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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.

Open to Public Inspection

A	For th	e 2015 ca	endar year, or tax year	beginning	7/1	1/2015	, and e	nding	6/3	0/201	ŝ
В	Check if	applicable:	C Name of organization	RIGHT SHA	RING OF W	ORLD RES			D Employe	r identif	ication number
	Address	change	Doing business as								
	Man		Number and street (or PC	. box if mail is no	t delivered to stre	et address)	Room/suite		31-163620	9	
	Name ch	ange	101 QUAKER HILL DE	RIVE			L		E Telephone	e numbe	er .
Ш	initial reti	um	City or town			State	ZIP code		(765) 966-0	7314	
	Final return	n/terminated	RICHMOND			IN	47374		(100) 300-0		
<u> </u>			Foreign country name	Foreign	province/state/o	county	Foreign postal	code			
Ш	Amended	return t						1	G Gross rec	eipts \$	606,387
	Application	on pending	F Name and address of pnn	cipal officer				H(a) is the	s a group return	for subor	dinates? Yes X No
			JACQUELINE STILLW	ELL 101 QUA	KER HILL D	RIVE RICH	MOND IN	1 ''	all subordinat		
	r				r		F-7	1 ' '	No," attach a li		
	Tax-exem	`) ((insert no)	4947(a)(1)	or 527	ì		-	•
<u>J</u>	Website	<u>9: ▶ www</u>	v RSWR.org					H(c) Gro	up exemption	number	<u> </u>
K	Form of o	rganization:	X Corporation Tr	rust Associ	ationOth	er ►	L Yes	r of format	tion. 1998	M S	State of legal domicile: [N
F	art i	Sur	nmary								
	1		escribe the organization	n's mission or	most signific	ant activitie	s: TO S	SUPPOF	RT GRASSI	ROOT	S ECONOMIC
8	ì										UPPORT PROVIDE
Governance			TIONAL OPPORTUNIE								
ē	2		nis box 🕨 if the or							of ite	net accete
Ő	3		of voting members of the							3	
	4		of independent voting r							4	1 <u>4</u> 14
88	5		•				•			5	
` ₹	1		mber of individuals emp							6	4
Activities &	6		mber of volunteers (esti								2
ر	7a		elated business revenu			• •				7a	
<u>.</u>	<u>b</u>	Net unre	lated business taxable	income from	FOITH 990-1,	line 34		,		7b	O
3		0 4	tions and access (Dart)	// V 45\					Prior Year	C F70	Current Year
Revenue	8		tions and grants (Part \						489	6,573	551,183
2 6	9		service revenue (Part							- 400	£4.000
Z	10		ent income (Part VIII, co						5.	3,138	54,890
45 P	11		venue (Part VIII, columi				•	 		633	314
<u> </u>	12		enue—add lines 8 throug					 		0,344	606,387
•	13		nd similar amounts paid	•		•		ļ	23	9,023	197,100
	14		paid to or for members					ļ		- 107	455.005
98	15		other compensation, em		•		•	146,137			155,335
ũ	16a		onal fundraising fees (P							400000	
Expenses	b		draising expenses (Par								
ш	17		penses (Part IX, colum							5,214	169,625
	18		enses. Add lines 13-17							0,374	522,060
- - 10	19	Revenue	less expenses. Subtra	ict line 18 from	nline 127X	CEIVE				9,970	84,327
Net Assets or Fund Balances							S-osc	Beginni	ng of Current		End of Year
Salas	20		ets (Part X, line 16) .		85 NOV	2 2 2018	: 0			0,544	1,783,594
2 E	21		ilities (Part X, line 26).		5 1	, W, B, 2019	' ပည္သ			9,606	309,753
			ts or fund balances. Su	ibtract line 21			K	L	1,440	0,938)	1,473,841
	rt II		nature Block	 		<u>DEN LI</u>	IT				
			I declare that I have examine at, and complete. Declaration								2
4110	odiai, it is	L do, conec	bacaceline St		than onice) is b	aseu on an into	imenon of which	i biobatei	nas any Krow		. 2016
Sig	ın	-	Signature of officer	Macor				 		100	J. 2016
He	re		1 F	 011.	VE		16	t	Date		
		-	JACQUELINE	31111	PELL 1 G	senera	1 DECLE	<u>cia ry</u>			
			Type or print name and title Type preparer's name		Drenarara aca	ature		Date			PTIN
Pai	d		(16c higherer a signia		Preparer's sign	1/11/	0.	ام	l c	heck	- d - C - C - C - C - C - C - C - C - C
	u eparer	Jose	ph W Hudson, CPA		SSLO	NW IL	worm, It	A 11/1	10/2016 s	elf-empl	loyed P00730994
	-		s name ► Webb & Ass	ociates	7/				Firm's EiN	35-18	338992
USI	e Only		s address ► 66 South 12		hmond IN 4	7374		$\neg \neg$	· · · · · · · · · · · · · · · · · · ·		962-3524
10-	, the LC								Phone no.	(,00)	
ivia)	, uie iK	3 UISCUSS	this return with the pre	parer snown	apove ! (see	Instructions	5)				. X Yes No

Form 9	90 (2015)		31-1636209	Page Z
Pai	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly de	escribe the organization's mission:		
•		ALLS US TO THE RIGHT SHARING OF WORLD RESOURCES, FROM THE BURDENS OF MATERIA	ALISM AND	
		TY INTO THE ABUNDANCE OF GOD'S LOVE, TO WORK FOR EQUITY THROUGH PARTNERSHIP		~~~~~
		S AND BROTHERS THROUGHOUT THE WORLD.		
2		organization undertake any significant program services during the year which were not listed on		 1
	•	Form 990 or 990-EZ?	· Yes	X No
	-	describe these new services on Schedule O.		
3		organization cease conducting, or make significant changes in how it conducts, any program		
	services		. Yes	X No
		describe these changes on Schedule O.		
4		e the organization's program service accomplishments for each of its three largest program services, a es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc		
		expenses, and revenue, if any, for each program service reported.	ations to others,	ı
	ine iolai	expenses, and revenue, it any, for each program service reported.		
4a	(Code) (Expenses \$ 395,036 including grants of \$ 197,100) (Revenue :	\$)
	PROVID	DE MICRO-GRANTS AND BUSINESS DEVELOPMENT SUPPORT TO OVER 50 SMALL ORGANIZATION	TIONS AND WO	MEN'S
		S.		
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
		/ (Liperison V		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
		****		
		**-*		
4d		rogram services. (Describe in Schedule O.)		
	(Expens			
4e	Total pro	ogram service expenses > 395,036		

Form 990 (2015) RIGHT SHARING OF WORLD RESOURCES. INC. 31-1636209 Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 2 X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 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 98-197 If "Yes," complete Schedule C. Χ 5 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 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х 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 Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. . . . . 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . 12b X 13 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

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 . . . . . . . . . . . .

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). . . .

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

If "Yes," complete Schedule G, Part III . . . . . .

16

17

18

15 X

16

17 Х

Part	Checklist of Required Schedules (continued)			
	,		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		Х
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		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			ļ
	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			[
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?	24b		X
	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		X
ď	Did the organization act as an "on behalf of' issuer for bonds outstanding at any time during the year?	24d		Х
	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	25a		х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
_	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			}
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
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	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			l
	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			j
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	İ	1	
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1		1
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34	ļ	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled		1	
20	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		}	
27	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	27	[	-
20		37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20		[
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

12a

13

b

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . .

If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . . | 12b |

Did the organization receive any payments for indoor tanning services during the tax year? . . . . . . If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization licensed to issue qualified health plans in more than one state? . . . . . . . Note. See the instructions for additional information the organization must report on Schedule O.

Enter the amount of reserves the organization is required to maintain by the states in which 

Section 501(c)(29) qualified nonprofit health insurance issuers.

Part VI

Sec	tion A. Governing Body and Management				<del></del>	
4-	The standard of the same of th	1.4			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or	1a	14 8			
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.	}				
h	Enter the number of voting members included in line 1a, above, who are independent	1b	14			
2 2	Did any officer, director, trustee, or key employee have a family relationship or a business relation		17			
2		stilb with	563		3233Z	X
3			-	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under				İ	v
	supervision of officers, directors, or trustees, or key employees to a management company or oth		<u> </u>	3	x	<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 v			-+	<del>~  </del>	X
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?		5		÷
6	Did the organization have members or stockholders?		<u>'</u>	6	∤	<del></del>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	rappoint	_	.		v
	one or more members of the governing body?		·  -	7a		<u> </u>
р	Are any governance decisions of the organization reserved to (or subject to approval by) member		١.		j	V
_	stockholders, or persons other than the governing body?		574±	7b	STATE OF	X
8	Did the organization contemporaneously document the meetings held or written actions undertake	en aunng				
_	the year by the following:					
a	The governing body?		_		X	
ь	Each committee with authority to act on behalf of the governing body?		٩	3b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be		1.	_	}	v
0	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.			9		X
Seci	tion B. Policles (This Section B requests information about policies not required by the	internai Revenue	- CO		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	•	4	0a	162	X
_	If "Yes," did the organization have written policies and procedures governing the activities of such		<del>  '</del> '	Ua	$\dashv$	
Ь	affiliates, and branches to ensure their operations are consistent with the organization's exempt p		4,	оь	-	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef			1a	<del>v</del> l	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ore ming the form: .	250	CHARLE OF		No.
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			2a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	aive rise to conflicte?		2b	_	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	•	<u>                                   </u>		<del>^</del> +	
·	describe in Schedule O how this was done		14	2c	$\mathbf{x}$	
13				13	<del>^</del>	X
14			_	4		$\frac{\hat{x}}{x}$
15	Did the process for determining compensation of the following persons include a review and appro					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	•				
а	The organization's CEO, Executive Director, or top management official.		14	5a	X	ALCOHOL:
b	Other officers or key employees of the organization		_	5b		Х
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a		nement				
	with a taxable entity during the year?		11	6a	ASSESSED IN	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of					
_	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?		16	6b	1947	
Sect	ion C. Disclosure					<del></del>
17	List the states with which a copy of this Form 990 is required to be filed   IN		<del></del>			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0-T (Section 501(c)	(3)s c	only)		
	available for public inspection. Indicate how you made these available. Check all that apply.	(20000, 00 )(0)	\-/- <b>\</b>	,,		
		xplain in Schedule C	))			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,			and	Í	
	financial statements available to the public during the tax year.	- · · · F	•			
20	State the name, address, and telephone number of the person who possesses the organization's	books and records:		<b>•</b>		
	JACQUELINE STILLWELL	(70E) 000 004	4			
	101 QUAKER HILL DRIVE, RICHMOND, IN 47374					

Form 990 (2015) RIGHT SHARING OF WORLD RE	SOURCES, INC								31-16362	09 Page <b>7</b>
Part VII Compensation of Officers, Dire			ey l	Em	plo	yee	s, F	lighest Comp	ensated	
Employees, and independent C	ontractors									
Check if Schedule O contains a re	esponse or no	te to	any	lin	e ir	this	Pa	<u>ırt VII</u>	<u> </u>	
Section A. Officers, Directors, Trustees, Key Er	nployees, and i	Highe	est C	Com	pe	nsate	ed E	mployees		
1a Complete this table for all persons required to be I	isted. Report co	mpen	satio	on f	or ti	ne ca	lend	lar year ending v	vith or within the	
organization's tax year.										
<ul> <li>List all of the organization's current officers, do of compensation. Enter -0- in columns (D), (E), and (I</li> <li>List all of the organization's current key employed.</li> </ul>	<ul><li>if no compens</li><li>yees, if any. See</li></ul>	ation instr	was uctio	s pa ons	id. for	defin	ition	of "key employe	ee."	
<ul> <li>List the organization's five current highest com- who received reportable compensation (Box 5 of For- organization and any related organizations.</li> </ul>	npensated emplo m W-2 and/or Bo	oyees ox 7 o	(oth	ner t rm	thar 109	o an d 9-Mi	offici SC)	er, director, truste of more than \$1	ee, or key emplo 00,000 from the	yee)
<ul> <li>List all of the organization's former officers, ke \$100,000 of reportable compensation from the organi</li> </ul>	zation and any i	elate	d or	gan	izat	ions.				
<ul> <li>List all of the organization's former directors organization, more than \$10,000 of reportable competence.</li> </ul>	nsation from the	orga	niza	ation	n an	d an	y rel	ated organization	ns.	the
List persons in the following order: individual trustees compensated employees; and former such persons.	or directors; ins	titutio	nal 1	trus	tee	s; offi	cers	s; key employees	s; highest	
Check this box if neither the organization nor any	related organiz	ation	com	per	nsat	ed a	ny c	urrent officer, dir	ector, or trustee.	
				(0	<del>}</del>					
		/4		Pos		46		<b>(D)</b>	<b>(E)</b>	(5)
(A) Name and Title	(B) Average					than dis both		(D) Reportable	(E) Reportable	(F) Estimated
,	hours per week (list any hours for related organizations below dotted line)	Individual trustee or director		a Officer		Highest compensated employee	7 '	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
			•			叠				
(1) JOHN SMALLWOOD	18.00									
CLERK		X		X		<u> </u>				
(2) ROSEMARY COFFEY	4.00							ł		
RECORDING CLERK		X	_	Х	<u> </u>		↓_			
(3) CHRIS SIEGLER	5.00	1		l,	İ					
TREASURER		X	-	Х		-	╁	<del> </del>		
(4) DONNA ANDERTON	3.00						1			
TRUSTEE (5) BRUCE BIRCHARD	14.00	X					┼╌			<del> </del>
ASSISTANT CLERK	14.00	x		х				1		
(6) DAVID CAMP	4.00		$\vdash$	<del>  ^</del>	<del> </del>	<del>                                     </del>	†-		_	
TRUSTEE	7.00	х								
(7) MARY EAGLESON	5.00						+			
TRUSTEE		X			1					[
(8) KAREN GRISEZ	6.00						T			
TRUSTEE		X					1		<u> </u>	
(9) BETH HENRICKS	4.00									

3.00

3.00

5.00

3.00

3.00

Х

Х

X

TRUSTEE

TRUSTEE

TRUSTEE

(10) JOHN NORRIS

(12) LINNEA WANG

(13) NILUFER WILKINS TRUSTEE

(11) JESSICA WALKER-KELEHER TRUSTEE

(14) FRANCESCA COSTANTINO TRUSTEE

31-1636209

Form 990 (2015)

	n A. Officers, Directors, Tru (A) e and title	(B) Average	(do r box, office	not ch unles	Pos leck is pe	c) ition more rson irecto	than o	one n an	(D) Reportable compensation	(E) Reportable	,	' (F) Estimated amount of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from relate organization (W-2/1099-Mi	SC)	other mpensation from the rganization and related ganizations
(15) MARIAN BEANE		3.00			i							
TRUSTEE (16) DOUGLAS SMITH TRUSTEE		4.00	X									· · · · · · · · · · · · · · · · · · ·
(17) JACQUELINE STI	LLWELL	40.00				.,						
GENERAL SECRETARY (18)						X		-	69,733		_	
(20)												
(21)												
(22)												· · · · · · · · · · · · · · · · · · ·
(23)									_			
(24)												
(25)												
c Total from continu	uation sheets to Part VII, Se	ection A					•	•	69,733 69,733			
2 Total number of inc	b and 1c)								<u> </u>			<del> </del>
3 Did the organization	on list any <b>former</b> officer, dire				oye	e, o	r high	nest	compensated		. 3	Yes No
4 For any individual	listed on line 1a, is the sum on the related organizations greated and the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the su	of reportable com	pens	atio					•	<b>h</b> 	4	X
- ·	ed on line 1a receive or accreted to the organization? If "Ye	•			•			_			. 5	X
Section B. Independen		,				<u> </u>	. 60.	<u> </u>	<u> </u>			
	e for your five highest compe n the organization. Report co											
	ess							(B) Description of ser	vices		C) ensation	
					·····							
2 Total number of incomore than \$100,00	dependent contractors (included) of compensation from the	ling but not limite	ed to	thos	se li	stec	i abo	ve)	who received			

Part VIII S

S	tet	em	en	t n	f F	>	01	,	6	n	 ۵	

- u	VIII	Check if Schedule O contains	a response or	note to any line in	n this Part VIII			$\square$
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 2	1a	. •	1	а				
tributions, Gifts, Grants Other Similar Amounts	b	Membership dues	ļ	<del></del>				
A G	C	Fundraising events	_					
Gifts, illar Ar	d	Related organizations						
SIS,	e	Government grants (contribution	-	e				
팔혈	1	All other contributions, gifts, gran						
Contributions, and Other Sim		similar amounts not included abo		f 551,183				
Con	9	Noncash contributions included in li			554 400			
	h	Total. Add lines 1a-1f	<del></del>	Business Code	551,183			
Program Service Revenue	2a b c d	All ather many						
ğ	,	All other program service revenu Total. Add lines 2a-2f.		<b>-</b>				
	3 4 5	Investment income (including div	idends, interes	st, and ▶	54,890			54,890
		·	(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						2.45
	С	Rental income or (loss)						
	đ	Net rental income or (loss)	<del> </del>	<u> ▶</u>	La grande de la companya de la companya de la companya de la companya de la companya de la companya de la comp			
	7a	Gross amount from sales of	(ı) Securities	(iı) Other				
		assets other than inventory .	ļ <del></del>	<del></del>				
	b	Less: cost or other basis		ĺ				
		and sales expenses	ļ <del> </del>	<del></del>			1.4	
	C	Gain or (loss)						
97	d 8a	Net gain or (loss)						
Other Revenue		events (not including \$ of contributions reported on line						
e l	ь	Less direct expenses						
ŏ	c	Net income or (loss) from fundrai			The state of the state of the			THE PERSONNEL STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,
	9a	Gross income from gaming activi See Part IV, line 19	ties.	1				
	b	Less: direct expenses	t	· [				
- {	C	Net income or (loss) from gaming	activities	. <u></u>				
j	10a	Gross sales of inventory, less						
		returns and allowances		ı <u> </u> _				
	b	Less: cost of goods sold		·				
}	C	Net income or (loss) from sales o	r inventory	<u> ▶</u>				
}	11-	Miscellaneous Revenue		Business Code				
)	11a b	Refunds		<del> </del>	314	314	<del> </del>	
1	D C			<del></del>		<del> </del>		
1	d	All other revenue			<del>                                     </del>	<del> </del>		
1	e	Total. Add lines 11a-11d		<u> </u>	314			
1	12	Total revenue. See instructions.			606,387	CAN SHARE WELL BOOK STORY	As Forday and	54,890

### Form 990 (2015) Statement of Functional Expenses Part IX

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all	columns. All other o	rganizations must c	omplete column (A)	
	Check if Schedule O contains a response or note				
	not include amounts reported on lines 6b, 7b, 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 domestic organizations				
	domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			100	
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	197,100			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	69,733	34,867	13,947	20,919
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			ļ	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	65,529	29,392	4,517	31,620
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7,908	3,388	1,224	3,296
10	Payroll taxes	12,165	6,082	1,825	4,258
11	Fees for services (non-employees):				
a	Management	1			
b	Legal.				
c	Accounting	17,751	14,201	1,775	1,775
d	Lobbying		11,201	1,1.0	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column		······································		
9	(A) amount, list line 11g expenses on Schedule O.)	2,537	1,759	299	479
12	Advertising and promotion	2,677	2,142		535
13	Office expenses	26,331	18,034	2,553	5,744
14	Information technology	765	536	76	153
15	Royalties			·	
16	Occupancy	7,200	2,880	2,160	2,160
17	Travel	22,775	17,547	952	4,276
18	Payments of travel or entertainment expenses		,		<u></u>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,856	1,503	81	272
20	Interest	1,000	1,000		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,177	824	118	235
23	Insurance	1, 1, 1, 1		110	
24	Other expenses. Itemize expenses not covered			ja –	
	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.)				
а	In Country Bonnessentation	63,431	63,431		
h	Poord Evponese	1,687	1,350	67	270
c	Fundraising	21,438	1,550		21,438
d	rundialsing	21,730			21,730
e	All other expenses		<del></del>		
25	Total functional expenses. Add lines 1 through 24e	522,060	395,036	29,594	97,430
26	Joint costs. Complete this line only if the	522,000	383,036	29,094	31,430
20	organization reported in column (B) joint costs			1	
	from a combined educational campaign and			1	
	fundraising solicitation. Check here			1	
	following SOP 98-2 (ASC 958-720)				
	10110WING 30F 30-2 (M3C 330-720)	L		<u> </u>	

		Chèck if Schedule O contains a response or	note to any line in t	his Part X			<u></u>
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing		[	86,713	1	153,106
	2	Savings and temporary cash investments .			327,191	2	349,474
	3	Pledges and grants receivable, net		[	9,820	3	9,640
	4	Accounts receivable, net				4	184
	5	Loans and other receivables from current and for	·	tors,			
		trustees, key employees, and highest compens		\$			
		Complete Part II of Schedule L		[		5	Server IVA Bartiston I Distance Con party remail and differently increases, but
	6	Loans and other receivables from other disqualified personal					
		4958(f)(1)), persons described in section 4958(c)(3)(B), a		ers and			
m		sponsoring organizations of section 501(c)(9) voluntary e		į.			
Assets	l _	organizations (see instructions). Complete Part II of Sche		-		6	
ASE	7	Notes and loans receivable, net		<b>-</b>	·	7	
•	8	Inventories for sale or use		-	205	8	
	9	Prepaid expenses and deferred charges		[	805	9	845
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	400	11,416			
	ь	Less accumulated depreciation	10a	9,080	2,918	10c	2,336
	11	Investments—publicly traded securities			2,910	11	2,330
	12	Investments—other securities. See Part IV, line		-	1,291,197	12	1,266,109
	13	Investments—program-related. See Part IV, line			1,231,137	13	1,200,109
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			1,900	15	1,900
	16	Total assets. Add lines 1 through 15 (must equ			1,720,544	16	1,783,594
	17	Accounts payable and accrued expenses			3,359		19,906
	18	Grants payable			58,775		72,375
	19	Deferred revenue	r		19		
	20	Tax-exempt bond liabilities		[		20	
	21	Escrow or custodial account liability. Complete	Part IV of Schedule	D [		21	
98	22	Loans and other payables to current and former	r officers, directors,				
Liabilities		trustees, key employees, highest compensated	employees, and				
ab		disqualified persons. Complete Part II of Sched	ule L	[		22	
	23	Secured mortgages and notes payable to unrela	· ·		217,472	23	217,472
	24	Unsecured notes and loans payable to unrelate	•			24	<u> </u>
	25	Other liabilities (including federal income tax, pa	•	ird			
		parties, and other liabilities not included on lines	•	l			
					070.000	25	200 750
	26	Total liabilities. Add lines 17 through 25			279,606	26	309,753
ģ,		Organizations that follow SFAS 117 (ASC 958		X and			
)Ce		complete lines 27 through 29, and lines 33 ar	nd 34.				
ılaı	27	Unrestricted net assets		[	1,440,938	27	1,473,841
Ö	28	Temporarily restricted net assets				28	
pur	29	Permanently restricted net assets				29	
ĭ		Organizations that do not follow SFAS 117 (ASC958),	check here	and			
Net Assets or Fund Balances		complete lines 30 through 34.					
iet Et	30	Capital stock or trust principal, or current funds		[		30	
AS.	31	Paid-in or capital surplus, or land, building, or e	quipment fund	[		31	
<u>a</u>	32	Retained earnings, endowment, accumulated in				32	
<b>z</b>	33	Total net assets or fund balances		[	1,440,938	33	1,473,841
- 1	34	Total liabilities and net assets/fund balances .			1,720,544	34	1,783,594

Lown a	90 (2015) RIGHT SHARING OF WORLD RESOURCES, INC.	31-1030	209	Page	12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\perp$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		606,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	,	522,	
3	Revenue less expenses. Subtract line 2 from line 1	3		84,	327
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	440,	938
5	Net unrealized gains (losses) on investments	5		-51,	<u>424</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	<del></del>		
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,				
	column (B))	10	1,	473,	<u>841</u>
Part				_	
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	
		-	١	'es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.	5			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	[	2a	S-703500 DE	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				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
C	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	DESCRIPTION
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	ľ	ACTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF	200 THE ST	-vau-11
Va	the Single Audit Act and OMB Circular A-133?		3a		Х
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.	<i>.</i>	3b		
			Form 9	90 (2	2015)

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

Department of the Treasury

Internal Revenue Service

# **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.

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

OMB No. 1545-0047

Open to Public inspection

Name of the organization **Employer Identification number** RIGHT SHARING OF WORLD RESOURCES, INC. 31-1636209 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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 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). X 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.) 8 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 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 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (v) Amount of monetary (vi) Amount of (ii) EIN (iii) Type of organization (iv) is the organization (described on lines 1-9 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

m 990 or 990-EZ) 2015 RIGHT SHARING OF WORLD RESOURCES, INC. 31-1636
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support								
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	393,382	188,802	581,817	486,573	551,183	2,201,757		
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	393,382	188,802	581,817	486,573	551,183	2,201,757		
5	The portion of total contributions by each								
	person (other than a governmental unit								
	or publicly supported organization)								
	included on line 1 that exceeds 2%								
	of the amount shown on line 11,								
	column (f)								
6_	Public support. Subtract line 5 from line 4.						2,201,757		
	tion B. Total Support		(1) 0040	4.) 2040	4100044	4:) 0045	(D. T-1-1		
_	endar year (or fiscal year beginning in)		(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
7	Amounts from line 4	393,382	188,802	581,817	486,573	551,183	2,201,757		
8	Gross income from interest, dividends,								
	payments received on securities loans,			,					
	rents, royalties and income from similar sources.	46,638	23,041	49,420	53,138	54,890	227,127		
9	Net income from unrelated business	40,030	23,0411	49,420	33, 130	54,030	221,121		
Ī	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 VI.)	ŀ		95	633	314	1,042		
11	Total support. Add lines 7 through 10.						2,429,926		
12	Gross receipts from related activities, etc. (s	ee instructions)				12			
13	First five years. If the Form 990 is for the o	rganization's first, s	second, third, fourth	n, or fifth tax year a	s a section 501(c)	(3)			
	organization, check this box and stop here						▶		
Sec	tion C. Computation of Public Su	pport Percenta	age						
14	Public support percentage for 2015 (line 6, c	column (f) divided b	y line 11, column (	Ŋ)		14	90.61%		
15	Public support percentage from 2014 Sched	ule A, Part II, line 1	4			15	90.29%		
16a	33 1/3% support test—2015. If the organiz and stop here. The organization qualifies as						▶ 🔀		
b	33 1/3% support test—2014. If the organiz box and stop here. The organization qualifie						•		
17a	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.								
b	10%-facts-and-circumstances test—2014 15 is 10% or more, and if the organization meets the "fact supported organization"	neets the "facts-and s-and-circumstance	-circumstances" te es" test. The organ	est, check this box a ization qualifies as	and stop here. Ex	oplain in	▶□		
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b.	17a, or 17b, check	this box and see				
	instructions						▶□		

## Part III

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

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

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

	ii the organization falls to qu	ally under the	tests listed bei	ow, please con	npiete Part II.)	<del> </del>	<del></del>
	ction A. Public Support		·				
Cal	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees		1				·
2	received (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	<b></b> -	<del> </del>	<u> </u>	ļ <del> </del>	<del>   </del>	<del></del>
-	sold or services performed, or facilities						
	furnished in any activity that is related to the				1		
	organization's tax-exempt purpose						
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						
	ıts behalf					<u> </u>	
5	The value of services or facilities		1		1	1	
	furnished by a governmental unit to the						
	organization without charge					<u> </u>	
6	Total. Add lines 1 through 5				<u> </u>		
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	\		<u> </u>			
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							
	line 6.)						<u></u>
	ction B. Total Support		T				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6					<del>                                     </del>	<del></del>
10a	Gross income from interest, dividends,			[			
	payments received on securities loans,					1	
	rents, royalties and income from similar sources					<b> </b>	
þ	Unrelated business taxable income (less			}	1		
	section 511 taxes) from businesses			1			
	acquired after June 30, 1975						<del>.</del>
С	Add lines 10a and 10b			<u> </u>		1	
11	Net income from unrelated business						
	activities not included in line 10b, whether				1		
	or not the business is regularly carried on .					<b> </b>	
12	Other income. Do not include gain or				1		
	loss from the sale of capital assets					1	
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	<del></del>					
	and 12.)				<u> </u>		
14	First five years. If the Form 990 is for the o	-		_			
	organization, check this box and stop here	<u></u> . <u>.</u>	<u></u>	<u>.                                 </u>	<u></u> . <u>.</u> .	<u> </u>	▶
Sec	tion C. Computation of Public Su						
	Public support percentage for 2015 (line 8, c			(f)		15	
	Public support percentage from 2014 Sched					16	
	tion D. Computation of Investmer						
				olumn (f))		17	
	Investment income percentage from 2014 S		-			18	
	33 1/3% support tests-2015. If the organi					and line 17 is	
	not more than 33 1/3%, check this box and s			•			▶ 🗀
b	33 1/3% support tests-2014. If the organi	ization did not che	ck a box on line 14	or line 19a, and lin	ne 16 is more than	33 1/3%, and	
	line 18 is not more than 33 1/3%, check this	box and stop her	e. The organization	n qualifies as a pub	olicly supported org	ganization	🕨 🗀
20	Private foundation If the organization did	not check a hoy or	line 14 19a or 10	h check this hove	and see instruction	19.	▶ □

### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete , Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

•	Sar	tion	A AII	Sun	ortina	Organ	izations
٠	ノモレ	uvii.	7. PII	JUDE	/VI UII9	Cigai	iika ti Vijo

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in **Part Vi** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1 1		l
2	THE CONTRACTOR	DULKSHA
FXS(A)		
		A AZI
3a	15/25/00	NO. SAME
3b	Marine Court	3500023
3с		
4a		
1 Ah		l
4c	36-63-62-7	
5a		i
5b		
5c		
6		ence lu
7	00000000000	Market Co.
8_	eras (forces	E-Parket
9a		L
9b		
7.4		
9c	25437C0	
10a	OSTACE STATE	China and China
100	75.00	
	<b>形理场</b> 流	SERVICE STATES
10b	<u> </u>	<u> </u>

Part	Supporting Organizations (continued)	<del></del>
4.4		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
_	below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	11b
Secti	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  on B. Type I Supporting Organizations	11161
OCCL	on B. Type i Supporting Organizations	Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	
		Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	1
Secti	on D. All Type III Supporting Organizations	
		Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a	
	significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3
Section	supported organizations played in this regard. on E. Type III Functionally-Integrated Supporting Organizations	
1		throtions):
'a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins  The organization satisfied the Activities Test. Complete line 2 below.	uucuons _/ .
_		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (so	ee instructions).
2	Activities Test. Answer (a) and (b) below.	Yes No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
	that these activities constituted substantially all of its activities.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	
	activities but for the organization's involvement.	2b
	Parent of Supported Organizations. Answer (a) and (b) below.	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	
	trustees of each of the supported organizations? Provide details in Part VI.	3a
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b

Part V. Type III Non Eurotionally Integrated 500(a)(2) Symposius C	FC 2-	vizatione	
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O			otmiotlone All
1 Check here if the organization satisfied the Integral Part Test as a qualifying	•		an actions. Wi
other Type III non-functionally integrated supporting organizations must con	nipiet	e Sections A through E.	(D) Current Vaca
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
A Net also at Assessment and a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	14		(optional)
1 Net short-term capital gain	1		<del> </del>
2 Recoveries of prior-year distributions	2		ļ
3 Other gross income (see instructions)	3	<del></del>	<del> </del>
4 Add lines 1 through 3	4		ļ
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			}
collection of gross income or for management, conservation, or			}
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		<u> </u>
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	+-		<del> </del>
see instructions).	4		l
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	17		
8 Minimum Asset Amount (add line 7 to line 6)	8		
			0
Section C - Distributable Amount		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	4.77	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional		egrated Type III supporting	organization (see
instructions).	.,	-9 The in oakbound	January (
		Sabadula A	(Farm 900 or 900 F2) 2046

31-1636209

Schedule A (Fo	rm 990 or 990-EZ) 2015	RIGHT SHARING OF WORLD RESOURCE	CES, INC.	31-1636209	Page 8
Part VI	Supplemental Info	mation. Provide the explanations required b	by Part II, line 10; Part II, line 17a	or 17b; Part	
		Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a,			
		t IV, Section C, line 1; Part IV, Section D, line			
		ne 1; Part V, Section B, line 1e, Part V, Section			
		to complete this part for any additional inform		Gealon E,	
<del></del>	inles 2, 5, and 6 Au	o complete this part for any additional inform	ladon. (See insudcuons.)		
Dod II Coat	D.1 in a 40 Other is	and in set and them acceptance of acception			
Pan II Secti	on B Line 10 Other I	come is refunds from purchases of supplies.			
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
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		***************************************			

Schedule A (Form 990 or 990-EZ) 2015

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

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Itailie	or the organization	Embloket menninggon mumber
RIGH	IT SHARING OF WORLD RESOURCES, INC.	31-1636209
Par		nds or Accounts.
	Complete if the organization answered "Yes" on 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		donor advisod
ð	Did the organization inform all donors and donor advisors in writing that the assets held in a	
_	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 fur	
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for	· ———
	purpose conferring impermissible private benefit?	Yes No
Pari	Conservation Easements.	
	Complete if the organization answered "Yes" on 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)	of a historically important land area
		of a certified historic structure
	land	a columna illocomo di editalio
_	Preservation of open space	- H f of
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	Tracelly, and West
	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	
C	Number of conservation easements on a certified historic structure included in (a)	. 2c
đ	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
_	historic structure listed in the National Register	. <u>[2d]</u>
3	Number of conservation easements modified, transferred, released, extinguished, or termin	nated 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, h	
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	inservation easements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conser	vation easements during the year
_	<b>\$</b>	P 470 (514 41 (71) (1)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	, , , , , , <del>, , , , , , , , , , , , , </del>
_	and section 170(h)(4)(B)(ii)?	Yes . No
9	In Part XIII, describe how the organization reports conservation easements in its revenue a	
	balance sheet, and include, if applicable, the text of the footnote to the organization's finan	cial statements that describes
	the organization's accounting for conservation easements.	
Part		r Otner Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its rev	enue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education	n, or research in furtherance
	of public service, provide, in Part XIII, the text of the footnote to its financial statements tha	t describes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenu	
	works of art, historical treasures, or other similar assets held for public exhibition, education	
	of public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	<b>&gt; \$</b>
	(ii) Assets included in Form 990, Part X	<b>&gt;</b> \$
2	if the organization received or held works of art, historical treasures, or other similar assets	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these iter	
а		
b	Revenue included on Form 990, Part VIII, line 1	<b>▶</b> \$

Sched	ule D (Form 990) 2015 RIGHT SHARING C	F WORLD RESO	JRCES, INC.			31-1636	209	F	age 2					
Part	III Organizations Maintaining	Collections of	Art, Historic	al Treasur	es, or Oth	er Similar Asse	ts (cor	tinuec	)					
3	Using the organization's acquisition, ac	cession, and other	records, chec	any of the	ollowing that	at are a significant	use of it	s						
	collection items (check all that apply):		·	•	•	· ·		,						
а	Public exhibition		d L	oan or exch	ange progra	ıms								
ь	Scholarly research		=	)ther										
c	Preservation for future generation	ne	٠ ــــ ٠											
4	Provide a description of the organization		evolain how th	ev further th	e organizati	ion's evennt nurno	se in D	ort						
•	XIII.	TO CONCOLOTIO CITY	explain now a	icy iditifici di	ic organizati	on a exempt purpe	3C (1) 1 (	41 (						
5	During the year, did the organization so	licit or receive don	ations of art. h	storical treas	sures or oth	ner similar								
	assets to be sold to raise funds rather t						☐ Ye	s 🗔	No					
Part			<del></del>			<del></del>								
	Complete if the organization		on Form 990	Part IV li	ne Q or rei	norted an amou	nt on F	nm .						
	990, Part X, line 21.	alloweled les	0111 01111 390	, r ait iv, ii	16 3, 01 16	ported all allioui	it Oil i	J1111						
1a	Is the organization an agent, trustee, cu	etodian or other in	termedian, for	contribution	or other as	seets not								
			-				□ v	s [	No					
ь	included on Form 990, Part X?													
_	b If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount													
С	Beginning balance				1	ic ·								
d	Additions during the year				<del></del>	d			<del></del>					
е	Distributions during the year					e								
f	Ending balance					If	···········							
2a	Did the organization include an amount				·		17 V	s X	No					
	_					•		" 	140					
b	If "Yes," explain the arrangement in Par	T XIII. Check nere	t the explanati	on has been	provided of	n Part XIII	<u> </u>	لـــــــــــــــــــــــــــــــــــــ						
Part		415.4			40									
	Complete if the organization					1	1		<del></del>					
_		(a) Current year	(b) Pnor year		years back	(d) Three years back	<del></del>	ur years						
1a	Beginning of year balance	929,852	1,032	695	971,076				0,821					
þ	Contributions				13,225	3,289	<del>"</del>	1	0,429					
C	Net investment earnings, gains,	50.050		200	40.004	00.40			4 000					
	and losses	53,859	52	,098	48,394	22,439	4	4	4,098					
d	Grants or scholarships		<del></del>		<del> </del>		+							
е	Other expenditures for facilities	<b>50.050</b>	454	044			1							
£	and programs	53,859	154	941			<del></del>	<u></u>						
. ~	Administrative expenses	020 952	020	052	1 022 605	071 076	<del>. </del>	04	5 348					
g 2	End of year balance	929,852		,852  a, column (s	1,032,695	971,076		- 3-1	5,348					
a	Board designated or quasi-endowment	•	100%	g, column (c	ijj nelu as.									
b	Permanent endowment	%	10070											
c	Temporarily restricted endowment	<b>►</b> %												
•	The percentages on lines 2a, 2b, and 2	**	1%											
3a	Are there endowment funds not in the p			it are held a	nd administe	ered for the								
	organization by:		. 3					Yes	No					
	(i) unrelated organizations						3a(i)	Х						
	(ii) related organizations						3a(ii)		X					
b	If "Yes" on line 3a(ii), are the related org						3b							
4	Describe in Part XIII the intended uses		* · · · · · · · · · · · · · · · · · · ·											
Part	Part VI Land, Buildings, and Equipment.													
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.													
Description of property (a) Cost or other basis (b) Cost or other (c) Accumulated (d) Book value														
		(investm		basis (other)		depreciation								
1a	Land													
b	Buildings													
C	Leasehold improvements													
đ	Equipment			1.	1,416	9,080			2,336					
ее	Other													
Total	Add lines 1a through 1e. (Column (d) m	rust equal Form 99	n Part X colu	mn (R) line	10c )	<b></b>			2.336					

Part VII	Investments—Other Securi Complete if the organization		90. Part IV. line 11b. See For	rm 990, Part X. line 12
, (a) (	Description of security or category (including name of security)	(b) Book value	(c) Method of a	/aluation:
(1) Financial d	lerivatives			
• •	ld equity interests			
· · ·	ends Fiduciary Corporation	1,266,109	F	
(A)				
(B)				
/ <b>C</b> \				
/E)		-		
(G)				
(H)				
	nust equal Form 990, Part X, col (B) line 12)	1,266,109		
Part VIII	Investments—Program Rel Complete if the organization		90, Part IV, line 11c. See For	m 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	
(1)	· <del></del>			
(2)				
(3)		<u> </u>		
<u>(4)</u>				
(5) (6)		<del></del>		<del></del>
(7)				
(8)				
(9)				
Total. (Column (b) m	oust equal Form 990, Part X, col. (B) line 13.)	•		
Part IX	Other Assets.			
	Complete if the organization		90, Part IV, line 11d. See Fo	
		(a) Description		(b) Book value
<u>(1)</u> (2)				
(3)	<del></del>			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	(5) (5)		
	n (b) must equal Form 990, Part X,	col. (B) line 15.)	<u> </u>	<u> </u>
Part X	Other Liabilities. Complete if the organization a line 25.	answered "Yes" on Form 9	90, Part IV, line 11e or 11f. S	ee Form 990, Part X,
1,	(a) Description of liability	(b) Book value		
(1) Federal in	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9) Total (Column (b) mur	st equal Form 990, Part X, col. (B) line 25)	• · · · · · · · · · · · · · · · · · · ·		
	ncertain tax positions. In Part XIII, pro	vide the text of the footpote to th	e organization's financial statement	is that reports the
	ability for uncertain tax positions unde		_	• —

Schedule D (Form 990) 2015

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

Statement of Activities Outside the United States

OMB No. 1545-0047

**2015** 

Open to Public Inspection

Department of the Treasury Internal Revenue Seques

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

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

Employer identification number Name of the organization RIGHT SHARING OF WORLD RESOURCES, INC. 31-1636209 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 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. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total offices in the employees, region (by type) (e.g., expenditures for a program service, region agents, and fundraising, program describe specific type of and investments independent services, investments, service(s) in region in region contractors grants to recipients in region located in the region) PROGRAM SERVICES. Sub-Saharan Africa **GRANTS** 151,148 _(1) South Asia PROGRAM SERVICES. **GRANTS** 111,422 (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)(13)(14)(15)(16)(17)262,570 3a Sub-total . . . . **b** Total from continuation

262,570

sheets to Part I. . . C Totals (add lines 3a and 3b)

Schedule F (Form 990) 2015 RIGHT SHARING OF WORLD RESOURCES, INC

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 recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

	(I) Method of valuation	(book, FMV, appraisal,	other)																												
Jed.	(h) Description of non-cash assistance																														
nal space is nee	(g) Amount of non-cash	assistance							,																					ï	
raility inte 13, for any recipient with received more than \$3,000. Part it can be duplicated if additional space is needed	(f) Manner of cash	disbursement	wire transfer			wire transfer																									
Jo. Part II can be	(e) Amount of cash grant	,		į	6,475		6,350		6,525		5,425		6,400		6,175		5,235		5,994		5,589		6,044		6,172		6,019		20,925		
ved more man \$5,00	(d) Purpose of grant		Enterprise Droject	model i condication		Enterprise Project		Enterprise Project		Enterprise Project		Enterprise Project		Enterprise Project		Enterprise Project		Enterprise Project		Enterprise Project		Enterprise Project		Enterprise Project		Enterprise Project		Enterprise Projects			
	(c) Region		Sub-Saharan Africa			Sub-Saharan Africa		Sub-Saharan Africa		Sub-Saharan Africa		Sub-Saharan Africa		Sub-Saharan Africa		Sub-Saharan Africa		Sub-Saharan Africa		Sub-Saharan Africa		Sub-Saharan Africa		Sub-Saharan Africa		Sub-Saharan Africa		Sub-Saharan Africa			
111E 13, 101 dily	(b) IRS code section and EIN	(if applicable)																													
רמונוץ	(a) Name of organization																														

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

Schedule F (Form 990) 2015

Page 3

RIGHT SHARING OF WORLD RESOURCES, INC.

Schedule F (Form 990) 2015

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

Schedule F (Form 990) 2015 (h) Method of valuation (book, FMV, appraisel, 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 Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance 티 8 ල **9** 9 (13) **E** (15) 9 9 8 **10** 9 <del>1</del>0 3 (12) 9 3

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

31-1636209

# Part V

### Supplemental Information

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

Part I Line 2 Reports are required every six months. In-country contractors visit the					
grant recipients to provide training, review records and talk with individual grantees.					
Right Sharing of World Resources Board members sometimes travel to project sites and visit					
with grantees.					
,					
·					

### SCHEDULE G (Form 990 or 990-EZ)

### Supplemental Information Regarding Fundralsing or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Department of the Treasury

Attach to Form 990 or Form 990-EZ.

		t Schedule G (Form	990 or 990-	Z) and its in	structions is at www.irs		Inspection
	of the organization				i	Employer identificat	
RIGH	IT SHARING OF WORLD RESOURC		<del> </del>				36209
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  Form 990-EZ filers are not required to complete this part.							
1							
а	X Mail solicitations		e X S	olicitation o	of non-government of	grants	
b	X Internet and email solicitations		f 🔲 S	olicitation o	of government grant	ts .	
C	X Phone solicitations		g 🔲 S	pecial fund	raising events		
d	X In-person solicitations				-		
2a	Did the organization have a written	or oral agreemer	nt with any	individual	(including officers, o	directors, trustees o	r
	key employees listed in Form 990, F						X Yes No
b	If "Yes," list the ten highest paid indito be compensated at least \$5,000 l		•	sers) pursu	ant to agreements (	under which the fun	draiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
	!		Yes	No			
1 H	FREEMAN ASSOCIATES	CONSULTING					
	S SALISBURY RD RICHMOND IN 47			X		18,000	
2							<u> </u>
3							
4							
5						-	
6				<b></b>			
7							
8							
9							
10							
	·						
Total		<u> </u>		, , <b>&gt;</b>		_18,000	
3	List all states in which the organizati registration or licensing.	on is registered	or license	d to solicit	contributions or has	been notified it is e	exempt from
IN							
				·			

		more than \$15,000 of a events with gross rece	eipts greater than \$5,0	00.		·				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through				
_ !			(event type)	(event type)	(total number)	col. (c))				
Revenue	1	Gross receipts								
Ŗ	2	Less: Contributions Gross income (line 1				}				
		minus line 2)				<del> </del>				
	4	Cash prizes								
Ş	5	Noncash prizes				ļ				
Direct Expenses	6	Rent/facility costs								
ot Ex	7	Food and beverages								
Ö	8	Entertainment								
	9	Other direct expenses	<u> </u>							
	10 11	Direct expense summary. Add Net income summary. Subtract	t line 10 from line 3, colu	ımn (d)		( 0)				
Pa	irt III			Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more						
than \$15,000 on Form 990-EZ, line 6a.										
_		than \$15,000 on Form	990-EZ, line 6a.	0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		<del></del>				
venue		than \$15,000 on Form	990-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))				
Revenue	1					(d) Total gaming (add				
_	1	Gross revenue				(d) Total gaming (add				
_	1 2	Gross revenue				(d) Total gaming (add				
_		Gross revenue				(d) Total gaming (add				
Direct Expenses Revenue	2	Gross revenue				(d) Total gaming (add				
_	2	Gross revenue	(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add				
_	3 4	Gross revenue				(d) Total gaming (add				
_	2 3 4 5	Gross revenue	(a) Bingo  Yes %  No	bingo/progressive bingo  Yes % No	(c) Other gaming  Yes %  No	(d) Total gaming (add				
_	2 3 4 5	Gross revenue	(a) Bingo  Yes % No  No	bingo/progressive bingo  Yes %  No  mn (d)	(c) Other gaming  Yes %  No	(d) Total gaming (add col (a) through col (c))				
Direct Expenses	2 3 4 5 6 7 8	Gross revenue	(a) Bingo  Yes % No  I lines 2 through 5 in colu	Yes % No mn (d) 1, column (d)	(c) Other gaming  Yes %  No	(d) Total gaming (add col (a) through col (c))				
_	2 3 4 5 6 7 8 Ea Is	Gross revenue	(a) Bingo  Yes %  No  I lines 2 through 5 in colu  Subtract line 7 from line ganization conducts gam induct gaming activities in	Yes % No mn (d)	(c) Other gaming  Yes %  No	(d) Total gaming (add col (a) through col (c))  ( 0)				
Direct Expenses	2 3 4 5 6 7 8 Ea Is	Gross revenue	(a) Bingo  Yes %  No  I lines 2 through 5 in colu  Subtract line 7 from line ganization conducts gam anduct gaming activities in	Yes % No mn (d) 1, column (d) ng activities: n each of these states?	(c) Other gaming  Yes % No	(d) Total gaming (add col (a) through col (c))  ( 0)				
Direct Expenses	2 3 4 5 6 7 8 B a ls ls lf lf la V	Gross revenue	(a) Bingo  Yes %  No  I lines 2 through 5 in colu  Subtract line 7 from line ganization conducts gam induct gaming activities in	Yes % No mn (d)  1, column (d)  ng activities: n each of these states?	(c) Other gaming  Yes % No	(d) Total gaming (add col (a) through col (c))  ( 0)  Yes No				

Sched	ule G (Form 990 or 990-EZ) 2015 RIGHT SHARING OF WORLD RESOURCES, INC.	31	<u>-16362</u>	09	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Ye	s 🗌	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		☐ Y∈	s	No
13	Indicate the percentage of gaming activity conducted in:	1		لحبيحا	
а	The organization's facility	13a			_ %
þ		13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name ▶				
	Address ►			<b>-</b>	•
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		∏ ye	s 🗍	No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the	•	L.,	٠ ـــا	110
	amount of gaming revenue retained by the third party				
C	If "Yes," enter name and address of the third party:				
	Name ▶				
	Address >	,		<b>-</b> -	
16	Gaming manager information:				
	Name ▶			<b></b>	
	Gaming manager compensation > \$				
	Description of services provided				
ļ	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
			Ye	s 💹	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations				
	or spent in the organization's own exempt activities during the tax year  \$ \$	- (iii)		· ond	
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional				
	(see instructions).				
<b>-</b>	***			·	
<b></b>	***************************************				
	***************************************				

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

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

31-1636209

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.

RIGHT SHARING OF WORLD RESOURCES, INC.	31-1636209
Form 990, Part VI, Section B, Line 12C: THE GENERAL SECRETARY AND PRESIDING (	CLERK OF THE BOARD
MONITER AND ENFORCE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY	/. IT IS REVIEWED ANNUALLY
WITH THE ENTIRE BOARD AND EACH MEMBER COMPLETES A WRITTEN FORM THA	AT IS ON FILE IN THE OFFICE.
Form 990, Part VI, Section B, Line 15A: EVALUATION FORMS FOR THE GENERAL SEC	RETARY ARE FILLED
OUT BY THE BOARD OF TRUSTEES ANNUALLY, THEN REVIEWED DURING AN EXEC	CUTIVE SESSION.
RECOMMENDATIONS ARE THEN BROUGHT BEFORE THE BOARD FOR APPROVAL.	
Form 990, Part VI, Section C, Line 19: THE ORGANIZATION MAKES GOVERNING DOC	UMENTS, CONFLICT OF
INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Form 990, Part VI, Section B, Line 11A and 11B. THE FINANCE COMMITTEE REVIEWS	THE 990 AND
PRESENTS IT TO THE FULL BOARD FOR REVIEW AT A REGULARLY SCHEDULED BO	DARD MEETING.
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Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer identification number
RIGHT SHARING OF WORLD RESOURCES, INC.	31-1636209
•	
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