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990 Form

Return of Organization Exempt From Income Tax

2014

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

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

İnspection

	A F	or the	2014 calend	lar year, or tax year begin	ning		, 2014, and er	nding			, 20		
	B cr	neck if a	pplicable	C Name of organization The	Working World	Inc.					Employer identification no.		
	∞م ل_ا	ldress c	hange	Doing business as							20-2264584		
	∏ Na	ıme cha	ange	Number and street (or P O. bo	ox if mail is not delivered	to street address)	<u> </u>	Room/su	te		E Telephone number		
	🗌 tnı	tal retu	m	228 Park Ave Sou	th	·		27395	5		(646) 257-4144		
	☐ Fo	nal retu	rn/terminated	City or town, state or province				1,023,909					
	П	nended	return	New York, NY 100	•	g., postal code				- 1,	Gross receipts\$		
	П		n pending	F Name and address of principal							Cross roompas		
		,	perresing	The state of the s	., 0.11.001			H(a)	ls this a gr subordinat	oup retu	um for Yes X No		
	Ta	Y-eyem	pt status X	501(c)(3) 501(c) () ◀ (insert no)	4947(a)(1) or	527						
		ebsite:	_	. theworkingworld.or		4547(a)(1) U	521		If "No	," attacl	es included? Yes No h a list. (see instructions) number		
;							. V						
Ì	Pari		Summar		octation Unther		L Year of formation 20	005	M State	or legal	I domicije ME		
,	r ar							_					
		1		ibe the organization's missio			Working World			fit			
	8			cion that advances except com									
	lan		belo	DA .									
	marginalized, or at risk communities in Nicargua and the United States by providing below market financing and pro-bono or below market technical assistance. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)												
	ő	2					more than 25% of its	s net asse	ets.	l	ı		
	8	3		oting members of the govern		•	• • • • • • • •		• • • •	3	8		
	98	4		dependent voting members			• • • • • • • •	• • • •		4	7		
	i vit	5		r of individuals employed in a	-	(Part V, line 2a)	• • • • • • • •			5	4		
	Act	6		r of volunteers (estimate if ne						6	3		
		7a	Total unrelate	ed business revenue from P	art VIII, column (C),	line 12				7a	0		
		Ь	Net unrelated	d business taxable income fr	om Form 990-T, line	34				7b	0		
						RECEIVE	ED ol L	Pr	lor Year		Current Year		
	_	8	Contributions	,844	523,416								
	Revenue	9	Program serv	vice revenue (Part VIII, line 2	2g)	E . 080 . 8 . 9	015 ·		18	,189	138,946		
	18	10	Investment in	ncome (Part VIII, column (A)	, lines 3, 4, and 7d)	E NOV 1 7 5	vi3(છે [3	,154	2,850		
	R	11		ie (Part VIII, column (A), line							11,803		
_		12	Total revenue	e - add lines 8 through 11 (m	nust equal Part VIII,	column (A) ha 12 N.	UT		348	,187	677,015		
		13	Grants and s	similar amounts paid (Part IX	, column (A), lines 1	3)			20	,048	42,990		
	Expenses	14	Benefits paid	I to or for members (Part IX,	column (A), line 4)						. 0		
		15	Salaries, other	er compensation, employee	benefits (Part IX, col	lumn (A), lines 5-10)			31	,163	195,096		
		16a		rofessional fundraising fees (Part IX, column (A), line 11e)									
a	กอี	b	Total fundraising expenses (Part IX, column (D), line 25)								4,635		
ج	湿			ses (Part IX, column (A), line				22,14		,375			
3	•	18		es. Add lines 13-17 (must e						,955			
ž	-	19		s expenses. Subtract line 18	•					,232			
Π	88							Beginning			End of Year		
O	Issets or Balances	20	Total assets	(Part X, line 16)			Γ'	Dogmini	1,012				
Œ	Ass	21		s (Part X, line 26)	• • • • • • • • •		· · · · · · ·			,015			
\mathcal{C}	Net	22		r fund balances. Subtract lin	e 21 from line 20		· · · · · · · · · · · · · · · ·			,971			
~	Part			re Block	0 21 110111 1110 20	<u> </u>	• • • • • • • •		701	, 3 , 1	370,110		
O ¦				tare that I have examined this retur	n, including accompanyin	a schedules and statement	s, and to the best of my k	nowledge a	and bellef.	t Is			
2	nue, cor	rect, an	d complete Deci	taration of preparer (other than office	cer) is based on all inform	nation of which preparer has	any knowledge.						
015 25			\ /3	< 1. 1/2/	<u>`</u>					1	1/12/15		
	Sign	ŀ	Signatur	Te of officer	<u> </u>					Date.	712/11		
	Here	ı			<u> </u>					Date	•		
	IICIC			dan Martin, Presiden print name and title	· L	-		 _			_ 		
			'				Date		—	1			
	Paid		Print/Type pre	eparer's name	Preparer's signature		Date	0	heck	If P	PTIN		
								Firm's Ell	etf-employe	d			
	Prep			Firm's name									
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-				eturn with the preparer show		. 	<u> </u>	<u></u>	· · · · ·	• • •	Yes No		
ı	For Pa	perw	ork Reduction	on Act Notice, see the sep	parate instructions	•					Form 990 (2014)		
	EEA									9	21 2		
										_			

	rt III Statement of Program Service Accomplishments											
га	Check if Schedule O contains a response or note to any line in this Part III											
1	Bnefly describe the organization's mission:											
	The Working World is a non profit organization that advances economic prosperity in low											
	income, high unemployment, marginalized, or at risk communities in Nicargua and the United											
	States by providing below market financing and pro-bono or below market technical assistance.											
2	Did the organization undertake any significant program services during the year which were not listed on the											
	pnor Form 990 or 990-EZ?											
•	If "Yes," describe these new services on Schedule O.											
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?											
	If "Yes," describe these changes on Schedule O.											
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by											
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,											
	the total expenses, and revenue, if any, for each program service reported.											
4a	(Code:) (Expenses \$277,987 including grants of \$42,990) (Revenue \$138,946)											
	See SERVICES page for a description of this program service.											
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)											
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)											
4d	Other program services (Describe in Schedule O.)											
	(Expenses \$ including grants of \$) (Revenue \$)											
<u>4e</u>	Total program service expenses 277,987											
EEA	Form 990 (2014)											

The Working World Inc.
Checklist of Required Schedules Part IV

			Yes	No
1	ts 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	Х	
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_		<u>X</u>
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	-	<u>X</u> _
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	i		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		v
_	Part III	- 5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			v
-	"Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	ا ،		v
_	complete Schedule D, Part III	8		<u>X</u>
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	۰		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	-10		
••	VII, VIII, IX, or X as applicable.			
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			-
•	complete Schedule D, Part VI	11a	х	
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
c	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X.
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		<u>X</u> _
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Χ	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		_	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		,	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	_		17
	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	, .		17
4.5	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	.		v
00-	If "Yes," complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Page 3

Part IV

Checklist of Required Schedules (continued)

Yes No 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a through 24d and complete Schedule K. If "No," go to line 25a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c **d** 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pnor year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X 25b 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 "Yes," complete Schedule L, Part II 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 X 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV Х 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes." complete X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Х 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, X X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 Х

Par	,			\Box
	Check if Schedule O contains a response or note to any line in this Part V	• • •		ᆛ
4-	Enter the sumber repeated in Rev 2 of Form 1006 Enter 0 if not enalisable		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			1
b				1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	I	v	-
2-	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			1
_	Statements, filed for the calendar year ending with or within the year covered by this return		\ .	-
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	\vdash	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	\vdash	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		,	1
	account)?	4a	Х	
b	If "Yes," enter the name of the foreign country			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			1
	(FBAR).		-	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			ĺ
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	-		-
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		X
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	!		1
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		_	
8	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	1_		_
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	L	Х
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11	Section 501(c)(12) organizations. Enter:		i	1
а	Gross income from members or shareholders		i	1
b	Gross income from other sources (Do not net amounts due or paid to other sources			1
	against amounts due or received from them.)			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			
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		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N) "		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		<u>. X</u>
Sec	ction A. Governing Body and Management			,
	·		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			l
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			Ì
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	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 other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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) members,	/a		<u>^~</u>
	stockholders, or persons other than the governing body?	7h		x
	Did the organization contemporaneously document the meetings held or written actions undertaken dunna	7b		├^
8				
_	the year by the following		ν.	~
a	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			١,,
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule 0	9		<u>X</u>
<u> </u>	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		-	
40-	Dud the emerication have level chartery branches, as afflicted?	40-	Yes	No V
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,	401		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		V
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	,
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		.,	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
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 approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			, '
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Brendan Martin (646) 257-4144, 228 Park Ave South, New York, NY 10003			

E~~~	$\alpha \alpha \Lambda$	(2014)	

The Working World Inc.

20-2264584

²age 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

					(C)						
(A)	(B)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)	(E)	(F)	
Name and Title	Average hours per week (list any hours for						ın	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation	
·	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	une organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) Brendan Martin President	50.00	х		X					0	0	
(2) Gopal Roa Nandarup Dayaneni Secretary	2.00			Х					0	0	
(3) Edward Dugar III Director	1.00_			Х					0	0	
(4) Ethan Stricker Earle Chair	2.00			Х					0	0	
(5) Melissa Hoover pirector	1.00			X					0	0_	
(6) Avram Lewis Director	1.00			X					0	0	
(7) Morgan Simon Director	1.00			Х					0	0	
(8) Edward Leroy Whitfield Treasurer	2.00_			Х					0	0	
(9)											
(10)								8			
(11)											
<u>(12)</u>											
<u>(13)</u>											
<u>(14)</u>											

(15). (16) (16) (17) (17) (17) (17) (17) (17) (17) (17	Part	VII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hig	jhes	t Com	pen	sated Employees	(continued)			
Name and tills												ŀ		
Property Property				(do not check more than one						(E)		(F)		
Part		Name and title	_	box,	unles	s pers	son is	both an		•				
(15)				—			_	•	-	•	•			•
[15] [17] [18] [29] [20] [21] [22] [23] [24] [25] [25] [26] [27] [27] [28] [29] [29] [29] [29] [29] [29] [20] [20] [20] [20] [21] [22] [23] [24] [25] [25] [26] [27] [28] [28] [29] [29] [29] [29] [29] [29] [29] [20] [20] [20] [20] [21] [22] [23] [24] [25] [25] [26] [27] [27] [28] [28] [29] [29] [29] [29] [29] [29] [29] [29		•		ar divi	nstitu	🚆) é	ighe ample	orm				•	
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(23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	<u> </u>													
(23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	(21)													
(24)														
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24											-			
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1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 0 0 0 0 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	(24)													
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 0 0 0 0 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	(25)											+		
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	123)													
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	1b	Sub-total		<u> </u>								+		
d Total (add lines 1b and 1c)	C								, ,					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No	d								, ,	o	0			0
reportable compensation from the organization Yes No	2	Total number of individuals (including but not limited to	those listed	above) who	o rec	æive	d mon	e than	\$100,000 of		1		
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual											0			
employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual													Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3				nplo	yee,	or t	nghes	t con	npensated				
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	_	· · · · · · · · · · · · · · · · · · ·				• •		• • •		• • • • • • • •	• • • • • • •	3	<u> </u>	<u> X</u>
individual	4							-						
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		to allo date and		es," co	ompl	ete S	sche	dule J	tor s	uch		١.	ŀ	v
for services rendered to the organization? If "Yes," complete Schedule J for such person	5				· · ·	· ·	 .d.or	 aaniza	· · ·	· · · · · · · · · · · · · · · · · · ·		-	 	 ^-
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	ŭ								luOri C			_	ł	l v
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	Section		npicto ou tec	idio 5 i	01 30	<u>α. μ</u>	-C13C	<u> </u>	•			1_3		<u> </u>
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)			independent	contra	actor	s tha	at rec	æved	more	than \$100,000 of		_		
year. (A) (B) (C)											n's tax			
Name and business address Description of services Compensation		(A)								(B)			(C)	
		Name and business address								Description of	services	Com	pensatic	on
		<u> </u>								ļ				
		 												
					_					ļ				
Total number of independent contractors (including but not limited to those listed above) who		Total number of independent contractors (including by	t not limited t	n those	a liet	e he	hove) who		1	-			
received more than \$100,000 of compensation from the organization	-) 1.5u	J. a		, 11110						

Part VIII

Statement of Revenue

		Check if Schedule O contains	a response or note	to any line in this F	Part VIII	<u></u>		<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
स स	1a	Federated campaigns	1a					
Contributions, Giffis, Grants and Other Similar Amounts	` b	Membership dues	1b					
ا قِيَّ	C	Fundraising events	1c					
ar /	d	Related organizations	1d			İ		
<u></u>	е	Government grants (contributio	ns) 1e					
e e	f	All other contributions, gifts, gra	nts,					
る		and similar amounts not include	ed above 1f	523,416				
물음	g	Noncash contributions included	in lines 1a-1f: \$					
ទីនី	h	Total, Add lines 1a-1f			523,416			
				Business Code				
Program Service Revenue	2a	Loan Interest		900099	53,465	53,465		
Reve			900099	85,481	85,481			
활	C							
Sen	d							ļ <u></u>
E E	е							
5	f	All other program service revenue	e				 -	<u> </u>
	9	Total. Add lines 2a-2f	<u> </u>	· · · · · · · · · · · · · · · · · · ·	138,946			
	3	Investment income (including divand other similar amounts)			148	148		
	4	Income from investment of tax-e	xempt bond procee	ds▶				
	5	Royalties	<u>.</u> <u></u> .					
			(ı) Real	(ii) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss) .	<u> </u>	<u> ▶</u>				<u> </u>
	7a	Gross amount from sales of	(ı) Secunties	(II) Other				l
		assets other than inventory	349,596					
	Ь	Less. cost or other basis						
		and sales expenses						
		Gain or (loss)				-		
•		Net gain or (loss)	• • • • • • • • •	<u> ▶</u>	2,702	2,702		
enne	8a	Gross income from fundraising				İ		1
Š		events (not including \$	4.			Ì		
œ		of contributions reported on line	-		1			
Other Rev	١.	See Part IV, line 18		 -,				
0		•	b		}	Ì		
		Net income or (loss) from fundra Gross income from garning activ	_	<u> ▶</u>				
	3 8	See Part IV, line 19						
	h	Less direct expenses						
	1	Net income or (loss) from gamin						
	10a	Gross sales of inventory, less returns and allowances	a					
	ь		ь					
	1	Net income or (loss) from sales			İ			
		Miscellaneous Revenue		Business Code				
	11a	Foreign exchange gain		900099	3,184	3,184		
		Other income		900099	8,619	8,619		
	C							
	d	All other revenue						
	e	Total. Add lines 11a-11d .		 •	11,803			
	12	Total revenue. See instruction	ıs	<u></u> ▶	677,015	153,599		0 0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b, 7b, (B) Program service Fundraising Management and 8b, 9b, and 10b of Part Vill. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments, See Part IV, line 21 19,990 19,990 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 23,000 23,000 Benefits paid to or for members Compensation of current officers, directors, Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 161,646 98,842 38,429 24,375 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 20,599 13,160 5,765 1,674 10 12,851 7,662 3,451 1,738 Fees for services (non-employees). 11 41,665 41,665 а 7,750 7,750 Accounting 829 829 C d Professional fundraising services See Part IV, line 17 4,635 4,635 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 7,944 1,550 6,394 Advertising and promotion 12 13 Office expenses 4,218 3,671 547 Information technology 14 15 16 13,965 13,965 17 34,746 33,833 913 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 3,656 3,656 20 7,849 7,849 21 1,189 1,189 22 Depreciation, depletion, and amortization 23 1,093 507 334 252 24 Other expenses. Itemize expenses not covered 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.) 14,025 Fiscal sponsorship fee 14,025 Volunteer stipends 10,250 10,250 Bad debt expense 4,907 4,907 Audit and Accounting fees d 10,603 10,603 All other expenses 3,056 140 2,261 655 277.987 25 Total functional expenses. Add lines 1 through 24e 410,466 99,150 33,329 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 following SOP 98-2 (ASC 958-720)

20-2264584 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 1 Cash - non-interest-bearing 1 203,083 174,933 2 Savings and temporary cash investments 2 18,330 14,362 3 Pledges and grants receivable, net 3 105,000 4 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 3,717 b Less: accumulated depreciation 10b 3,510 1,396 10c 207 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 787,137 13 1,420,325 14 14 15 3,040 15 270 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,012,986 16 1,715,097 17 Accounts payable and accrued expenses 17 22,156 18 18 19 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 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 23 Unsecured notes and loans payable to unrelated third parties 24 251,015 24 716,823 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 251,015 26 738,979

27

31

32

33

722,548 27 865,826 Temporarily restricted net assets 39,423 28 110,292 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34,

Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances

Organizations that follow SFAS 117 (ASC 958), check here Mand

complete lines 27 through 29, and lines 33 and 34.

Total net assets or fund balances

31 32 761,971 33 976,118 1,012,986 1,715,097 34

30

Form	1990 (2014) The Working World Inc. 20-2	26458	14_	P	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$. \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		677,	015
2	Total expenses (must equal Part iX, column (A), line 25)	2		410,	466
3	Revenue less expenses. Subtract line 2 from line 1	3	266,549		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		761,	971
5	Net unrealized gains (losses) on investments	5	-		
6	Donated services and use of facilities	3			
7	Investment expenses	7			
8	Prior period adjustments	3		(52,	402)
9	Other changes in net assets or fund balances (explain in Schedule O)	•			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	0		976,	118_
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		<u>. 🗌 </u>
				Yes	No
1	Accounting method used to prepare the Form 990		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				j '
	Schedule O.				
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		X
	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:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				١.
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in				ŀ
	Schedule O.			_	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		<u></u>
EEA			Form	990 ((2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public

Name of the organization Employer identification number The Working World Inc. 20-2264584 Reason for Public Charity Status (All organizations must complete this part.) See instructions. 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described 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). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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), An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d | Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section instructions) document? instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

		Vorking World				20-2264584	Page 2
Pa	rt II Support Schedule for Org						
	(Complete only if you checl						y under
_	Part III. If the organization f	ails to qualify	under the tests	listed below, p	olease complete	e Part III.)	
	tion A. Public Support						
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		1				
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicity						ļ
	supported organization) included on						ľ
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)					L	
6	Public support, Subtract line 5 from line 4						
	tion B. Total Support		·				-
aler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly camed on						
0	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
1	Total support. Add lines 7 through 10 .	Ĺ	<u> </u>	<u> </u>	<u> </u>	ļ <u>, </u>	, , ,
2	Gross receipts from related activities, etc. (se-	e instructions)	• • • • • • • • •	• • • • • • • • •	• • • • • • • •	12	-
3	organization, check this box and stop here	<u> </u>	<u></u>				▶□
	tion C. Computation of Public Su						
4 5	Public support percentage for 2014 (line 6, co Public support percentage from 2013 Schedu				• • • • • • • • • • • • • • • • • • • •		<u>%</u>
6a	33 1/3% support test - 2014, If the organiz						%
Va.	box and stop here. The organization quality				3 1/3% or more, cn		▶ □
h	33 1/3% support test - 2013. If the organization						
-	check this box and stop here. The organiz				3 15 33 1/3 % 01 11101		▶ □
7a	10%-facts-and-circumstances test - 201			-			7
-	10% or more, and if the organization meets						
	Part VI how the organization meets the "facts						
	organization						▶ □
b	10%-facts-and-circumstances test - 201						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization meets						

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Public Support

Sec	ction A. Public Support					<i></i>	
	endar year (or fiscal year beginning In)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	•						
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants ")	82,213	140,560	631,172	326,844	523,416	1,704,205
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	17,726					
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513	17,726	32,211	50,522	18,189	138,946	257,594
4	Tax revenues levied for the organization's benefit and either paid to or expended on 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	99,939	172,771	681,694	345,033	662,362	1,961,799
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b		-				
8	Public support (Subtract line 7c from line 6.)						1,961,799
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	99,939	172,771	681,694	345,033	662,362	1,961,799
10a	Gross income from interest, dwidends, payments received on securities loans, rents, royalties and income from similar sources	g	16	39	293	148	505
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	9	16	39	293	148	505
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						-
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		560	94		11,803	12,457
13	Total support. (Add lines 9, 10c, 11, and 12.)	99,948	173,347	681,827	345,326	674,313	1,974,761
14	First five years. If the Form 990 is for the or organization, check this box and stop here	rganızation's first, s	second, third, fourth	n, or fifth tax year a	as a section 501(c)(3)	▶□
Sec	ction C. Computation of Public Su	pport Percent	age		_		
15	Public support percentage for 2014 (line 8, cold	umn (f) divided by lir	ne 13, column (f))			15	99.34 %
16	Public support percentage from 2013 Schedule				<u> </u>	16	%
Sec	ction D. Computation of Investmen					· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2014 (line			olumn (f))		17	0.00 %
18	Investment income percentage from 2013 S					18	%
	33 1/3% support tests - 2014. If the organized 17 is not more than 33 1/3%, check this box	and stop here. Th	e organization qua	lifies as a publicly	supported organiz	zation	▶ 🏻
	33 1/3% support tests - 2013. If the organization 18 is not more than 33 1/3%, check this Private foundation. If the organization did of	box and stop here	 The organization 	qualifies as a pub	olicly supported org	ganization	▶□

SCHEDULE D (Form 990)

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.

1 answered "Yes," to Form 990, 1b, 11c, 11d, 11e, 11f, 12a, or 12b.

9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. Open to

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

	or the organization	Employer identification number
	e Working World Inc.	20-2264584
Pa		ts.
	Complete if the organization answered "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 value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	- · · · · · · · · · · · · · · · · · · ·
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	nportant land area
	Protection of natural habitat Preservation of a certified history	oric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conserva	ation
	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 easements	2b
¢	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	during the
	tax year 🕨	•
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year	
)	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, a	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that described	ribes the
	organization's accounting for conservation easements.	
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and bala	ance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar	nce of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance	e sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar	
	public service, provide the following amounts relating to these items:	
	(i) Revenue included in Form 990, Part VIII, line 1	▶ s
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	· · -
а	Revenue included in Form 990, Part VIII, line 1	> \$
ь	Assets included in Form 990, Part X	

	ule D (Form 990) 2014 The Working World						20-2264		Page 2
Pa	rt III Organizations Maintaining C	ollections of A	rt, Histo	rical Tre	easures, or	Othe	r Similar As	sets	(continued)
3	Using the organization's acquisition, accession, an	d other records, ched	k any of th	e following	that are a signif	ficant u	se of its		
	collection items (check all that apply):								
а	Public exhibition	d 🗌 Loar	n or exchar	nge progran	ms				
b	Scholarly research								
С	Preservation for future generations								
4	Provide a description of the organization's collection	ons and explain how t	hev further	the organiz	zation's exempt	nurroos	se in Part		
	XIII	•	,						
5	During the year, did the organization solicit or recei	ive donations of art. h	ustoncal tre	asures or	other similar				
-	assets to be sold to raise funds rather than to be m	•		-			<u></u>		Yes No
Pai	rt IV Escrow and Custodial Arrang		no organiza	200110 00110					<u></u>
	Complete if the organization and	,	Form 99	0 Part	IV line 9. o	r repo	rted an amou	ınt or	Form
	990, Part X, line 21.		. 0 0.	50, r arc	, , , ,,,,,, , , , , , , , , , , , , , ,	· ··op·o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Is the organization an agent, trustee, custodian or	other intermediary for	r contributio	ns or other	r aggets not				
									☐ Yes ☐ No
h	If "Yes," explain the arrangement in Part XIII and o					• • •		• • •	_ 163 _ 100
D	ii res, explain the analigement in ran Ain and C	omplete the lollowing	Laule.			<u></u>	T	mount	
_	Paganing balance					4-		HOUIL	
C	Beginning balance					· —			
đ	9								
e	• •								
T 0-	Ending balance					. <u>l 1f</u>			
2a	Did the organization include an amount on Form 9				-				
De	If "Yes," explain the arrangement in Part XIII. Chec	x nere if the explanat	on has be	en provided	in Part XIII		· • • • • • • • • • • • • • • • • • • •	• • •	<u> </u>
Pa	rt V Endowment Funds.	aurorad IIVaali ta	Γ 00	00 0-4	N/ line 40				
	Complete if the organization an								
_		(a) Current year	(b) Pro	or year	(c) Two years b	ack	(d) Three years bac	k (Four years back
Ta	Beginning of year balance						 _		
Þ	Contributions			-					
C	Net investment earnings, gains, and								
	losses	· · · · · · · · · · · · · · · · · · ·							
d	Grants or scholarships								
е	Other expenditures for facilities and							ł	
	programs								
f	Administrative expenses	_							
g	End of year balance		<u></u>						
2	Provide the estimated percentage of the current ye	·	1g, column	(a)) held a	s				
а	Board designated or quasi-endowment	%							
b	Permanent endowment								
C	Temporanly restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c should equal	ual 100%.							
3a	Are there endowment funds not in the possession	of the organization th	at are held	and admin	istered for the				
	organization by:							_	Yes No
	(I) unrelated organizations							. [3a(i)
	(II) related organizations							[3a(II)
b	If "Yes" to 3a(II), are the related organizations listed	d as required on Scho	edule R?					. [3b
4	Describe in Part XIII the intended uses of the organ	nization's endowment	t funds.						
Pa	rt VI Land, Buildings, and Equipme	ent.					_		
	Complete if the organization and	swered "Yes" to	Form 99	90, Part	IV, line 11a.	. See	Form 990, Pa	art X,	line 10.
	Description of property	(a) Cost or oth			r other basis		Accumulated		d) Book value
		(investme	ent)	(other)	de	preciation		•
1a	Land								
b	Buildings								
c	Leasehold improvements								
d	Equipment	🖯 💳 💳			3,717		3,510		207
8	Other	— — —		 					
_	I. Add lines 1a through 1e. (Column (d) must equ	ual Form 990 Part V	C. column (B), line 10)c.)				207
		and	., 551511111	<u></u>	,				

Schedule D (Form		Inc.	20-226	<u>4584 Раде</u>
Part VII	Investments - Other Securities.	W/	4 N/ Km - 44h - Can Form 000	D- 4 V " 40
	Complete if the organization answered	"Yes" to Form 990, Pai	rt IV, line 11b. See Form 990,	Part X, line 12.
	-(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year market	
(1) Financial de			Secret one or year marke	
` '	d equity interests	· · · ·		
(3) Other		······································		· · · · · · · · · · · · · · · · · · ·
(A)				
(B)				
(C)				
(D)				
(E)				
_(F)				
_(G)				
(H)		·-·		
	must equal Form 990, Part X, col. (B) line 12)			<u> </u>
Part VIII	Investments - Program Related.			
	Complete if the organization answered	"Yes" to Form 990, Pai	rt IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation (c) Method of valuation (c) Cost or end-of-year market	
(1) Invest	tments	1,420,325	FMV	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col (B) line 13.)	1,420,325		
Part IX	Other Assets. Complete if the organization answered	"Vac" to Form 000 Par	t IV line 11d See Form 900	Dort V line 15
			tiv, line 11d. See Form 990,	
(1) Other	(a) Des	сприоп		(b) Book value
(2)				
(3)				
(4)		···		
(5)		•		
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		<u></u>	27
Part X	Other Liabilities.			
	Complete if the organization answered line 25.	"Yes" to Form 990, Par	rt IV, line 11e or 11f. See Forn	n 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal in			7	
(2)				
(3)			7	
(4)			7	
(5)			7	
(6)				
(7)				
(8)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

	tule D (Form 990) 2014 The Working World Inc.	20-2264584	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recovenes of pnor year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	7	
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	po:	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
٠,	Donated services and use of facilities		
a	Prior year adjustments	\dashv \mid	
0		-	
ن			
d	Other (Describe in Part XIII.)	\dashv \downarrow \downarrow	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII)	⊣ . l	
_ C	Add lines 4a and 4b	4c	
5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	rt XIII Supplemental Information.		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X	(, line	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
			•
			
		_	
		 	
			

Schedule F (Form 990)

Statement of Activities Outside the United States

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

2014

OMB No. 1545-0047

Department of the Treasury Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service

Open to Public Inspection

Name of the organization Employer identification number The Working World Inc. 20-2264584 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I 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 the 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.) (c) Number of (e) If activity listed in (d) is (a) Region (b) Number of (d) Activities conducted in (f) Total expenditures for offices in the employees, region (by type) (e.g., a program service, region agents, and fundraising, program services, describe specific type of and investments independent service(s) in region investments. in region contractors arants to recipients in region located in the region) Central America and (1) the Caribbean 3 Program services Loans/bus, consulting 38,722 (2) (3) (4) (6) (7) (8) (9) (10)(11)_ (12)(13) (14) (15) (16) (17) 3 38,722 Total from continuation sheets to Part I Totals (add lines 3a and 3b) 38,722

Page 2 (i) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (h) Description of non-cash assistance (g) Amount of non-cash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Manner of cash disbursement 23,000 Wire Enter total number of recipient organizations listed above that are recognized as chanties by the foreign country, recognized as tax-exempt (e) Amount of cash grant (d) Purpose of grant To cover P (c) Region South America The Working World Inc. (b) IRS code section and EIN (if applicable) (a) Name of organization Schedule F (Form 990) 2014 Part II (11) (13) (14) (15) **6** (12) (16) 3 Ξ 3 € 9 3 (6) 8 6

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

Schedule F (Form 990) 2014

20-2264584

Schedule F (Form 990) 2014 The Working World Inc.

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. Part III

Schedule F (Form 990) 2014 (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 23,000 wire (d) Amount of cash grant (c) Number of recipients (b) Region South America (1) To cover Program expenses (a) Type of grant or assistance 9 3 **10** (11) <u>E</u> (14) **a** 4 € 9 9 (12) (15) 5 8 9 9 (16)

Schedu <u>le</u>	F (Form 990) 2014 The Working World Inc.	20-226	4584	ı	Page 4
Part	IV Foreign Forms				
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	E	Yes	⊠ N	0
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	C	Yes	⊠ N	ю
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	E	Yes	⊠ N	0
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	[Yes	⊠ N	0
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	🗆	Yes	⊠ N	0
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions				

for Form 5713; do not file with Form 990)

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..... Yes

⊠ No

Schedule F (Form 990) 2014

SCHEDULE (Form 990) Department of the Treasury

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Open to Public OMB No 1545-0047 2014

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

Inspection Employer Identification number Internal Revenue Service Name of the organization

rhe Work	The Working World Inc.						20-2264584	
Parti	Part I General Information on Grants and Assistance	Frants and Assist	tance					
1 Does	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ubstantiate the amount	of the grants or assistance	e, the grantees' eligibili	ty for the grants or assist	ance, and		
the st	the selection criteria used to award the grants or assistance?	ts or assistance?	• • • • • • • • • • • • • • • • • • • •	•	• • • • • • • • • • • • • • • • • • • •] sek 🛛	• • • • • • • • • • • • • • • • • • • •	⊠ Yes □
2 Desc	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	dures for monitoring the	use of grant funds in the I	United States.				
Part II	Part II Grants and Other Assistance to Domestic Organizati	e to Domestic Org	anizations and Dom	estic Government	s. Complete if the or	ions and Domestic Governments. Complete if the organization answered "Yes" to Form 990,	Yes" to Form 990,	
	Part IV, line 21, for any recipient that received more than	ent that received mo	ire than \$5,000. Part I	I can be duplicated	\$5,000. Part II can be duplicated if additional space is needed.	s needed.		
1 (a) N	(a) Name and address of organization	(p) EiN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (g) Description of (h) Purpose of grant	(g) Description of	(h) Purpose of grant
	or government		if applicable	grant	cash assistance	(book, FMV, appraisal, non-cash assistance other)	non-cash assistance	or assistance

expenses and

tart up

dmin exp.

19,990

46-1951338

(1) Energy Solidarity Cooperati

644 61st Street Unit B

Oakland, CA 94609 (2)

(3)					
(4)					
(5)					
(9)					
(2)					
(8)					
(6)					
(10)					
	d government organization	ans listed in the line 1 table			
3 Enter total number of other organizations listed in the line 1 table	sted in the line 1 table			 •	-

Schedule I (Form 990) (2014)

For Paperwork Reduction Act Notice, see the instructions for Form 990. $_{\rm EEA}$

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 20-2264584 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance The President and Key employees reviews grant applications and monitor grantee progress. (c) Amount of cash grant Monitoring procedures (Part I, line 2) Part III can be duplicated if additional space is needed. (b) Number of recipients The Working World Inc. (a) Type of grant or assistance Schedule I (Form 990) (2014) Part IV Part III 01.

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Schedule I (Form 990) (2014)

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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.

2014

OMB No 1545-0047

Open to Public

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.

0. Inspection
Employer identification number

01. Form 990 governing body review (Part VI, line 11)
The board of directors reviews and approves form 990 for timely filing.
02. Conflict of interest policy compliance (Part VI, line 12c)
The organization has a "board approved" conflict of interest policy. Each board member
must fill out an annual declaration stating they had no conflicts or identifying the
nature of their interested party transactions.
03. CEO, executive director, top management comp (Part VI, line 15a)
The board of directors reviews and approves the compensation of the Executive
Director, officers and key employees
04. Other officer or key employee compensation (Part VI, line 15b
The board of directors reviews and approves the compensation of the Executive
Director, officers and key employees
05. Governing documents, etc, available to public (Part VI, line 19)
Documents are available to the public upon request
06. "Other" or change in accounting method (Part XII, line 1)
Accounting Method was changed to comply with FASB 116, Accounting for contributions
received and contributions made.