellaneous expenses in line 24e. If | | | ** / * * */ / / | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | 1, 1 | | A | |
| а | In Country Representation | 40,339 | 40,339 | | |
| b | Board Expenses | 4,014 | 3,211 | 642 | 161 |
| | Fundraising | 20,117 | | | 20,117 |
| | | | | 1 | |

91,784

34,934

508,222

634,940

Page 11

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X . . . (A) (B) Beginning of year End of year 80,758 1 110,743 2 2 Savings and temporary cash investments 335,662 323,719 3 11,000 3 45,000 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary Assets organizations (see instructions) Complete Part II of Schedule L 6 7 7 Inventories for sale or use R 8 Prepaid expenses and deferred charges. 9 9 1,232 Land, buildings, and equipment cost or 10a other basis. Complete Part VI of Schedule D 10a 10,821 Less: accumulated depreciation h 10b | 6,430 6,248 10c 4,391 11 11 12 Investments—other securities. See Part IV, line 11 1,102,659 12 1,301,614 13 Investments—program-related See Part IV, line 11 13 14 14 15 1,900 15 1,900 16 Total assets. Add lines 1 through 15 (must equal line 34) . 1,538,227 1,788,599 16 17 Accounts payable and accrued expenses 17 1,560 18 Grants payable 18 121,084 19 Deferred revenue. 19 20 Tax-exempt bond liabilities . . 20 21 Escrow or custodial account liability Complete Part IV of Schedule D. . . 21 22 Liabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 238.472 23 232,472 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete 25 Total liabilities. Add lines 17 through 25 238,472 26 355,116 Organizations that follow SFAS 117 (ASC 958), check here | X | and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 1,299,755 27 1,433,483 Temporarily restricted net assets 28 28 29 29 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds . . . 32 33 1,433,483 1,299,755 33 34 Total liabilities and net assets/fund balances 1,538,227 34 1,788,599

| Form 9 | 990 (2013) RIGHT SHARING OF WORLD RESOURCES, INC. | 31-16 | 36209 | Pag | e 12 |
|--------|--|-------|-------|--------------|-------|
| Part | XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 63 | 1,332 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 634 | 1,940 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | - 4 | 3,608 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 1,299 | |
| 5 | Net unrealized gains (losses) on investments | 5 | | 137 | 7,336 |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | _ |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | 1 1 | | | |
| | column (B)) | 10 | | <u>1,433</u> | 3,483 |
| Part | XII Financial Statements and Reporting | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | ٠ | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: | | | - | i |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | 1 * | l |
| | Schedule O. | | | ٠, | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | , |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| _ | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | | |
| С | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | x | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | • • | 20 | <u> </u> | |
| | Schedule O | | , | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | |
| Ja | the Single Audit Act and OMB Circular A-133? | | 3a | | Х |
| b | | • • | Ja | | |
| | It "Yes " nig the alganization undergo the featilited alight of alights / It the alganization aid bot undergo the | | | | |
| _ | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Employer identification number

OMB No 1545-0047

2013

Open to Public Inspection

31-1636209 RIGHT SHARING OF WORLD RESOURCES, INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: ______ An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I Type II c | Type III-Functionally integrated d | Type III-Non-functionally integrated By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the a following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) No 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of organization (iv) is the organization (v) Did you notify (vi) is the (i) Name of supported (ii) EIN (vii) Amount of monetary the organization in in col. (i) listed in your organization in col. (described on lines 1-9) omanization support above or IRC section governing document? col. (i) of your (i) organized in the support? US7 (see instructions)) Yes No Yes Yes (A) (B) (C) (D) (E)

Total

instructions.

| Par | Support Schedule for Organizat | | | | | | |
|------|---|--|------------------|------------------|------------------|------------------|-----------|
| | (Complete only if you checked the | | | | | | under |
| | Part III. If the organization fails to | quality under | tne tests liste | a below, plea | ise complete | Рап III.) | |
| | ion A. Public Support | /\ 0000 | (5) 0040 | (-) 0014 | (4) 2042 | (=) 2042 | /A T-4-1 |
| Cale | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants") | 519,000 | 404,697 | 393,382 | 188,802 | 581,817 | 2,087,698 |
| 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 | | | | | ľ | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | 540,000 | 404.007 | 202 202 | 400,000 | 504.047 | 0.007.000 |
| 4 | Total. Add lines 1 through 3 | 519,000 | 404,697 | 393,382 | 188,802 | 581,817 | 2,087,698 |
| 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% | | | _ | | 5 | |
| | of the amount shown on line 11, | | | * * *, * | - | , 4 | |
| _ | column (f) | | | | 0 | , | 2.097.600 |
| 6 | Public support. Subtract line 5 from line 4. ion B. Total Support | <u> </u> | | | | <u> </u> | 2,087,698 |
| | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 7 | Amounts from line 4 | 519,000 | 404,697 | 393,382 | | 581,817 | 2,087,698 |
| 8 | Gross income from interest, dividends, | 313,000 | 404,007 | 333,302 | 100,002 | 301,017 | 2,007,090 |
| | payments received on securities loans, | | | | | Ì | |
| | rents, royalties and income from similar | | | | | | |
| | sources | 48,841 | 48,139 | 46,638 | 23,041 | 49,420 | 216,079 |
| 9 | Net income from unrelated business | 10,011 | 10,100 | 10,000 | 20,011 | 10,120 | 210,070 |
| • | activities, whether or not the business is | | | | | | |
| | regularly carried on | | | | | | |
| 10 | Other income Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part IV.) | | | | | 95 | 95 |
| 11 | Total support. Add lines 7 through 10 | | È. | c c | | | 2,303,872 |
| 12 | Gross receipts from related activities, etc. (se | e instructions) | | | | 12 | |
| 13 | First five years. If the Form 990 is for the org | | , second, third, | fourth, or fifth | tax year as a se | ection 501(c)(3) | |
| | organization, check this box and stop here | | | | | | ▶ 🔲 |
| Sect | ion C. Computation of Public Support | Percentage | | | | | |
| 14 | Public support percentage for 2013 (line 6, co | olumn (f) divided | by line 11, col | umn (f)) | | 14 | 90.62% |
| 15 | Public support percentage from 2012 Schedu | | | | | 15 | 93.42% |
| 16a | 33 1/3% support test-2013. If the organization | | | | | or more, check t | |
| | and stop here. The organization qualifies as | | | | | | |
| b | 33 1/3% support test-2012. If the organization | | | | | | |
| | box and stop here. The organization qualifies | | | | | | |
| 17a | 10%-facts-and-circumstances test-2013. | If the organization | on did not chec | k a box on line | 13, 16a, or 16t | o, and line 14 | |
| | is 10% or more, and if the organization meets | | | | | | า |
| | Part IV how the organization meets the "facts | | | | | | |
| | organization. | | | • | • | | ▶□ |
| b | 10%-facts-and-circumstances test—2012. | | | | | | - سا |
| | 15 is 10% or more, and if the organization me | - | | | | | in in |
| | Part IV how the organization meets the "facts | | | | | | |
| | supported organization | | | | | | ▶□ |
| 18 | Private foundation. If the organization did no | ot check a box o | n line 13, 16a. | 16b. 17a. or 13 | 7b. check this b | ox and see | _ |

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)

| | tion A. Public Support | | | | | | |
|------|---|-------------------|------------------|---------------------------------------|-----------------|--------------|-------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities furnished | | | | | | |
| | in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | <u> </u> | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513. | | | | | | |
| 4 | Tax revenues levied for the organization's | | | | | | · |
| | benefit and either paid to or expended on | | | | i | | |
| | its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | · | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | | | | | | |
| ь | Amounts included on lines 2 and 3 received | | | | |] | |
| | from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| C | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from | | • | _ | | | |
| 0 | line 6.) | | J. N | , , ×, - | • | | |
| | tion B. Total Support | (-) 0000 | | | | T | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | 1 | | | | | |
| | rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less | ł | | | | | |
| | section 511 taxes) from businesses |] | | | | 1 | |
| | acquired after June 30, 1975 | | | | | | · |
| C | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | 1 | | | | | |
| | activities not included in line 10b, whether | 1 | | | | ļ | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or | | | | | Ì | |
| | loss from the sale of capital assets | | | | | - | |
| | (Explain in Part IV) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop here. | | | or fifth tax year as | | c)(3) | ▶□ |
| Sect | ion C. Computation of Public Support | | | | • | | |
| 15 | Public support percentage for 2013 (line 8, column | | 13 column (f)) | ***** | | 15 | |
| 16 | Public support percentage from 2012 Schedule A, F | | | · · · · · · · · · · · · · · · · · · · | | 16 | |
| | ion D. Computation of Investment Inco | | ge . | | · .: · | | |
| 17 | Investment income percentage for 2013 (line 10c, c | | | mn (f)) | | 17 | |
| 18 | Investment income percentage from 2012 Schedule | | | | | 18 | |
| 19a | 33 1/3% support tests—2013. If the organization | | | | | | |
| | not more than 33 1/3%, check this box and stop he | | | | | | ▶□ |
| b | 33 1/3% support tests-2012. If the organization | did not check a b | ox on line 14 or | line 19a, and line | 16 is more than | 33 1/3%, and | |
| | line 18 is not more than 33 1/3%, check this box and | | | | | | ▶ □ |
| 20 | Private foundation. If the organization did not che | | | | | | ▶□ |

| Schedule A (For | n 990 or 990-EZ) 2013 RIGHT SHARING OF WORLD RESOURCES, INC | 31-1636209 | Page 4 |
|-----------------|---|---------------------|--------------|
| Part IV | Supplemental Information. Provide the explanations required by Part II, | | 17b, |
| | and Part III, line 12 Also complete this part for any additional information. | (See instructions). | |
| | | | |
| Part II Line 1 | O Other Income is refunds from purchases of supplies | | |
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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.

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

| Name | of the organization | | Employer identification number |
|------|---|---|--|
| RIGI | IT SHARING OF WORLD RESOURCES, INC. | | 31-1636209 |
| Par | Organizations Maintaining Done | or Advised Funds or Other Similar F | |
| | Complete if the organization answ | ered "Yes" to Form 990, Part IV, line 6 | • |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and do | | |
| | funds are the organization's property, subject | | |
| 6 | Did the organization inform all grantees, done | | |
| | used only for charitable purposes and not for | | for any other |
| | purpose conferring impermissible private ben | efit? | Yes . No |
| Par | t II Conservation Easements. | • | |
| | | ered "Yes" to Form 990, Part IV, line 7. | • |
| 1 | Purpose(s) of conservation easements held be | | |
| | Preservation of land for public use (e.g., recre | eation or education) Preservation | of an historically important land area |
| | Protection of natural habitat | Preservation | of a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organizat | on held a qualified conservation contribution | n in the form of a conservation |
| | easement on the last day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | . 2a |
| b | Total acreage restricted by conservation ease | ments | 2b |
| С | Number of conservation easements on a cert | | 2c |
| d | Number of conservation easements included | in (c) acquired after 8/17/06, and not on a | |
| | historic structure listed in the National Registe | | 2di |
| 3 | Number of conservation easements modified, | transferred, released, extinguished, or term | ninated by the organization |
| | during the tax year | | |
| 4 | Number of states where property subject to co | | |
| 5 | Does the organization have a written policy re | garding the periodic monitoring, inspection, | handling of |
| | violations, and enforcement of the conservation | on easements it holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring | ng, inspecting, and enforcing conservation e | easements during the year |
| - | | | |
| 7 | Amount of expenses incurred in monitoring, in | specting, and enforcing conservation easer | nents during the year |
| | Door and an arrangement of the state of the | | |
| 8 | Does each conservation easement reported o | n line 2(d) above satisfy the requirements o | F-7 F-3 |
| 9 | 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | | L Yes No |
| 9 | In Part XIII, describe how the organization rep | | |
| | balance sheet, and include, if applicable, the t the organization's accounting for conservation | ext or the toothote to the organization's tinal | ncial statements that describes |
| Par | Organizations Maintaining Colle | ctions of Art, Historical Treasures, c | or Other Similar Assets |
| | Complete if the organization answer | ered "Yes" to Form 990, Part IV, line 8. | o Other Online Assets. |
| 1a | | | |
| 14 | If the organization elected, as permitted under | SEAS TIO (ASC 958), not to report in its re- | venue statement and dalance sneet |
| | works of art, historical treasures, or other similar of public service, provide, in Part XIII, the text | of the feetests is the feetest of the | on, or research in furtherance |
| b | If the organization elected, as permitted under | SEAS 116 (ASC DES), to report in its reverse | at describes triese items. |
| _ | works of art, historical treasures, or other simi | ar assets hold for public exhibition, educate | ue statement and balance sneet |
| | of public service, provide the following amount | er assets neto for public exhibition, educations relation to these items: | m, or research in fundierance |
| | (i) Revenues included in Form 990, Part VIII, | io relaung to these items. line 1 | ▶ € |
| | (ii) Assets included in Form 990, Part X | m (, , , , , , , , , , , , , , , , , , | • • • • • • • • • • • • • • • • • • • |
| 2 | If the organization received or held works of a | t historical treasures, or other similar asset | s for financial pain, provide the |
| _ | following amounts required to be reported und | er SEAS 116 (ASC 958) relating to these its | ome |
| а | Revenues included in Form 990, Part VIII, Inne | 1 | |
| b | Assets included in Form 990, Part X | | ▶ \$ ▶ \$ |
| | | <u> </u> | · · · · · · · · · · · · · · · · · · · |

| Part | t III Organizations Maintaining | Collections of A | krt, Histori | cal Tre | easures, or C | ther Similar Ass | ets (continued) |
|---|---|-----------------------|---------------|---------------|-------------------|---------------------------------------|-----------------|
| 3 | Using the organization's acquisition, ac | cession, and other | records, che | ck any | of the following | that are a significar | nt |
| | use of its collection items (check all that | at apply): | F1 | | | | |
| а | Public exhibition | | d 📙 | Loan c | r exchange pro | grams | |
| b | Scholarly research | | e | Other | | | •••• |
| c | Preservation for future generation | ons | | | | | |
| 4 | Provide a description of the organization | on's collections and | explain how | they fu | rther the organi | zation's exempt pur | pose in |
| 5 | During the year, did the organization seassets to be sold to raise funds rather | | | | | | Yes No |
| Par | IV Escrow and Custodial Arra | angements. | | | | | |
| | Complete if the organization 990, Part X, line 21. | answered "Yes" | to Form 99 | 0, Parl | t IV, line 9, or | reported an amou | ınt on Form |
| 1a | Is the organization an agent, trustee, concluded on Form 990, Part X? | ustodian or other in | termediary fo | r contr | | r assets not | Yes No |
| b | If "Yes," explain the arrangement in Pa | rt XIII and complete | the following | g table. | | | |
| | | | | | | | Amount |
| C | Beginning balance | | | | | 1c | |
| d | Additions during the year | | | | | 1d | |
| е | Distributions during the year | | | | | 1e | |
| f | Ending balance | | | | | 1f | F7 - |
| 2a | Did the organization include an amour | | | | | | Yes X No |
| b | If "Yes," explain the arrangement in Pa | rt XIII. Check here i | f the explana | tion ha | s been provide | d in Part XIII . | <u> L</u> |
| Pari | | | | | | | |
| *************************************** | Complete if the organization | | | | | | . 1 |
| | | (a) Current year | (b) Prior ye | | (c) Two years bac | | |
| 1a | Beginning of year balance . | 971,076 | 92 | 5,348 | 890,8 | | |
| b | Contributions | 13,225 | | 3,289 | 10,4 | 129 | 893,792 |
| С | Net investment earnings, gains, and losses | 48,394 | 2 | 2,439 | 44.0 | 98 43,7 | 62 |
| ď | Grants or scholarships | 70,337 | | 2,400 | 7-1,0 | 18,7 | |
| e | Other expenditures for facilities | | | | , | | |
| _ | and programs | | | | | 25,7 | 750 |
| f | Administrative expenses | | | | | 2,2 | :58 |
| g | End of year balance | 1,032,695 | | 1,076 | 945,3 | | 21 893,792 |
| 2 | Provide the estimated percentage of the | | | 1g, co | lumn (a)) held a | IS. | |
| a | Board designated or quasi-endowmen | ******** | <u>%</u> | | | | |
| b | Permanent endowment | <u>%</u> | | | | | |
| С | Temporarily restricted endowment | % |) / | | | | |
| За | The percentages in lines 2a, 2b, and 2 Are there endowment funds not in the | • | | hat are | held and admir | istered for the | |
| Jd | organization by | possociation of the O | gaineaduit (| 416 | .,oic and durin | | Yes No |
| | (i) unrelated organizations . | | | | | | 3a(i) X |
| | (ii) related organizations | | | | | | 3a(ii) X |
| b | If "Yes" to 3a(ii), are the related organi | zations listed as req | uired on Sch | edule F | २७ | | 3b |
| 4 | Describe in Part XIII the intended uses | of the organization | | | | | |
| Part | | | | | | | |
| | Complete if the organization | answered "Yes" | to Form 99 | <u>0, Par</u> | t IV, line 11a. | See Form 990, Pa | art X, line 10. |
| | Description of property | (a) Cost or oth | | | st or other | (c) Accumulated | (d) Book value |
| | Land | (investmi | ciit) | Dask | s (other) | cepreciation | |
| 1a | Land | • • | | | | | |
| b | Buildings | - | | | | · · · · · · · · · · · · · · · · · · · | |
| d d | Equipment | | | | 10,821 | 6,430 | 4,391 |
| e | Other | · | | | | 2, 100 | ,,00 |
| | II. Add lines 1a through 1e. (Column (d) | must equal Form 99 | 0, Part X. co | lumn (E | 3), line 10(c)) | > | 4,391 |

| Part VII | Investments—Other Securiti Complete if the organization as | | 90. Part IV. line 11b. See Forr | n 990. Part X. line 12. |
|----------------------|---|------------------------------|--|-------------------------|
| (a) | Description of security or category (Including name of security) | (b) Book value | (c) Method of v Cost or end-of-year | aluation. |
| (1) Financial (| derivatives | | | |
| | eld equity interests | | | |
| | iends Fiduciary Corporation | 1,301,614 | 4 F | |
| (A) | | | | |
| | | | | |
| | | | | |
| (D) | | ļ <u></u> | | |
| (E) | | | | |
| (F) | | | | |
| (<u>G</u>) | | | | |
| (H) | must equal Form 990, Part X, col (B) line 12) | 1,301,614 | 1 | |
| Part VIII | Investments—Program Relation | | 41 | |
| Pait VIII | Complete if the organization a | | On Part IV line 11c See Ford | n 900 Part X line 13 |
| | | | (c) Method of v | |
| | (a) Description of investment | (b) Book value | Cost or end-of-year | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | <u> </u> |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | nusi equal Form 990, Part X, col. (B) line 13.) | | | |
| | | | <u> </u> | |
| Part IX | Other Assets. Complete if the organization are | neworld "Voo" to Form Of | 00 Part IV line 11d See Form | n 000 Part V lina 15 |
| | | a) Description | 90, Fait IV, line 11d. See Foil | (b) Book value |
| (1) | | ay ocsorphon | | (b) Book Value |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | n (b) must equal Form 990, Part X, co | ol. (B) line 15) | <u> </u> | |
| Part X | Other Liabilities. | | no m | . E 000 D-4V |
| | Complete if the organization ar | iswered "Yes" to Form 99 | 90, Part IV, line 11e or 11f. Se | e Form 990, Paπ X, |
| 4 | line 25. (a) Description of liability | (h) Dook walvo | T | |
| 1. (1) Federal in | | (b) Book value | - | |
| (2) | nome taxes | | - | |
| (3) | | | 1 5 : | • |
| (4) | | | ┪ . | |
| (5) | | | 1 | |
| (6) | | | 1 | |
| (7) | | |] | |
| (8) | | | |) |
| (9) | | | | , n, |
| | ust equal Form 990, Part X, col. (B) line 25.) | | | |
| | incertain tax positions. In Part XIII, provid | | | |
| organization's I | iability for uncertain tax positions under I | FIN 48 (ASC 740). Check here | if the text of the footnote has been | provided in Part XIII. |

| Schedule D (Form | 990) 2013 | RIGHT SHARING OF WORLD RESOURCES, INC. | 31-1636209 | Page 5 |
|------------------|---|---|------------|--------|
| Part XIII | Supple | emental Information (continued) | | |
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Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

Department of the Treasury internal Revenue Service

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.

Open to Public Inspection

Name of the organization

Employer identification number

31-1636209 RIGHT SHARING OF WORLD RESOURCES, INC General Information on Activities Outside the United States. Complete if the organization answered Part I "Yes" on Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award X Yes 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) is (b) Number of (c) Number of (d) Activities conducted in (f) Total (a) Region expenditures for offices in the employees. region (by type) (e.g., a program service, agents, and fundralsing, program describe specific type of and investments region independent services, investments, service(s) in region in region grants to recipients contractors ın region located in the region) Sub-Saharan Africa GRANTS (1) 28,626 South Asia **GRANTS** 11,714 (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)(13)(14)(15) (16) (17)40,340 3a Sub-total . . b Total from continuation

40,340

sheets to Part I. .

C Totals (add lines 3a and 3b)

31-1636209

RIGHT SHARING OF WORLD RESOURCES, INC.

Schedule F (Form 890) 2013 RIGHT SHARING OF

Part II

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

| (i) Method of valuation (book, FMV, appraisal, other) | | | | | | | | | | | | | | | • | |
|--|--|-----------------------|-----------------------|------------------------|-----------------------|----------|-----|-------|-------------------|---------------------------------------|------|------|------|------|------|------|
| (h) Descripton of non-cash assistance | An entire contract of the state | | | | | | | | | | | | | | | |
| (g) Amount of non-cash assistance | | | | | | | | | | | | | | | | |
| Amount of (f) Manner of (g) Amount of cash non-cash of disbursement assistance | WIRE TRANSFER | WIRE TRANSFER | WIRE TRANSFER | WIRE TRANSFER | WIRE TRANSFER | | | | | | | | | | | |
| ا ۽ " | 5,500 | 5,500 | 5,125 | 5,075 | 5,375 | | | | | | | | | | | |
| (d) Purpose of grant | ENTERPRISE PROJECT | ENTERPRISE PROJECT | ENTERPRISE PROJECT | ENTER PRISE PROJECT | ENTERPRISE PROJECT | | | | | | | | | | | |
| (c) Region | Sub-Saharan Africa | Sub-Saharan Africa | Sub-Saharan Africa | Sub-Saharan Africa | South Asia | | | | | | | | | | | |
| (b) IRS code section and EIN (if applicable) | | | , | , | , | *** & | - | | 1 "/_wah _ | , j = 4 T, | અંક | | | ` . | | . ^ |
| (a) Name of organization | (1) | . (2) | (3) | , (þ) | (5) | (6) | (2) | * (8) | # | · · · · · · · · · · · · · · · · · · · | (11) | (12) | (13) | (14) | (15) | (16) |

Enter total number of recipient organizations listed above that are recognized as chanties by the foreign country, recognized as tax-exempt ٨ by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ~

³ Enter total number of other organizations or entities

Page 3

31-1636209

RIGHT SHARING OF WORLD RESOURCES, INC

Schedule F (Form 990) 2013 RIG!

Part III

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.

Schedule F (Form 990) 2013 (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 E 2 ව **₹** <u></u> 9 E (12) 3 9 8 8 ම (13) (16) (16) <u>E</u>

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

for Form 5713)

Yes

| OCHEQUIE I | (1 011)1 3307 20 |
|------------|------------------|
| | |
| D4 1/ | O I |

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)

| Part I Line 2 REPORTS AR REQUIRED EVERY SIX MONTHS. FIELD STAFF VISIT THE GRANT |
|--|
| RECIPIENTS. SOMETIMES U.S. VISITORS VISIT THE GRANT RECIPIENTS. THERE IS A NETWORK OF |
| COLLEAGUES (CURRENT AND PAST PARTNERS) WHO CAN AND HAVE REPORTED PROBLEMS WITH THE GRANT |
| RECIPIENTS. |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047
2013
Open to Public Inspection

Employer identification number

RIGHT SHARING OF WORLD RESOURCES, INC 31-1636209 Form 990, Part VI, Section B, Line 11B. GENERAL SECRETARY REVIEWS THE 990 Form 990, Part VI, Section B, Line 15A. EVALUATION FORMS FOR THE GENREAL SECRETARY ARE FILLED OUT BY THE BOARD OF TRUSTEES ANNUALLY, THEN REVIEWED DURING AN EXECUTIVE SESSION. RECOMMENDATIONS ARE THEN BROUGHT BEFORE THE BOARD FOR FULL APPROVAL Form 990, Part VI, Section C, Line 19: THE ORGANIZATION MAKES GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. Form 990, Part XII, Line 1 ORGNIZATION SWITCHED FROM A CASH BASIS TO THE ACCRUAL BASIS IN ORDER TO TRACT GRANTS FROM WHEN THEY ARE APPROVED UNTIL THEY ARE PAID IN THEIR ACCOUNTING SYSTEM

| Schedule O (Form 990 or 990-EZ) (2013) , | Page 2 |
|--|---------------------------------------|
| Name of the organization | Employer identification number |
| RIGHT SHARING OF WORLD RESOURCES, INC. | 31-1636209 |
| Mont diaking of World Resources, ins. | 01 1000200 |
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Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

| | | Cash | Noncash |
|---|---------------------------|---------|---------|
| 1 | Federated Campaigns | | |
| 2 | Membership dues | | |
| 3 | Fundraising events | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| | Contributions | 546,817 | |
| | Non govetnment grants | 35,000 | |
| | ` | | |
| | | | |
| | | | |
| | Other contributions total | 581,817 | |
| 7 | Total | 581,817 | |

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

| | | (A) | (B) | (C) | (D) |
|--------------|-------|-------|------------------|------------------------|-------------|
| | | Total | Program services | Management and general | Fundraising |
| Depreciation | 1 | 1,857 | 1,300 | 186 | 371 |
| Depletion | . 2 - | | | | |
| Amortization | 3 | | | | |
| 4 Total | . 4 | 1,857 | 1,300 | 186 | 371 |

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

| | | Pledges and gr | ants receivable | Allowance for do | oubtful accounts |
|-----------------------------|---------------|----------------|-----------------|------------------|------------------|
| | | Beginning | End | Beginning | End |
| 1 Pledges Receivable | 1 🗆 | 11,000 | 10,000 | | |
| 2 Grants Receivable | 2 | | 35,000 | | |
| 3 | 3 | | | | |
| 4 | 4 | | | | |
| 5 | 5 | | | | |
| 6 | 6 | | | | |
| 7 | 7 | | | | |
| 8 | 8 | | | | |
| 9 | 9 | | | | |
| 10 | 10 [| | | | |
| 11 Total pledges and grants | receivable 11 | 11,000 | 45,000 | | <u></u> |

RIGHT SHARING OF WORLD RESOURCES, INC

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

| | | | | | ; | | Total: | 10,821 | 4,573 | 6,430 | | 6,248 | 4,391 |
|---------------------|------|-----------|-----------|-----------|-------|------------|----------|------------|-------------------|----------------|-------------|-----------|---------|
| | ļ | | Leasehold | | | Check If | Check If | | Beginning | Ending | | | |
| | | | Improve- | | | Investment | Asset | Cost/Other | r Accumulated Acc | ed Accumulated | Disposals/ | Beginning | Ending |
| Category or Item | Land | Buildings | ments | Equipment | Other | Asset | Disposed | Basis | Depreciation | Depreciation | Adjustments | Balance | Balance |
| 1 Compuer Equipment | L | ; | | × | 3 | | | 10,821 | 4,573 | 6,430 | | 6,248 | 4,391 |

RIGHT SHARING OF WORLD RESOURCES, INC

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

| | | | | • | | | |
|---------------------------------|------------|---|--------------|------------|------------|-----------|-------------|
| | | | | Total: | | 1,102,659 | 1,301,614 |
| | Check if | | Check if | | | | Fadina |
| | : | | | | | | 2 |
| | Publicly | Check if | Closely-Held | Number | Value | Balance | Balance |
| | Traded | Financial | Equity | of Shares/ | at Time of | | 0.44/1.4000 |
| Contribution | ; | | | | 5 | _ | DOON VAIDE |
| Describition | Seculities | Securities? Derivatives | Interests | Face Value | Donation | - FMC | FMC |
| 1 Friends Fiduciary Corporation | | | | 25,459.69 | | 1 102 659 | 1 301 614 |
| | | , | | | | 000 | 2 |

Part X, Line 15 (990) - Other Assets

| | Total: | 1,900 | 1,900 |
|---|-------------|-----------|-------|
| l | Description | Beginning | End |
| i | 1 Deposits | 1,900 | 1,900 |

Part X, Lines 23 and 24 (990) - Secured and Unsecured Notes Payable

| | Total: | 238,472 | 232,472 |
|---------------------------------------|-----------|-------------|-------------|
| , | | Balance due | |
| | Check if | beginning | Balance due |
| Lender's name | Unsecured | of year | end of year |
| 1 permanently restricted contributors | | 238,472 | 232,472 |

Right Sharing of World Resources

Depreciation Expense Report As of June 30, 2014

Book = Internal FYE Month = June

| Sys No | In Svc Date | Acquired Value | | Depr Meth | Est Life | Salv/158 Allow Sec 179 | Depreciable Basis | Prior Thru | Prior Accum Depreciation | Depreciation This Run | Current YTD Depreciation | Current Accum Depreciation | Key Code |
|--------|------------------------|--------------------|-----|--------------|-------------|---------------------------|----------------------|---------------|-----------------------------|--------------------------|-----------------------------|-------------------------------|-------------|
| 000004 | Maturadina | Desirat | | | | | | | | | | | |
| 000001 | Networking 12/31/07 | 5.380.00 | P | SIMM | 07 00 | 0.00 | 5.380.00 | 06/30/13 | 4,227.14 | 768.57 | 768.57 | 4,995.71 | |
| 000002 | | -1 | ٠ | CLIM | 0, 00 | 0.40 | 0,000.00 | 00,00,15 | 4 | | , | ., | |
| 000002 | 03/14/12 | • | P | SLMM | 05 00 | 0.00 | 660.98 | 06/30/13 | 176.26 | 132,20 | 132.20 | 308.46 | |
| 000003 | | Printer | | | | | | | | | | | |
| | 10/23/12 | | P | SLMM | 05 00 | 0.00 | 623.74 | 06/30/13 | 83.17 | 124.75 | 124.75 | 207.92 | |
| 000004 | Tiger Direct | - Computer Equi | pme | ent | | | | | | | | | |
| | 05/21/13 | 3,629.32 | P | SLMM | 05 00 | 0.00 | 3,629.32 | 06/30/13 | 60.49 | 725.86 | 725.86 | 786.35 | |
| 000005 | Epson Pow | erlite 1750 Projec | | | | | | | | | | | |
| | 03/26/13 | 527.65 | Р | SLMM | 05 00 | 0.00 | 527.65 | 06/30/13 | 26.38 | 105.53 | 105,53 | 131.91 | |
| G | irand Total | 10.821.69 | | | | 0.00 | 10.821.69 | | 4,573,44 | 1.856.91 | 1,855,91 | 6,430,35 | |
| | disposals | 0.00 | | | | 0.00 | 0.00 | | 0.00 | 1,000,01 | ., | 0.00 | |
| | d transfers | V 00 | | | | 0.00 | 3.33 | | | | | | |
| ш, | Count = 0 | | | | | | | | | | | | |
| Net G | Grand Total | 10,821 69 | - | | | 0 00 | 10,821.69 | • | 4,573.44 | 1,855.91 | 1,856.91 | 6,430.35 | _ |
| | Count - 5 | | = | | | | | 1 | | | | | • |

Count = 5

Report Assumptions

Report Name: Depreciation Expense Source Report: <Standard Report>

Calculation Assumptions:

Short Year none

Include Sec 168 Allowance & Sec 179: No Adjustment Convention: None

Key Codes:

- A depreciation adjustment amount is included in the reporting period.
- b: The asset's business-use percentage is less than 100%.
- d The asset has been disposed.
- f. The asset has switched from a MACRS table calculation to the MACRS formula calculation.
- The asset's depreciation has been limited by luxury auto rules.
- m. The asset's depreciation was calculated using the mid-quarter convention.
- r. The asset's acquired value was reduced to arrive at the depreciable basis
- The asset has switched from declining-balance to a straight-line.
- v The asset has switched to remaining value over remaining tile due to ACE.

Group/Sorting Critera:

Group = All Complete Assets Include Assets that meet the following conditions: All Complete Assets Sorted by: System No

Form 4562

(Including Information on Listed Property)

2013 Attachment

Department of the Treasury Internal Revenue Service (

(99)

 Sequence No. 179

| | nown on return MARING OF WORLD RESC | | ess or activit | ty to which this | form relates | | Identifying num 31-1636209 | ber | |
|---------------|---|-----------------------|---|-------------------|---------------------|------------------|-------------------------------|--|---|
| Part I | Election To Expens | | erty Und | er Section 1 | 79 | | 131-1030203 | | |
| I. GUL | Note: If you have any list | - | - | | | | | | |
| 1 Maxim | rum amount (see instruction | | | | | | | 1 | |
| | ost of section 179 property | | | | | | | 2 | |
| | nold cost of section 179 pro | | | | | | | 3 | |
| | tion in limitation. Subtract li | | | | | | | 4 | |
| | limitation for tax year. Subt | | | | | | | ├ | |
| separa | ately, see instructions | | | 0. 1000, 011to1 | 0 | 19 | | 5 | |
| 6 | (a) Description of | of property | ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | (b) Co | ist (business us | e only) | (c) Elected co | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | (5) 00 | or togomicoc oc | ic Villy | (o) Licolog Ci | | 1 - |
| | | | | | | | | | - |
| 7 Listed | property Enter the amount | from line 29 . | | | | 7 | | | 1 * |
| 8 Total e | lected cost of section 179 | property. Add amo | ounts in colu | ımın (c), lines (| 6 and 7 | ` - L | | 8 | 1 |
| 9 Tentati | ve deduction. Enter the sm | naller of line 5 or I | | | | | | 9 | † · · · · · · · · · · · · · · · · · · · |
| | ver of disallowed deduction | | | orm 4562. | | | | 10 | |
| 11 Busine | ess income limitation. Enter | the smaller of bu | siness inco | me (not less t) | nan zero) or li | ne 5 (see instru | | 11 | |
| 12 Section | n 179 expense deduction. A | Add lines 9 and 10 |), but do no | t enter more ti | han line 11 . | | | 12 | |
| 13 Carryo | ver of disallowed deduction | n to 2014. Add line | es 9 and 10 | less line 12 | | ► 13 | - , | | |
| Note: Do r | not use Part II or Part III bei | low for listed prop | erty. Instea | d, use Part V | | | | | <u> </u> |
| Part II | Special Depreciatio | n Allowance a | nd Other | Depreciatio | n (Do not in | clude listed p | roperty.) (See | instr | uctions.) |
| 14 Specia | il depreciation allowance fo | r qualified propert | ty (other tha | an listed prope | rty) placed in | service | | T | T |
| during | the tax year (see instructio | ns) | | | | | | 14 | 1 |
| 15 Proper | ty subject to section 168(f) | (1) election | | | | | | 15 | |
| 16 Other of | depreciation (including ACF | RS) | | | | | | 16 | 1.857 |
| Part III | MACRS Depreciation | n (Do not inclu | de listed p | property.) (Se | ee instruction | ns) | | | J |
| | | | Section | | | | | | |
| 17 MACR | S deductions for assets pla | ced in service in t | tax years be | eginning before | e 2013 | . , | | 17 | |
| 18 If you a | are electing to group any as | sets placed in se | rvice during | the tax year i | nto one or mo | re | | | |
| genera | I asset accounts, check he | ге | | | | | ▶□ | 1 | |
| | Section B - Asse | ts Placed in Sen | vice During | 2013 Tax Ye | ar Using the (| General Depre | ciation System | <u>. </u> | |
| | | (b) Month and | | or depreciation | 1 | | | T | |
| (a) | Classification of property | year placed | (business/i | investment use | (d) Recovery period | (e) Convention | (f) Method | (g) D | epreciation deduction |
| | ~ | in service | only—sec | e instructions) | penou | | | | - |
| 19 a 3-y | ear property | * 1 | | | | | | | |
| | ear property | | | | | | | | |
| | ear property | _ | | | |] | | | |
| | ear property | <u> </u> | | | | | | | |
| | /ear property | | | | | | | | |
| | rear property | _] | | | | | | | |
| | ear property | | | | 25 yrs. | | S/L | <u> </u> | |
| h Res | idential rental | | | | 27 5 yrs. | MM | S/L | | |
| | perty | | | | 27.5 угз. | MM | S/L | | |
| i Non | residential real | | | | 39 yrs. | MM | S/L | | |
| prop | perty | | | | | MM | S/L | | |
| | Section C - Assets | Placed in Service | e During 2 | 013 Tax Year | Using the Al | temative Depr | eciation Systen | n | |
| 20 a Clas | ss life | | | | | | S/L | | |
| b 12-y | | | | | 12 yrs | | S/L | | |
| с 40-у | | | | | 40 yrs | MM | S/L | | |
| Part IV | Summary (See instru | ictions.) | | | | | | | |
| | property Enter amount from | | | | | | | 21 | |
| 22 Total. A | Add amounts from line 12, li | ines 14 through 1 | 7, lines 19 a | and 20 in colu | mn (g), and lir | ne 21 | | | |
| Enter h | ere and on the appropriate | lines of your retui | m Partners | hips and S co | rporations - se | ee instructions | <u></u> | 22 | 1,857 |
| 23 For ass | ets shown above and place | ed in service durin | ng the curre | nt year, enter | the portion | | | | |
| of the b | asis attributable to section | 263A costs | | | | 23 | | ļ | |

Form 8868

(Rev. January 2014)
Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

| Internal Revenu | e Service | Information about Form | 8868 and i | ts instructions is at www.irs.gov/form | 18868. | | | |
|---|--|---|---|---|---|----------------------------|-----------------------------|--------------|
| • If you are | filing for an | Additional (Not Automatic) 3 | -Month Ex | te only Part I and check this box . tension, complete only Part II (on an automatic 3-month extension on a | page 2 of this | | | . ► X 68. |
| a corporation 8868 to required to Return for Ti | n required to lest an exter ransfers Ass | o file Form 990-T), or an additionsion of time to file any of the follociated With Certain Personal | nal (not au orms listed Benefit Co | rou need a 3-month automatic extension of time. You hart I or Part II with the exception ntracts, which must be sent to the IR visit www.irs.gov/efile and click on e- | You can elect of Form 8870 S in paper for | ronica), Info mat (| ally file formation (see | Form 1 |
| Part I | Automa | tic 3-Month Extension of | Time. Onl | y submit original (no copies nee | ded). | | | |
| A corporation Part I only . | | | | natic 6-month extension—check this | | | | . ▶ |
| time to file in | come tax re | turns. | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | Enter filer's | identifying n | | | |
| Type or | Name of ex | empt organization or other filer, se | e instruction | is. | Employer ident | ficatio | n number | (EIN) or |
| print | RIGHT SHA | ARING OF WORLD RESOURC | ES, INC. | | 31-1636209 | | | |
| File by the | Number, str | eet, and room or suite no If a P.O | box, see in | structions | Social securi | ty nur | mber (SS | 3N) |
| due date for filing your | 101 QUAKI | ER HILL DRIVE | | | | | | |
| return See | City, town o | post office, state, and ZIP code. F | or a foreigr | address, see instructions. | | | | |
| instructions, | RICHMONI | D, IN 47374 | | STATE IN # OII | 84478 | <u> 205</u> | 00 | <u>ප</u> |
| Enter the Re | turn code fo | r the return that this application | is for (file | a separate application for each retur | n) | | | 01 |
| Application | | | Return | Application | | | | Return |
| is For | | | Code | is For | | | | Code |
| Form 990 or | Form 990-I | =Z | 01 | Form 990-T (corporation) | | | | 07 |
| Form 990-B | L | | 02 | Form 1041-A | | | | 08 |
| Form 4720 (| form 4720 (individual) 03 Form 4720 (other than individual) 0 | | | | | | 09 | |
| Form 990-P | F | | 04 | Form 5227 | | | | 10 |
| Form 990-T | (sec. 401(a) | or 408(a) trust) | 05 | Form 6069 | | | | 11 |
| Form 990-T | (trust other | than above) | 06 | Form 8870 | | | | 12 |
| If the orga If this is for the whole list with the n I request until is for the | e No. (7) Inization doe or a Group R group, chec ames and E est an autom 2/ ne organizat calendar ye | es not have an office or place of seturn, enter the organization's ck this box | four digit G If it is for pa on is for. proporation is exempt org | Fax No. ▶ in the United States, check this box Broup Exemption Number (GEN) art of the group, check this box required to file Form 990-T) extension anization return for the organization | n of time named above | . ▶[| | i attach a |
| ►X | tax year be | ginning 7/1/20 | 013 | , and ending | 6/30/2014 | | | .• |
| | | red in line 1 is for less than 12 ounting period | months, ch | neck reason. Initial return | Final r | aturn | l | |
| | | | 0-T, 4720, | or 6069, enter the tentative tax, less | | | | |
| | | dits. See instructions. | | | | 3a | \$ | |
| b If this a | application is | for Forms 990-PF, 990-T, 4720 | 0, or 6069, | enter any refundable credits and | _ [| 1 | | |
| estima | ted tax payr | nents made. Include any prior y | ear overpa | ayment allowed as a credit. | | 3b | \$ | |
| c Baland | ce due. Sub | tract line 3b from line 3a. Includ | le your pay | ment with this form, if required, by u | sing | | | |
| | | Federal Tax Payment System) | | | | | \$ | |
| | | make an electronic funds withdra | wal (direct o | debit) with this Form 8868, see Form 84 | 53-EO and For | m 88° | 79-EO fo |) F |
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| Page 2 |
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| ▶ <u>[X]</u> 3. |
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