2949331411713

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations), Do not enter social security numbers on this form as it may be made public!

Open to Public

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection 7/1/2017 For the 2017 calendar year, or tax year beginning and ending 6/30/2018 C Name of organization RIGHT SHARING OF WORLD RESOURCES, INC. D Employer identification number Check if applicable Address change Doing business as Number and street (or PO box if mail is not delivered to street address) 31-1636209 Name change 101 QUAKER HILL DRIVE E Telephone number Initial return City or town ZIP code (765) 966-0314 RICHMOND 47374 Final return/terminated Foreign country name Foreign province/state/county Foreign postal code Amended return G Gross receipts \$ Application pending F Name and address of principal officer Yes X No H(a) is this a group return for subordinates? JACQUELINE STILLWELL 101 QUAKER HILL DRIVE, RICHMOND, IN H(b) Are all subordinates included? If "No," attach a list (see instructions) X 501(c)(3) 4947(a)(1) or Tax-exempt status 501(c)) < (insert no) J Website: ▶ www RSWR.org H(c) Group exemption number ▶ X Corporation K Form of organization Trust Association Other > L Year of formation 1998 M State of legal domicile IN **Summary** Part I Briefly describe the organization's mission or most significant activities. TO SUPPORT GRASSROOTS ECONOMIC Activities & Governance DEVELOPMENT WITH WOMEN'S ORGANIZATIONS IN INDIA, KENYA AND SIERRA LEONE; AND TO SUPPORT EDUCATIONAL OPPORTUNITIES IN THE UNITED STATES ABOUT GLOBAL RESPONSIBILITY 2 Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a). Number of independent voting members of the governing body (Part VI, line 1b) 18 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 6 6 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12. 7a Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 625,807 507.282 9 Program service revenue (Part VIII, line 2g). Investment income (Part VIII, column (A), lines 3, 4, and 7d) 54,444 10 61,353 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 680,468 569,269 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 214,277 209,375 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 141,450 169,243 Professional fundraising fees (Part IX, column (A), line 11e) 16a 20,100 14,500 Total fundraising expenses (Part IX, column (D), line 25 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f 165,060 183,131 Total expenses Add lines 13-17 (must equal Part IX, colon) (ANO) (ANO) (2018) 18 540,887 576,249 19 Revenue less expenses Subtract line 18 from line 12. 139,581 -6.980 ing of Current Year End of Year 20 Total assets (Part X, line 16) 2,006,297 2,034,143 21 Total liabilities (Part X, line 26) 282,591 244.843 Net assets or fund balances Subtract line 21 from line 20 1.723.706 1,789,300 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge acqueline Sign nature of officer Here 5 November 2018 STILLWELL, GENERAL SECRETARY ACQUELINE Type or print name and title Pnnt/Type preparer's name Preparer's signature Check Paid Dawn D James, CPA 9/26/2018 self-employed P00715957 **Preparer** Firm's name ► Webb & Associates Firm's EIN ► 35-1838992 Use Only

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate Instructions.

Firm's address ▶ 66 South 12th Street, Richmond, IN 4#374

Form 990 (2017)

X Yes

DEC

SCANNED

(765) 962-3524

Phone no

rom 9	90 (2017)	RIGHT SHARING OF WORLD RESOURCES, INC.	31-1636209	Page 2
Pa	rt III	Statement of Program Service Accomplishments	À.	
		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	MATERIALISM AND	
		TY INTO THE ABUNDANCE OF GOD'S LOVE, TO WORK FOR EQUITY THROUGH PARTN		
		S AND REOTHERS THROUGHOUT THE WORLD		
		SAND BROTTLERS THROUGHOUT THE WORLD		
2	Did the o	organization undertake any significant program services during the year which were not listed	on	
_		Form 990 or 990-EZ?	Ye:	s X No
	•	describe these new services on Schedule O		٠٠٠ ليخبا
3	•	organization cease conducting, or make significant changes in how it conducts, any program		
•		?	Yes	s X No
		describe these changes on Schedule O.		, (X) 110
4		e the organization's program service accomplishments for each of its three largest program se	anuicae ae maaeurad h	W/
7		es Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants a		
		expenses, and revenue, if any, for each program service reported.	and anocations to other	3,
	the total	expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 455,744 including grants of \$ 209,375) (F	Pavanua \$	
74		DE MICRO-GRANTS AND BUSINESS DEVELOPMENT SUPPORT TO OVER 50 SMALL OR	CANIZATIONS AND W	VOMEN'S
	GROUP	C		
	911001	5		
4b	(Code) (Expenses \$ including grants of \$) (F	Revenue \$)
		Attachment to the market and		
4c	(Code.) (Expenses \$, including grants of \$) (F	Revenue \$)
		•		

		·		
4d	Other pr	ogram services (Describe in Schedule O.)		
70	(Expense		١	
4e		ogram service expenses 455,744		

FABDOG

Part	Checklist of Required Schedules			T
1, 4	le the ergonization department in eaction 501(a)(3) or 4947(a)(1) (other than a private foundation)? If "Veg."		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1	х	ł
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3	'	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
_	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
40	negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
••	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.	11a	Χ	
þ	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
4	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	·			
_	Schedule D, Parts XI and XII	12a	X	
þ	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	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	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	10		_^_
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х

31-1636209

Par	Checklist of Required Schedules (continued)			
20-	Did the appropriate annuals are as made heavital facilities 0.16 th/s - 11 - annuals - Cabadala II	200	Yes	No X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	li	 ^- -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	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	-21		-^-
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	'	х
23	·	122		 ^-
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			ĺ
	employees? If "Yes," complete Schedule J.	22		х
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		 ^-
24 a	\$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	240		х
.	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		x
	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
·	to defease any tax-exempt bonds?	24c		х
a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240	\vdash	x
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240	-	 ^-
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	250		<u> </u>
D	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	1	}	ĺ
	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	250		├^
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	120		 ^ -
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1		1
	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,		500	
	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	j	x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes, " complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M.	30	1	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related		1	
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			1
	V/	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	1
		_		

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
7	Check if Schedule O contains a response or note to any line in this Part V			
	, .		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	3	32	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_ 338		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	-95466
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	2	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	人 製練	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	3a	TAISE:	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		┼^
ь 4а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	35	 	
- u	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	}		
	account)?	4a		x
b	If "Yes," enter the name of the foreign country	7	200	
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	3		
	(FBAR)		SeA.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ــــــ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the]	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		_X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	١		
_	gifts were not tax deductible?	6b	100000	
7	Organizations that may receive deductible contributions under section 170(c).	25.4		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	SK PE	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		 ^
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1.3		\vdash
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year		2	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	L	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	↓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	10	Tanko Marie
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year? .	8		CONTRACTOR OF
9_	Sponsoring organizations maintaining donor advised funds.	1 .		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
b 10	Section 501(c)(7) organizations. Enter	50		100
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)		A	
12a	Section 4947(a)(1) non exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			5
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	Fr. 6		100000000000000000000000000000000000000

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

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

.

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Did the organization receive any payments for indoor tanning services during the tax year?.

the organization is licensed to issue qualified health plans

Enter the amount of reserves on hand

C

14a

14b

13b

13c

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

	Check if Schedule O contains a response of hote to any line in this Part VI	· · · · - · · ·	• •	· !	<u> </u>
Sect	ion A. Governing Body and Management			· · · · · · · · · · · · · · · · · · ·	
		l		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 18			
	If there are material differences in voting rights among members of the governing body, or		4.5		
	If the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent.	1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship with			
	any other officer, director, trustee, or key employee?	·	2		Х
3	Did the organization delegate control over management duties customarily performed by or under	the direct			
-	supervision of officers, directors, or trustees, or key employees to a management company or other		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		X
_	Did the organization have members or stockholders?	2550151.	6		$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
6		annaint	۳		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	арропи			v
	one or more members of the governing body?		7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	i ,	l		
	stockholders, or persons other than the governing body?		7b	-	X
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during			
	the year by the following.				
а	The governing body?		8a	X	
þ	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	<u> </u>	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue (Codo.		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		<u>X</u>
b	if "Yes," did the organization have written policies and procedures governing the activities of such		1		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?.	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				100
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes, "	ŀ		
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14		Χ
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	and decision?		四級	
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b		<u>X</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	jement		. 3	3
	with a taxable entity during the year?		16a		Χ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its		100	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe				
	the organization's exempt status with respect to such arrangements?	_	16b		
Sect	ion C. Disclosure	· · · · · · · · · · · · · · · · · · ·	· 		
17	List the states with which a copy of this Form 990 is required to be filed ► IN				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0-T (Section 501(c)(3	s only	/)	
	available for public inspection. Indicate how you made these available Check all that apply.	, , , , , , , , , , , , , , , , , , , ,		•	
		(plain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,		icy. ar	ıd	
	financial statements available to the public during the tax year	par	.,,		
20	State the name, address, and telephone number of the person who possesses the organization's to	ooks and records	•		
	JACQUELINE STILLWELL	(765) 966-0314			
	101 QUAKER HILL DRIVE, RICHMOND, IN 47374				

Form 990 (2017)	RIGHT SHARING OF WORLD RESOURCES, INC	31-1636209	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compen	sated	
``	Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
organization's			
	of the organization's current officers, directors, trustees (whether individuals or organizations), regaining Enter (0, in columns (0), (E), and (E) if no compensation was paid	rdless of amount	

- - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations.
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if noither the organization nor any	rolated organiz	ation	con	nper	neat	ed ar	пу с	urrent officer, dir	ector, or trustee.	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one institutional trustee) Or director			an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1) BETH HENRICKS	8.00									
CLERK		Х	ļ	X						,
(2) MARY EAGLESON	6.00									
RECORDING CLERK		_X_	 	X.			<u> </u>			
(3) CHRIS SIEGLER	7 00			V			١.			
TREASURER	1.00	X		Х			-			
(4) DONNA ANDERTON	1.00									
TRUSTEE	4.00	X	-		<u> </u>		 		ļ	
(5) BRUCE BIRCHARD	1 00	x								
TRUSTEE	1 00	 ^-	-	-			├			
(6) JONATHAN BROWN	1 00	х								
TRUSTEE (7) MAX CARTER	1.00	 ^ -			-		\vdash			
TRUSTEE	1.00	x								
(8) NILUFER WILKINS	3 00					_	 	····		
TRUSTEE		х								•
(9) FRANCESCA COSTANTINO	1.00									
TRUSTEE		х						• • '	ì	
(10) MARIAN BEANE	12.00									
TRUSTEE		х					1		ĺ	
(11) DOUGLAS SMITH	3 00									
TRUSTEE		Х								
(12) CAROL ANNE FERLAUTO	1.00							-		
TRUSTEE		X				l	<u> </u>			
(13) ELIZABETH REUTHE	4.00									
TRUSTEE -		X		L						
(14) LIZ GATES	1.00]					1			
TRUSTEE		X		<u> </u>	<u> </u>	L	<u>L.</u>			

E	art VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploye	es,	апо	d Hi	ghes	t C	ompensated Em	ployees (contir	nucd)		
	(C)							:					
	(A)	(B)	(do not check more than o						(D)	(E)		(F)	
	Name and trile	Average					is both		Reportable	Reportable	Est	ımated	
		hours per week (list any			1	rect	or/trust	ee) T	compensation from	compensation from related	1	ount o	4
		hours for	Individual trustee or director	institutional truster	Officer) é	a de	Former	the	organizations	comp	ensati	
		related organizations	e du	u dio	욕	#	loye	룍	organization (W-2/1099-MISC)	(W-2/1099-MISC)		m the	
		below dotted	의 글	n <u>al</u> t		Š	e ă		1 (** 2 1003-111100)		, -	relate	
		line)	ste	rust	İ	8	Pen	ĺ			orga	nızatıo	ns
			"	89			Highest compensated employee			1	ł		
				ļ	 	<u> </u>	<u> </u>	<u> </u>					
	YVETTE SHIPMAN	2.00	1	İ				ŀ					
	STEE		X	<u> </u>		<u> </u>		ļ			ļ		
(16)	THOMAS GATES	1.00									Ì		
	STEE		X		<u> </u>					ļ 	<u> </u>		
	DAVID LEONARD	1 00	1								l		
	STEE		X		<u> </u>		L	_			<u> </u>		_
	SALLY WEAVER SOMMER	1.00]]			Ì '				1		
	STEE		X			<u> </u>		L			ļ		
	JACQUELINE STILLWELL	40 00									ļ		
_	IERAL SECRETARY		<u> </u>	_	<u> </u>	X			76,622		ļ		
(20)													
			<u> </u> -	_	ļ	_					ļ <u>.</u>		
(21)					ĺ								
	······································		<u> </u>		ļ	_	ļ				 		
(22)			•								}		
				_	<u> </u>			<u> </u>			ļ		
(23)											Ì		
					_	ļ					.		
(24)													
(05)			-		-	-	<u> </u>				 		
(25)			1										
	Sub-total		l	i	L	<u> </u>	L	•	76,622		ļ		
C	Total from continuation sheets to Part VII, Se	· · · · ·		•		•	•		70,022				
d	Total (add lines 1b and 1c).	scaon A				•			76,622		 		
2	Total number of individuals (including but not lin	nited to those lis	ted a	hov	۵) ۱۸	ψ.	recei	hav		000 of	I		
4	reportable compensation from the organization		icu a	DOV	C) V	,,,,	16661	veu	more than \$100	,000 01			
	reportable compensation from the organization											Yes	No
3	Did the organization list any former officer, dire	ctor or trustee l	kev e	mpl	ove	e o	r biot	est	compensated				
•	employee on line 1a? If "Yes," complete Sched				0,0	υ, υ					3		X
	For any individual listed on line 1a, is the sum of					nd.	athar	201	nnoncation from		200	75.0	P.
4	the organization and related organizations grea									h			
	individual	iter triair \$ 150,00	,0,11	76	·S,	COII	ihiere	30	nedale 3 loi suci	•	A A	200708:1:	X
_			_		•	٠.					MARKET S	1	
5	Did any person listed on line 1a receive or accr	•			•			-		ridual	200		
	for services rendered to the organization? If "Ye	es," complete Sc	nedu	le J	tor	suc	n per	son	<u>.</u>	<u> </u>	5	i	_X
	tion B. Independent Contractors									2400.000.6			
1	Complete this table for your five highest compe										tov		
	compensation from the organization Report co	mpensation for t	ne ca	alen	aar	yea	r ena	ıng	with or within the	e organization's	tax		
	year.	······································											
	(A) Name and husiness addi	rese							(B) Description of ser	vices	(C) Compens	ation	
	Name and business address Description of services Compensation												
								-					
													
								-					
													
	Total number of independent contractors (include	ding but not limit	ed to	tho	se li	ster	d abo	رم)	who received	1000000			
~	more than \$100,000 of compensation from the		50 IO	u IU	ان تان	, J.C	a aut	v C /	THIS IECEIVEU		1		

Part VIII	Statement	of	Reve	nue
-----------	-----------	----	------	-----

`		Check if Schedule O contains	a response o	r note to any line i	n this Part VIII.	<u> </u>	<u> </u>	'\\
					(A) . Total revenue	(B) Related or exempt function revenue	(C) Unrelated business reveriue	(D) Revenue excluded from tax under sections 512-514
50 m	1a	Federated campaigns	1	a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	. 1	b				
P. E	C	Fundraising events .	. 1	c				
E A	d	Related organizations	1	d				
	e	Government grants (contributions	s) . 1	e				
is is	f	. All other contributions, gifts, gran	_					
but	•	similar amounts not included abo		lf. 507,282				
Contributions, and Other Sim		Noncash contributions included in li		\$				
a C	h	Total. Add lines 1a-1f		•	507,282			
		Total Add Into Ta-11 , .	· · · · · · · · · · · · · · · · · · ·	Business Code				
ž.	2a				_erm-ermiesnan colo	AL DESCRIPTION AND ADDRESS OF THE PARTY OF T	33500.000000000000000000000000000000000	Patricia de la companya de la compan
9.6	b	!					· · · · · · · · · · · · · · · · · · ·	
8	U	`					-	
Ž	ن				1			
8	· a							
ran	. е	All alban program convenience						
Program Service Revenue		All other program service revenue Total. Add lines 2a–2f	, .		<u> </u>			
	3	Investment income (including divi	donde intere		<u> </u>	THE SHEET SHEET SHEET SHEET	Secretary Annual Secretary	MATERIAL TOWN PARTICIPATIONS
	3	other similar amounts)	dends, intere	st, and	61,353			61,353
		Income from investment of tax-ex	. . . remnt hand rir	oceads -	07,000			
	4 5		empt bond pr	occeds .	 		· · · · · · · · · · · · · · · · · · ·	
		Royalties	(i) Real	(ii) Personal			THE PERSON	
		O rints						
	6a	Gross rents .		-				
	. b	Less rental expenses		<u> </u>				
	C	Rental income or (loss)						
	_ d	Net rental income or (loss)	(ı) Secunties	(ii) Other	ATTERNACIONAL PROPERTY.			
	7a	-	(I) Secultures	(ii) Other				
		assets other than inventory						
	1	Less. cost or other basis		,				
		and sales expenses.						
	С	Gain or (loss)						
-	. d	Net gain or (loss) : '		, <u> </u>	DO THE WAY TO SAID THE SAID TH	Bara-Sidhimanak rahany		
4								
ğ	. 8a	Gross income from fundraising						
ē.		events (not including \$		}				
Re		of contributions reported on line 1						
<u> </u>		See Part IV, line 18		a -				
Other Revenue	b	Less direct expenses	•	b [
	С	Net income or (loss) from fundral		<u> </u>		THE TOTAL PROPERTY.		
	9a	'Gross income from gaming activi		_				
		See Part IV, line 19		a				
	b	Less direct expenses		b				
	С	Net income or (loss) from gaming	activities .		HE TO THE THIRD STATE AND	TOTAL TENERAL MANAGEMENT	The same of Letter (SAM	
	10a	Gross sales of inventory, less	•					
•		returns and allowances		a				
	b	Less. cost of goods sold	• •	b [2000	
	С.	Net income or (loss) from sales of	f inventory	<u> </u>	Marie and Country and the Country of	To a state of the	A CONTRACTOR OF THE CONTRACTOR	YO E CONTROL OF THE PARTY OF
-		Miscellaneous Revenue		Business Code				
	11a	Miscellaneous			634	634	ļ	
	b				ļ	ļ	ļ	
	С				ļ	· · ·		
	d	All other revenue		L	1	,		Den ven austropialiter Paris 11.
	е	Total. Add lines 11a-11d .		▶	634			
	12	Total revenue. See instructions			569,269	634	<u>L</u>	61,353

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all	l columns. All other c	organizations must o	complete column (A)
	Check if Schedule O contains a response or note	e to any line in this P	art IX .		
	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		1		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign			and the second	"种"种种,不用性
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	209,375	209,375		
4	Benefits paid to or for members		200,070		
5	Compensation of current officers, directors,		 	ALIENSEN MAN AN AND PARAMETER	ACCOUNT AND AND AND ASSESSED ASSESSED.
•	trustees, and key employees	76,622	45,973	7,662	. 22,987
6	Compensation not included above, to disqualified	10,022	40,813	1,002	22,901
v	persons (as defined under section 4958(f)(1)) and	1.			
			ļ		{
-	persons described in section 4958(c)(3)(B).				
7	Other salaries and wages	70,032	32,203	8,244	29,585
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	9,518		· · · · · · · · · · · · · · · · · · ·	4,800
10	Payroll taxes	13,071	6,928	1,438	4,705
11	Fees for services (non-employees)	}			
а	Management				
b	Legal				
C	Accounting	9,369	7,495	1,312	562
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	14,500			14,500
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O)	32,064	24,134	702	7,228
12	Advertising and promotion	1,554			
13	Office expenses	27,408			
14	Information technology	3,580		358	
15	Royalties	0,000	2,000		
16	Occupancy	6,000	- 3,600	1,200	1,200
17	Travel	16,705	12,742	653	
18	Payments of travel or entertainment expenses	10,703	12,172		3,310
		ĺ			
19	for any federal, state, or local public officials Conferences, conventions, and meetings	2,457	4.070	115	262
20	Indo		1,979		
		146		146	
21	Payments to affiliates	1 004	4 000	,	400
22	Depreciation, depletion, and amortization	1,661	1,328	233	100
23	insurance	and the second s	TEASE MADE TO SALED SOLE	District Side of Products belonging	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	In Country Representation	74,292	74,292	-	,
b	Board Expenses	6,525	5,221	391	913
C	Fundraising Expenses	1,224			1,224
d	Miscellaneous	146		146	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	576,249	455,744	24,417	96,088
26	Joint costs. Complete this line only if the	1,	,		33,300
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				12
	following SOP 98-2 (ASC 958-720)]			

P	art X	Balance Sheet			,	`
		Check if Schedule O contains a response or	note to any line in this Pai	rt X	•	
		•		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing .		100,433	1	93,127
	2	Savings and temporary cash investments .		417,738	2	305,856
	3	Pledges and grants receivable, net		92,710	3	37,310
	4	Accounts receivable, net		,	4	8,046
	5		Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified personal control of the con			5	
its		4958(f)(1)), persons described in section 4958(c)(3)(B), a sponsoring organizations of section 501(c)(9) voluntary e organizations (see instructions). Complete Part II of Sche		6		
Assets	7	Notes and loans receivable, net		18,125	7	13,931
As	8	Inventories for sale or use	·		8	
	9	Prepaid expenses and deferred charges		854	9	884
	10a	Land, buildings, and equipment cost or				
		other basis. Complete Part VI of Schedule D	10a 6,7	/22	2.4	
	b	Less accumulated depreciation		3,867	10c	4,206
	11	·			11	
	12	Investments—other securities See Part IV, line		1,371,620	12	1,570,783
	13	Investments—program-related See Part IV, line			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11 .		950	15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	2,006,297	16	2,034,143
	17	Accounts payable and accrued expenses		. 16,469	17	17,796
	18	Grants payable		. 48,650	18	9,575
	19	Deferred revenue		, '	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	,
8	22	Loans and other payables to current and forme			Wash	
Liabilities	1	trustees, key employees, highest compensated	employees, and			
api	ļ	disqualified persons. Complete Part II of Sched	ule L	, , , , , , , , , , , , , , , , , , , ,	22	
Ĵ	23	Secured mortgages and notes payable to unrel	ated third parties	217,472	23	217,472
	24	Unsecured notes and loans payable to unrelate	ed third parties .		24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines]
		Part X of Schedule D	5 17 2 1). Complete		25	
	26	Total liabilities. Add lines 17 through 25		, 282,591	26	244,843
<u> </u>		Organizations that follow SFAS 117 (ASC 95	R) check here	THE PROPERTY AND A PROPERTY OF THE PARTY OF		
ces		complete lines 27 through 29, and lines 33 a				
an	27	Unrestricted net assets		. 1,723,706	27	1,789,300
Ba	28	Temporarily restricted net assets			28	
ğ	29	Permanently restricted net assets			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), complete lines 30 through 34.	, check here an	nd		
	30	Capital stock or trust principal, or current funds			30	
Se	31	Paid-in or capital surplus, or land, building, or e		·	31	<u> </u>
As	32	Retained earnings, endowment, accumulated in			32	
Set	33	Total net assets or fund balances	iodino, or other farido : .	1,723,706	 	1,789,300
-	33	Total liabilities and not exects/fund belongs		2,006,207		2 024 142

Form	990 (2017) RIGHT SHARING OF WORLD RESOURCES, INC	3	1-1636209	Page	12
Par	t XI Reconciliation of Net Assets)+		
	Check if Schedule O contains a response or note to any line in this Part XI		:	. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		569,2	269
2	Total expenses (must equal Part IX, column (A), line 25) .	2		576,2	249
3	Revenue less expenses Subtract line 2 from line 1	3		-6,9	980
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,723,	706
5	Net unrealized gains (losses) on investments	5		70,	569
6	Donated services and use of facilities	6		2,0	005
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1	,789,3	300
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. L</u>	
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.		_	Yes	No No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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		2a		X
b	Were the organization's financial statements audited by an independent accountant?. 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		. 2b	X	
	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				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	PRO-185
	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 the Single Audit Act and OMB Circular A-133?	•	. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3h		

Form **990** (2017)

SCHEDULE A (Form 990'or 990-EZ)

Public Charity Status and Public Support

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Employer identification number

Name of the organization					Employer identification	
RIGHT SHARING OF WORLD RESOURCES					31-16	36209
Part I Reason for Public Charity S						
The organization is not a private foundation by A church, convention of churches, or						1
2 A school described in section 170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990 or 99	0-EZ).)	9)7	
3 A hospital or a cooperative hospital s	ervice organiz	ation described in sec	tion 170(l	o)(1)(A)(iii	i).	
4 A medical research organization ope						ter the
hospital's name, city, and state:				 -		
5 An organization operated for the ber section 170(b)(1)(A)(iv). (Complete	Part II)					ribed in
6 A federal, state, or local government	-					
7 X An organization that normally receive described in section 170(b)(1)(A)(vi			m a gover	nmental u	unit or from the gene	ral public
8 A community trust described in secti	on 170(b)(1)(/	A)(vi). (Complete Part	II.)			
9 An agricultural research organization or university or a non-land-grant coll university:	ege of agricult	ure (see instructions)	Enter the	name, city	, and state of the co	lege or
An organization that normally receive receipts from activities related to its support from gross investment incon acquired by the organization after Ju	exempt functions are and unrelated	ins—subject to certain ed business taxable in	exception come (les	s, and (2) s section (no more than 33 1/3 511 tax) from busine	l% of its
11 An organization organized and opera	ated exclusivel	y to test for public safe	ety See se	ection 509	9(a)(4).	
An organization organized and operation of one or more publicly supported or Check the box in lines 12a through 1	ganizations de	scribed in section 509	3(a)(1) or s	section 50	09(a)(2). See section	າ 509(a)(3).
a Type I. A supporting organization the supported organization(s) the organization You must complete	power to regular Part IV, Sect	llarly appoint or elect a ti ons A and B .	majority o	of the direc	ctors or trustees of th	e supporting
b Type II. A supporting organization control or management of the supporting organization(s). You must complete the complete complete the complete complete complete the complete compl	porting organi lete Part IV, Se	zation vested in the sa	ame perso	ns that co	ntrol or manage the	supported
c Type III functionally integrated. its supported organization(s) (see	A supporting of instructions)	organization operated i You must complete F	n connect Part IV, Se	ion with, a ctions A,	and functionally integ D, and E.	rated with,
d Type III non-functionally integrated that is not functionally integrated requirement (see instructions). You	The organizat	ion generally must sati	isfy a distr	ibution red	quirement and an att	anization(s) entiveness
e Check this box if the organization	received a wr	itten determination from	m the IRS	that it is a		e III
functionally integrated, or Type III f Enter the number of supported organ		illy integrated supporting	ig organiz	auon.		
g Provide the following information abo		ed organization(s)	•			· L
(i) Name of supported organization	(ii) EIN	(iii) Type of organization	1	organization	(v) Amount of monetary	(vi) Amount of
		(described on lines 1–10 above (see instructions))		r governing ment?	support (see instructions)	other support (see instructions)
			Yes	No		
(A)			163	140		
(B)			 			
(6)						
(C)						
(D)						
(E)					•	
			De et para la constante de la	10-10-19-14V		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	581,817	486,573	551,183	625,807	507,282	2,752,662
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	581,817	486,573	551,183	625,807	507,282	2,752,662
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)						
500	Public support. Subtract line 5 from line 4 stion B. Total Support	and the second					2,752,662
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	581,817	486,573	551,183	625,807	507,282	2,752,662
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	,				-	
_	similar sources	49,420	53,138	54,890	54,444	61,353	273,245
9	Net income from unrelated business 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)	95	633	314	217	634	1,890
11	l'otal support. Add lines 7 through 10						3,027,800
12 13	Gross receipts from related activities, etc. (s First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's first, s	second, third, fourth	ı, or fifth tax year a	s a section 501(c)	(3)	
Sec	tion C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2017 (line 6, c Public support percentage from 2016 Sched 33 1/3% support test—2017. If the organiz	ule A, Part II, line 1 ation did not check	the box on line 13		1/3% or more, che	14 15 ck this box	90 91%
b	and stop here. The organization qualifies as 33 1/3% support test—2016. If the organiz box and stop here. The organization qualifies	ation did not check	a box on line 13 o	r 16a, and line 15 i	is 33 1/3% or more	check this	▶ [X
17a	10%-facts-and-circumstances test—2017 is 10% or more, and if the organization meet Part VI how the organization meets the "fact organization	s the "facts-and-cir	cumstances" test, es" test The organ	check this box and zation qualifies as	stop here. Expla	in in	
b	10%-facts-and-circumstances test—2016 15 is 10% or more, and if the organization m Explain in Part VI how the organization meet supported organization	eets the "facts-and	-circumstances" te	st, check this box a	and stop here.	s - X	▶□
18	Private foundation. If the organization did instructions			17a, or 17b, check	this box and see .		. ▶[

Page :

Fa	(Complete only if you check				zation failed to	aualify under P	art II
						quality under P	art II.
80	If the organization fails to question A Bublic Support	uality uniper the	lesis listed bei	ow, please con	ipiete Fait II.)		
	ction A. Public Support	(-) 20/12	(b) 2014	(a) 2015	(4) 2016	(2) 2017	(f) Total
_	endar year (or fiscal year beginning in)	(a) 20\3	(b) 2014	(c) 2015 ·	(d) 2016	(e) 2017	. (f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1.	İ		į		
2	Gross receipts from admissions, merchandise	 		 		/	
	sold or services performed, or facilities				, J		
	furnished in any activity that is related to the	1	\landal	-	/		
_	organization's tax-exempt purpose .		<u> </u>	 		<u> </u>	
3	Gross receipts from activities that are not an	1					
	unrelated trade or business under section 513		 \ 		/	 	
4	Tax revenues levied for the organization's	+	\			ļ .	
	benefit and either paid to or expended on			1.			
_	Its behalf	'	 		/		
5	The value of services or facilities			1	, ,	1 . [
	furnished by a governmental unit to the			/			
e	organization without charge	<u> </u>	 	 /-			
70	Total. Add lines 1 through 5	<u> </u>	 	· /			
/ a	• •		\ \		•		
h	received from disqualified persons . Amounts included on lines 2 and 3	U				f	
D	received from other than disqualified						
	persons that exceed the greater of \$5,000			\ \		1	
	or 1% of the amount on line 13 for the year			/ \ .	·		
_	Add lines 7a and 7b.		/	\			
8	Public support (Subtract line 7c from	LINATE					
Ŭ	line 6)						
Sec	tion B. Total Support	Construction of the Constr	/	A. The state of th	Land Stranger May 1 Marks 1 1	1 manufacture of the second	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015 \	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						, , , , , , , , , , , , , , , , , , , ,
10a	Gross income from interest, dividends,			٠			
	payments received on securities loans, rents,	1	₹		\		
	royalties, and income from similar sources					1	
b	Unrelated business taxable income (less				,		
	section 511 taxes) from businesses	· /·			· \ ·		
	acquired after June 30, 1975						•
С	Add lines 10a and 10b					t · _	
11	Net income from unrelated business					!	
	activities not included in line 10b, whether				\		
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets	1			-		
	(Explain in Part VI)					<u> </u>	
13	Total support. (Add lines 9, 10c, 11,					1 1	
	and 12.)		<u> </u>		,	``	
14	First five years. If the Form 000 is for the	•	second, third, fourt	h, or fifth tax year a	is a section 501(c)	(3)	٠, ٦
	organization, check this box and stop here			.	<u> </u>	······································	. ▶ [
Sec	tion C. Computation of Public Su			`		 	<u>-</u> <u>-</u> <u>-</u> <u>-</u>
15	Public support percentage for 2017 (line 8,			(f))		15	
16	Public support percentage from 2016 Sched					16	
	tion D. Computation of Investme				•	4=	\
17	Investment income percentage for 2017 (lin					17	
18	Investment income percentage from 2016 S			, 1, 1 (4, and the 45 miss		18	
туа	33 1/3% support tests—2017. If the organ						\ _ _
h	not more than 33 1/3%, check this box and 33 1/3% support tests—2016. If the organ	-					٠, 🟲 🗀
D	line 18 is not more than 33 1/3%, check this						 Γ
20	Private foundation. If the organization did	•					7 7
~~	- invate roundation, it are organization did	HOLOHOUR A DUX OII	1 -1 , 130, 01 15	o, oneon this box a			· · -\ L

Part IV **Supporting Organizations**

> (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete . Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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
- 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 12a or 12b 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 súch 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.
- 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)
- 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
 - 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)

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		經濟	2012
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	9b	Production (California	PROPERTY.
		Englisher.	Sec. 15.
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		1	THE PARTY OF
	10a	· PROCESSES	1494 20100
	200		機能
	10b		

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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.

trustees of each of the supported organizations? Provide details in Part VI.

3a

31-1636209

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Orgai	nizations	· · · · · · · · · · · · · · · · · · ·
1 Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	-		
Section A - Adjusted Net Income			(B) Current Year
Section A - Adjusted Net Income		(A) Pnor Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2.		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
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		
		(4) 5 : 1/	(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
Aggregate fair market value of all non-exempt-use assets (see	75 E-107		1
instructions for short tax year or assets held for part of year).	204		
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		The second secon	
factors (explain in detail in Part VI).			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035.	6		
7 Recovenes of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			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 Enter greater of line 2 or line 3	4		-
5 Income tax imposed in prior year	5	A C. Todate to Co.	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	\top	and the same	
emergency temporary reduction (see instructions).	6		}
7 Check here if the current year is the organization's first as a non-functional			organization (see
instructions).	,	5 77 S RESSENS	• `

Schedul	A (Form 990 or 990-EZ) 2017 RIGHT SHARING OF WORLD	RESOURCES, INC?	<u>, </u>	1-1636209 Page 7
Part '	Type III Non-Functionally Integrated 509(a)(3		zations (continued)	192 1 15
Section	on D - Distributions	<u> </u>	·	Current Year
1	Amounts paid to supported organizations to accomplish exit		3.1	' †
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity	an e e e e e e e e e e e e e e e e e e e	<u> </u>	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organiz	ations	
4	Amounts paid to acquire exempt-use assets	and the second	· · · · · · · · · · · · · · · · · · ·	, -
5	Qualified set-aside amounts (prior IRS approval required)	··		
	Other distributions (describe in Part VI). See instructions.	<u>'</u>		e- 1
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is respo	nsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6		· · · · · · · · · · · · · · · · · · ·	
10	Line 8 amount divided by line 9 amount	,	,	0 000
		ĺ m	(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	B	PARTY AND STREET, AND	Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
	Underdistributions, if any, for years prior to 2017			
2	(reasonable cause required—explain in Part VI) See			
	instructions		He ST MERINGS WITH THE RESERVE	
3	Excess distributions carryover, if any, to 2017			
a	No visit control of the second second control of the second secon	TO COMPANY THE DESIGNATION OF		
<u> </u>	From 2013			
<u> </u>	From 2014			
<u>d</u>	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to Underdistributions of prior years Applied to 2017 distributable amount			を できる はいから 一日本の 一日本の 一日本の 日本の 日本の 日本の 日本の 日本の 日本の 日本の 日本の 日本の
'' -	Carryover from 2012 not applied (see instructions)			
<u>.</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f	PERSONAL SENTENCE SENTENCE SE		
4	Distributions for 2017 from			
•	Section D, line 7 \$			
a	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			,
	and 4b from line 1. For result greater than zero, explain in			•
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
a	Excess from 2013 .			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016 .			
е	Excess from 2017.			

Schedule A (Form 990 or 990-EZ) 2017

SCHEDULE D (Form 990) ·

Department of the Treasury Internal Revenue Service

Name of the organization

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

OMB No 1545-0047

Open to Public Inspection

RIGH	T SHARING OF WORLD RESOURCES, INC.		31-1636209
Par	Organizations Maintaining Donor	Advised Funds or Other Similar Fu	inds or Accounts.
	Complete if the organization answer	ed "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 (dunng year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don	or advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject t		
6	Did the organization inform all grantees, donor	s, and donor advisors in writing that grant	funds can be
	used only for charitable purposes and not for t		
	purpose conferring impermissible private bene	fit?	L Yes No
Par	Conservation Easements.		
	Complete if the organization answere	ed "Yes" on Form 990. Part IV. line 7.	- -
1	Purpose(s) of conservation easements held by		
•	Preservation of land for public use (e.g., re		on of a historically important land area
	=	· _	on of a certified historic structure
	Protection of natural habitat	Fleseivation	or or a certified ristoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution	
	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 easer		. 2b
C	Number of conservation easements on a certif	led historic structure included in (a) .	2c
d	Number of conservation easements included in		2d
•	historic structure listed in the National Register Number of conservation easements modified,	· transferred released extinguished or term	, , , , , , , , , , , , , , , , , , , ,
3		transferred, released, extinguished, or terr	minated by the organization during
4	Number of states where property subject to co	nservation easement is located	
5	Does the organization have a written policy re		handling of
•	violations, and enforcement of the conservation		Von No
6	Staff and volunteer hours devoted to monitoring, in		
. •	ban and volunteer nears devoted to morntoning, in	spooting, name ing or violations, and emotions	and part of the pa
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing cons	servation easements during the year
•	► \$	ang, nanamg o _j violatione, and americing con-	
8	Does each conservation easement reported or	line 2(d) above satisfy the requirements	of section 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?		. Yes No
9	In Part XIII, describe how the organization repr	orts conservation easements in its revenue	e and expense statement, and
	balance sheet, and include, if applicable, the to	ext of the footnote to the organization's finance	ancial statements that describes
	the organization's accounting for conservation	easements	
Par	III Organizations Maintaining Collect	ions of Art, Historical Treasures, o	r Other Similar Assets.
	Complete if the organization answer	ed "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 r	evenue statement and balance sheet
	works of art, historical treasures, or other simil		
	of public service, provide, in Part XIII, the text	of the footnote to its financial statements t	hat describes these items.
b	If the organization elected, as permitted under	SFAS 116 (ASC 958), to report in its reve	nue statement and balance sheet
	works of art, historical treasures, or other simil	ar assets held for public exhibition, educat	tion, or research in furtherance
	of public service, provide the following amount	s relating to these items	
	(i) Revenue included on Form 990, Part VIII, I	ne 1	▶ \$
	(ii) Assets included in Form 990, Part X		. • \$
2	If the organization received or held works of ar	t, historical treasures, or other similar asse	ets for financial gain, provide the
	following amounts required to be reported und		
а	Revenue included on Form 990, Part VIII, line	1	. ▶ \$
b	Assets included in Form 990, Part X	·	> \$

Part	III Organizations Maintaining	Collections of A	t, Historic	al Tre	asures, or	Other	Similar Asset	s (contii	nued)	•
3	Using the organization's acquisition, a									
	collection items (check all that apply)		,			•	-			
а	Public exhibition		d \square	Loan	or exchange	progra	ms			
b	Scholarly research		e 🗍	Other	•	_				
	=	000	<u> </u>	0				 -		
C	Preservation for future generati		. 1 - 1 - 1	41 £.					4	
4	Provide a description of the organizati XIII.	on's collections and	explain now	tney tu	unner the org	anızatı	on's exempt purp	ose in Pa	IT	
5	During the year, did the organization sassets to be sold to raise funds rather							☐ Ye	.s [No
Pari		 						٠٠ بـــــ		1
Part	Complete if the organization	_	n Form 000	Dort	· IV line 9 c	r ronc	oded an amoun	t on Ear	m	
	990, Part X, line 21.	allowered res of	ii Foiiii 33 0	, rait	. IV, IIII C 3, C	i iepc	nteu an amoun	COLLIO	111	
4-										_
1a	Is the organization an agent, trustee, o				ributions or o	tner as	sets not			1
	included on Form 990, Part X?				•			Ye	'S [No
b	If "Yes," explain the arrangement in Pa	art XIII and complete	tne following	g table	•	<u></u>		A		
_	Degrapine balance							Amount		
C C	Beginning balance				• • •	1	d l			
d	Distributions during the year .			•		1				
e f	Ending balance .	•	• •	٠	•	1		· - · · · · · · · · · · · · · · · · · ·		
_ '	-	•						r=i		1
2a	Did the organization include an amoun	nt on Form 990, Part	t X, line 21, fo	or escr	ow or custod	ial acc	ount liability?	Ye	s X	No
b	If "Yes," explain the arrangement in Pa	art XIII Check here	f the explana	ition ha	as been provi	ded or	Part XIII	•		
Part	V Endowment Funds.				-					
	Complete if the organization a	answered "Yes" or	n Form 990	, Part	IV, line 10.					
	······································	(a) Current year	(b) Prior ye		(c) Two years	back	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance	929,852	92	9,852	92	9,852	1,032,69	5	97	71,076
b	Contributions	106,904	.,							13,22
C	Net investment earnings, gains,									
-	and losses	56,142		2,433	1 5	3,859	52,09	8	2	18,39
d	Grants or scholarships.									
e	Other expenditures for facilities	***************************************								
	and programs		5	2,433	5	3,859	154,94	11		
f	Administrative expenses									
g	End of year balance	1,092,898	92	9,852	92	9,852	929,85	2	1.03	32,69
2	Provide the estimated percentage of the									
а	Board designated or quasi-endowmer		100%	3,	(- //					
b	Permanent endowment	%								
C	Temporarily restricted endowment	▶ %								
	The percentages on lines 2a, 2b, and)%.							
3a	Are there endowment funds not in the	•		nat are	held and adi	ministe	red for the			
	organization by.	,	J						Yes	No
	(i) unrelated organizations							3a(i)	X	
	(ii) related organizations .							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related o	rganizations listed a	s required or	Sche	dule R?			3b		
4	Describe in Part XIII the intended uses	•	•			•		<u> </u>		L
Part										
	Complete if the organization a		n Form 990	Part	IV line 11a	See	Form 990 Part	X line	10	
	Description of property	(a) Cost or oth			st or other		Accumulated		ook valu	
	Description of property	(a) Cost or oth	1		s (other)		depreciation	(a) 80	XX Valu	е
1a	Land	(117531)11		-401			acpression and a second			
ia b	Buildings					STATE OF THE PARTY.			/	
	-			•						
Q C	Leasehold improvements .	.			6 700		4.050			4,20
d	Equipment	-			6,722		-4,958			4,200
E Total	Other . . Add lines 1a through 1e <i>(Column (d)</i> i	must agual Form 00	O Port V co	uma /	P) line 10c)					4,206
		HUGE GUUGI F UIIII 99	v. i arch. GOI	unni (L	J. 11110 1 (U.)		1			7,400

Part VII Investments—Other Securities. Complete if the organization answ	rered "Yes" on Form 9	990, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other Friends Fiduciary Corporation	1,570,7	83 F
(A)		,
(B)		
(C)	<u> </u>	
(D)	- 	·
(E)		,
(F)	-	
(G) (H)	-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	1,570,7	83
Part VIII Investments—Program Related		Parameter to the second
Complete if the organization answ	ered "Yes" on Form 9	990, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation; Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(7)		
(8)	<u> </u>	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	•	
Part IX Other Assets.		990, Part IV, line 11d See Form 990, Part X, line 15.
, (a) [Description	(b) Book value
(1)		1 0
(2)		
(3)		
(4) (5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) II	ne 15)	<u> </u>
Part X Other Liabilities. Complete if the organization answ	rered "Yes" on Form 9	990, Part IV, line 11e or 11f. See Form 990, Part X,
line 25.		19 s designation of the supportant artificial designation of the supportant support of the second
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)	- 	
(4)	-	
<u>(5)</u> (6)	 	
(7)	+	
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		
2 Liability for uncertain tay positions. In Part XIII, provide the		ne organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

- SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization					Employer identification number
RIGHT SHARING OF WORL	D RESOURCES	, INC.	,		31-1636209
Part I General Inform "Yes" on Form 99			e the United States. Com	plete if the organization	answered
assistance, the grante the grants or assistance	es' eligibility for the	ne grants or ass	ords to substantiate the amou	teria used to award 	X Yes No
assistance outside the l		e organization s	procedures for monitoring the		uiei .
3 Activities per Region (1	he following Part	t I, line 3 table c	an be duplicated if additional	space is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) a program service, describe specific type of service(s) in the region	expenditures for and investments
Sub-Saharan Africa (1)	2	4	PROGRAM SERVICES, GRANTS		172,790
South Asia (2)	1	1	PROGRAM SERVICES, GRANTS		110,423
(3)					
(4)					-
(5)					
(6)					
(7)					
(8)					
(9)					
(10)		- 			-
(11)		•			
(12)			•		
(13)				•	
(14)					
(15)			•		
(16)					
(17)					
3a Sub-total	3	5			283,213
b Total from continuation sheets to Part I					

283,213

c Totals (add lines 3a and 3b)

Page 2

31-1636209

i

Schedule F (Form 990) 2017 TRIGHT SHARING OF WORLD RESOURCES, INC.

(i) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (h) Description of noncash assistance line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed (g) Amount of assistance (f) Manner of cash disbursement wire transfer wire transfer wire transfer wire transfer wire transfer wire transfer wire transfer wire transfer wire transfer wire transfer wire transfer wire transfer wire transfer wire transfer wire transfer wire transfer -5,350 5,375 5,400 5,025 5,350 5,500 5,500 5,425 5,500 5,500 5,300 5,250 5,000 (e) Amount of cash grant Enterprise Project **Enterprise Project Enterprise Project** Enterprise Project **Enterprise Project** Enterprise Project Enterprise Project Enterprise Project Enterprise Project Enterprise Project Enterprise Project Enterprise Project Enterprise Project Enterprise Project Enterprise Project Enterprise Project (d) Purpose of 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 Sub-Saharan Africa Sub-Saharan Africa Sub-Saharan Africa (c) Region (b) IRS code section and EIN (if applicable) Part IV. (a) Name of organization Part II

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.

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2017

Page

31-1636209

RIGHT SHARING OF WORLD RESOURCES, INC

Schedule F (Form 990) 2017

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2017 (h) Method of valuation book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients 7 4 ł (b) Region ٤ (a) Type of grant or assistance (18) Ð (2) 4 9 9 3 8 6 9 <u>E</u> (12) 14 ව 13 (15) (16) (17)

Schedule F (Form 990) 2013 Part II Continu	ation	m 990) 2013 RIGHT SHARING OF WORLD RESOURCES, INC. Continuation of Grants and Other Assistance to Organia	RESOURCES, INC.	ions or Entities (Dutside the United	31-1636209 States. (Schedule F (Fo	SES, INC. Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	of 1 line 1)
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of Cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(17)	· ·	Sub-Saharan Africa	Enterprise Project	5,500	5,500 wire transfer			
(18)	ž A	South Asia	Enterprise Project	5,025	5,025 wire transfer			
(19)	(2)	South Asia	Enterprise Project	5,100	5,100 wire transfer			
(20)	, , ,	South Asia	Enterprise Project	5,150	5,150 wire transfer			
(21)	The state of the s	South Asia	Enterprise Project	5,100	5,100 wire transfer			
(22)	,	South Asia	Enterprise Project	5,050	5,050 wire transfer			
(23)	, ,	South Asia	Enterprise Project	5,200	5,200 wire transfer		1-	
(24)							1	
(25)								
(26)								
(27)	, ,							
(28)								
(29)								
(30)	,							
(31)								:
(32)								
(33)								
(34)								
(35)	ų.							
							Schedul	Schedule F (Form 990) 2013

Continuation Sheet for Schedule F (Form 990)

Page 1 of

Name of the organization Employer identification number RIGHT SHARING OF WORLD RESOURCES, INC 31-1636209 Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3) (e) If activity listed in (d) is (a) Region (b) Number of (c) Number of (d) Activities conducted in region (by type) (e g , fundraising, program offices in the employees, a program service, expenditures for describe specific type of agents, and and investments region services, investments, independent service(s) in region in region contractors grants to recipients ın region located in the region) (18) (19) (20) (21) (22) (23)(24) (25) (26) (27) (28) (29) _(30) (31) (32) (33) (34) (35) (36) (37) (38) (39) **Totals**

31-1636209 RIGHT SHARING OF WORLD RESOURCES, INC.

Par	IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	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; don't 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
, 6	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, don't file with Form 990)	Yes	X No
		Caba	dula E (Earm 000) 2017

Schedule F (Form 990) 2017

Schedule, F	(rorm	990)	201
D			

Supplemental information	-	•
Provide the information required by Part I, line 2 (monitoring of fun	nds), Part I, line 3, column (f) (accountir	ng method,
amounts of investments vs. expenditures per region), Part II; line-1	1-(accounting-method); Part III (accoun	ting 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)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest instructions.

2017

Open to Public Inspection

Name of the organization Employer identification number RIGHT SHARING OF WORLD RESOURCES, INC 31-1636209 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e | X | Solicitation of non-government grants X Mail solicitations X Internet and email solicitations f Solicitation of government grants b Special fundraising events X Phone solicitations C X In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (or retained by) (iv) Gross receipts (i) Name and address of individual (or retained by) custody or control of (ii) Activity fundraiser listed in or entity (fundraiser) from activity organization contributions? col (i) Yes No CONSULTING 1 H FREEMAN ASSOCIATES 14.500 2204 S SALISBURY, RD RICHMOND IN 47 3 6 10 ٤, 14,500 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

		Continuation of Cianta and Cine Assistance to Individuals Outside the Office States. (Schedule) (10111 390), Partin		IIICA OIMINO	יוכחתום ו לו כוי	111 000/11 - 011 111/	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash , assistance	(g) Description of non-cash assistance	(h) Method of valuation (Łok, FMV, gppraisal, other)
(19)	- 1						
(20)	-		-	-		-	
(21)			-			-	-
(22)	-						-
(23)					·		
(24)	i	-					
(25)	-		-				-
(26)				-			
(27)							
, (28)	-	-					
(29)	-						
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(32)				•			-
(33)		-					•
(34)		-	1				-
(35)	-					1	,
(36)	£		-				,
		-			_	,	,

Р	art li			ization answered "Yes tributions and gross in		
٠		events with gross rec	•	· ,	come on romi 990-L2	c, lines i and ob. List
		events with gross rec	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
	1	•	(event type)	(event type)	(total number)	col (c))
en		•				
Revenue	1	Gross receipts				,,,
8	2	Less: Contributions				ı
	3	Gross income (line 1 minus line 2) .				4.5
	4	Cash prizes .				
٠.	5	Noncash prizes		,	,	,•
enses	6	Rent/facility costs .			1	-
Direct Expenses	7	Food and beverages .			,	,
Direc	. 8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add Net income summary. Subtra-				(· · · O)
P:	art III		the organization answ	ered "Yes" on Form 99	00 Part IV line 19, or i	reported more
		than \$15,000 on Form				. Оронови на на
enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	d) Total gaming (add col (a) through col. (c))
Revenue	1	Gross revenue .			, ,	
ses	2	Cash prizes	<i>*</i>		e	
Expenses	3	Noncash prizes .			٠,	,
Direct E	4	Rent/facility costs				
<u>-</u>	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	Yes %	
	7	Direct expense summary. Add	l lines 2 through 5 in colu	mn (d)		(0)
	8	Net gaming income summary	Subtract line 7 from line	1, column (d)	>	
g	, E.	nter the state(s) in which the or	- gapization conducts gami	na activities	•	
•	a Is	the organization licensed to co	induct gaming activities in	each of these states?		Yes No
10		/ere any of the organization's ga	aming licenses revoked, s		during the tax year?	

Schedu	ale G (Form 990 or 990-EZ) 2017 RIGHT SHARING OF WORLD RESOURCES, INC	31-1636209 Page 3
11	Does the organization conduct gaming activities with nonmembers?	. Yes 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 chantable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in	
а	The organization's facility	13a %
b	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books	
	and records.	
•	Name ▶	•
	Address ▶	
15a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	. Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ \$ and the	
	amount of gaming revenue retained by the third party > \$	
С	If "Yes," enter name and address of the third party	
	Name ▶	
	Address ▶	
16	Gaming manager information	
	Nama 🌬	
	Name • -	
	Gaming manager compensation > \$	
	Description of services provided	
	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	
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations	Yes No
	or spent in the organization's own exempt activities during the tax year \$	
Part		
	See instructions	a monitation
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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SCHEDULE O___ (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

31-1636209 RIGHT SHARING OF WORLD RESOURCES, INC Form 990, Part VI, Section B, Line 11b. The Finance Committee reviews the 990 and presents it to the full board for review at a regularly scheduled board meeting. 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 that is on file in the office Form 990, Part VI, Section B, Line 15a. Evaluation forms for the General Secretary are filled out by the Board of Trustees annually, then reviewed during an executive session Recommendations are then brought before the board for approval Form 990, Part VI, Section C, Line 19 The organization makes governing documents, Conflict of Interest Policy and financial statements available upon request.

Schedule O (Form 990 or 990-EZ) (2017)			, ~	,	<u> </u>	Page Z
Name of the organization				٠	Employer identification	number
RIGHT SHARING OF WORLD RESOURCES, INC			<u> 7,1</u>	,7f	31-1636209	
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Schedule D (Forr	m 990) 2017	RIGHT SHARING	OF WORLD RE	SOURCES, INC		31-1636	209	Page 5
Part XIII	Supplen	nental Informati		•	ı	,	(gen) (	
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