Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

| For calendar year 2013, or fiscal year beginning | , 2013, and endin | g ,20 |
|--|-------------------|-------|
| | | |

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

▶ Do not send to the IRS. Keep for your records.

► Information about Form 8879-EO and its instructions is at www.irs.gov/form887 Employer identification number

LITWORLD INTERNATIONAL,

13-4367685

Name and title of officer

SOPHIE BELISHA

TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

| 1a | Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | 831,823. |
|----|---|----|----------|
| 2a | Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| За | Form 1120-POL check here b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a | Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | |
| 5а | Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) | 5b | |
| | | - | |

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

| Officer's | DIN: | check | one | hov | only |
|-----------|-------|-------|-----|-----|-------|
| Officer 5 | TIIN. | CHECK | OHE | DUX | OHILL |

| X I authorize | SOBEL | AND | CO., | LLC | CPAS | | to enter my PIN | 67685 |
|-----------------------|-----------------|------------|-------------|-----------|-----------------------------|---|-----------------|---|
| | | | | | ERO firm name | | - | Enter five numbers, b do not enter all zeros |
| is being file | | te agency | y(ies) regu | ulating o | charities as part of the IR | turn. If I have indicated withir S Fed/State program, I also a | | |
| indicated v | vithin this ret | urn that a | a copy of | f the ret | , , | e organization's tax year 201 tate agency(ies) regulating ch | • | |
| Officer's signature 🕨 | | | | | | Date ▶ | | |
| Part III Cert | ification a | and Aut | thentic | ation | | | | _ |
| | | | | | | | | |

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

22722594949

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date ► 11/17/14 ERO's signature

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 10-01-13

Form **8879-EO** (2013)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

| Α | For the | 2013 calendar year, or tax year beginning and | ending | _ | | | |
|------------------------------------|----------------------------|---|--------------|------------------------------|---|--|--|
| В | Check if applicable | C Name of organization | | D Employer identifi | cation number | | |
| Σ | Addres change | s LITWORLD INTERNATIONAL, INC | | | | | |
| | Name change | Doing Business As | | 13-4 | 367685 | | |
| | Initial return | , | Room/suite | E Telephone numbe | | | |
| | Termin ated | ZZZ BROADWAI, IJIII FHOOK | 646- | 646-237-8959 | | | |
| Ļ | Amend return Applica | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 895,445. | | |
| | tion pendin | NEW TORK, NI 10030 | | H(a) Is this a group re | | | |
| | | F Name and address of principal officer: FAM ALLYN | | for subordinates | | | |
| _ | | SAME AS C ABOVE | [07 | H(b) Are all subordinates in | | | |
| | | mpt status: X 501(c)(3) 501(c)() ((insert no.) 4947(a)(1) c e; ► WWW.LITWORLD.ORG | or 527 | 1, | list. (see instructions) | | |
| | | organization: X Corporation Trust Association Other | I Vaar | H(c) Group exemption | n number ► ↑ State of legal domicile: NY | | |
| | | Summary | L I Gai | or formation. 2007 | / State of legal doffliche, IN I | | |
| | T 4 | Briefly describe the organization's mission or most significant activities: $	t LITW$ | ORLD I | NTERNATIONA | L, INC. | | |
| Activities & Governance | ' ' | ("ORGANIZATION") IS A NOT-FOR-PROFIT 501 | (C)3 E | NTITY LOCAT | ED IN NEW | | |
| rna | 2 | Check this box if the organization discontinued its operations or dispos | | | | | |
| ove | 3 | | | з | 11 | | |
| উ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 11 | | |
| es | 5 | Fotal number of individuals employed in calendar year 2013 (Part V, line 2a) | | | 5 | | |
| ΞĒ | 6 | Total number of volunteers (estimate if necessary) | | 6 | 40 | | |
| Act | 7 a - | Fotal unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | |
| _ | | Net unrelated business taxable income from Form 990-T, line 34 | | 7b | 0. | | |
| | | | - | Prior Year | Current Year | | |
| ne | | Contributions and grants (Part VIII, line 1h) | | 779,528. | 850,878. 34,567. | | |
| Revenue | | Program service revenue (Part VIII, line 2g) | | 0. | 0. | | |
| æ | | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | -31,270. | -53,622. | | |
| | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 748,258. | 831,823. | | |
| _ | | Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | |
| s | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 262,468. | 299,327. | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | |
| e d | b. | Fotal fundraising expenses (Part IX, column (D), line 25) | 21. | | | | |
| û | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 344,794. | 581,486. | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 607,262. | 880,813. | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 140,996. | -48,990. | | |
| Net Assets or Fund Balances | 3 | | Ве | ginning of Current Year | End of Year | | |
| Sset | 20 | Total assets (Part X, line 16) | | 314,702. | 270,263. | | |
| et A | 21 | Total liabilities (Part X, line 26) | | 10,078. | 14,629. | | |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 304,624. | 255,634. | | |
| | art II | ties of perjury, I declare that I have examined this return, including accompanying schedules | and etatom | ante and to the heet of m | v knowledge and helief it is | | |
| | | ties of perjury, rucciare that rhave examined this return, including accompanying schedules, and complete. Declaration of preparer (other than officer) is based on all information of wh | | • | y kilowieuge allu bellet, it is | | |
| | , 001100 | , and complete. Declaration of property (other than officer) is based on an information of whi | non proparor | nus any knowledge. | | | |
| Sig | ın İ | Signature of officer | | Date | | | |
| He | | SOPHIE BELISHA, TREASURER | | | | | |
| | | Type or print name and title | | | | | |
| | | Print/Type preparer's name Preparer's signature | | Date Check | PTIN | | |
| Pai | | BRIDGET HARTNETT | 1 | 1/17/14 if self-employ | P01429163 | | |
| | | Firm's name SOBEL AND CO., LLC CPA'S | | Firm's EIN | 22-1430039 | | |
| Use | Only | Firm's address 293 EISENHOWER PARKWAY | | | _ | | |
| _ | | LIVINGSTON, NJ 07039-1711 | | Phone no.97 | 3-994-9494 | | |
| Ма | y the IF | S discuss this return with the preparer shown above? (see instructions) | | | X Yes No | | |

| Pai | Till Statement of Program Service Accomplishments | 37 |
|-----------|---|----------|
| | | X |
| 1 | Briefly describe the organization's mission: | |
| | LITWORLD INTERNATIONAL, INC. ("ORGANIZATION") IS A NOT-FOR-PROFIT | |
| | 501(C)3 ENTITY LOCATED IN NEW YORK, NEW YORK. THE ORGANIZATION RUNS PROGRAMS TO HELP CHILDREN AND FAMILIES IMPROVE THEIR ACADEMIC | |
| | ACHIEVEMENT, POSITIVE SENSE OF SELF AND FUTURE OUTLOOK, AND INCREASE | |
| | | — |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X | N |
| | | NO |
| 2 | If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X | NI. |
| 3 | If "Yes," describe these changes on Schedule O. | NO |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. | |
| 7 | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and | |
| | revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$ 669,525 · including grants of \$) (Revenue \$ 34,567 | ·) |
| | THE ORGANIZATION WORKS WITH LOCALLY BASED, GRASSROOTS ORGANIZATIONS TO | |
| | RUN AND EXPAND LITERACY-BASED PROGRAMS, BUILDING SUSTAINABLE OUTCOMES | |
| | FOR YOUNG PEOPLE AND THEIR COMMUNITIES AROUND THE WORLD. THE | |
| | ORGANIZATION'S PROGRAMS ARE DESIGNED AND WRITTEN BY STAFF MEMBERS WITH | <u> </u> |
| | SUPPORT FROM CONSULTANTS WHERE NEEDED. LOCAL COMMUNITY LEADERS MANAGE | |
| | AND LEAD THE PROGRAMS AFTER RECEIVING TRAINING AND ACCESS TO THE | |
| | ORGANIZATION'S INNOVATIVE CURRICULA. | |
| | | |
| | THE ORGANIZATION CREATES PERMANENT POSITIVE CHANGE IN THE WORLD BY | |
| | IMPLEMENTING THESE ON-THE-GROUND PROGRAMS TO ADDRESS THE HARD-TO-TACKL | |
| | CHALLENGE OF ILLITERACY WORLDWIDE. THE ORGANIZATION UNIQUELY COMBINES | ; |
| | THE POWER OF CHILDREN'S OWN STORES, ACCESS TO DIVERSE READING AND | |
| 4b | (Code:) (Expenses \$ |) |
| | | |
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| | | |
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| | | |
| | | — |
| | | — |
| | | |
| | | — |
| | | — |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | |
| | / (a.panase + | — ′ |
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| | | |
| 4d | Other program services (Describe in Schedule O.) | |
| | (Expenses \$ \text{including grants of \$ } \text{(Revenue \$ } \text{)} | |
| <u>4e</u> | Total program service expenses ► 669,525. | 04.0 |
| | Form 990 (2 | U13) |

Part IV | Checklist of Required Schedules

| | | | Yes | No |
|-------------|--|-------|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| • | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | 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 | | Х |
| 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 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 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 | х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | 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 |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | v | |
| 40 | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 40- | Х | |
| h | Was the organization included in consolidated, independent audited financial statements for the tax year? | 12a | 21 | |
| ь | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | x |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Х | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | - 1.0 | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 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 | L |
| 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 |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

Page 4

Form 990 (2013)

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|--|-----|-----|------|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | Х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, | | | |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | 37 |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | v |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | |
| 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 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 29 | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | Х |
| 32 | If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 31 | | - 21 |
| 32 | 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 | | Х |
| 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-charitable related 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 | | | 7.7 |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | Х | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | Λ | |

Form 990 (2013) LITWORLD INTERNATIONAL, INC Part V Statements Regarding Other IRS Filings and Tax Compliance

| | 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 | 1a | 23 | | | | | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and re | eporta | ble gaming | | | | | | | |
| | (gambling) winnings to prize winners? | | | 1c | Х | | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 5 | | | | | | | |
| b | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | | | | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | | Х | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule | 0 | | 3b | | | | | | |
| 4a | 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | | | | | | | |
| b | If "Yes," enter the name of the foreign country: | | | | | | | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial | Accou | nts. | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | Х | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa | | | 5b | | Х | | | | |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | | 6a | | Х | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribut | | | | | | | | | |
| | were not tax deductible? | | | 6b | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices p | rovided to the payor? | 7a | Х | | | | | |
| b | | | | | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | | | | | | | | | |
| | to file Form 8282? | | | 7c | | Х | | | | |
| d | d If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | ontrac | t? | 7e | | Х | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri | act? | | 7f | | Х | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | orm 88 | 99 as required? | 7g | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | ation f | le a Form 1098-C? | 7h | | | | | | |
| 8 | $Sponsoring\ organizations\ maintaining\ donor\ advised\ funds\ and\ section\ 509 (a) (3)\ supporting\ organizations.$ | d the s | upporting | | | | | | | |
| | $organization, or a donor \ advised \ fund \ maintained \ by \ a \ sponsoring \ organization, \ have \ excess \ business \ holdings \ at$ | any tim | e during the year? | 8 | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | | | |
| а | Did the organization make any taxable distributions under section 4966? | | | 9a | | | | | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | , | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | | |
| а | Gross income from members or shareholders | 11a | | | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | | | | |
| | amounts due or received from them.) | 11b | | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 10411 | ? | 12a | | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | | | | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | | | | | | |
| | Enter the amount of reserves on hand | 13c | | | | 77 | | | | |
| | | | | 14a | | X | | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule | e O | | 14b | | (0040) | | | | |
| | | | | ⊢∩rm | 990 | (2013) | | | | |

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 | | | X |
|-----|--|---------|-------|----|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year la 11 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 1 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| _ | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | | | | |
| • | more members of the governing body? | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| _ | persons other than the governing body? | 7b | | х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| | The governing body? | 8a | Х | |
| h | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| • | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| - | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| • | in Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | Х |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | Х |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | Х |
| | Other officers or key employees of the organization | 15b | | Х |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶NY | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization of the first forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires at the first forms 1023 (or 1024 if applicable). | availab | le | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an | d finar | ncial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organiza | tion: | | |
| | JUD WHIDDEN CONSULTING - 407-325-0270 | | | |
| | 2750 DADE DOVAT DOTTE WINDEMEDE ET 22/70 | | | |

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key 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.

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

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

| (A) | (B) | (C) | | | | | | (D) | (E) | (F) |
|---|--|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|--|
| Name and Title | Average hours per week | box | not c | ss pe | more rson | than is bot or/trus | h an | Reportable compensation from | Reportable compensation from related | Estimated amount of other |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) ELLEN FREDERICKS CHAIR | 4.00 | X | | Х | | | | 0. | 0. | 0. |
| (2) CHERNOR BAH | 1.00 | ^ | | Δ | | | | 0. | 0. | <u> </u> |
| BOARD MEMBER | 1.00 | x | | | | | | 0. | 0. | 0. |
| (3) MABEL BEJARANO | 1.00 | ^ | | | | | | 0. | 0. | 0. |
| BOARD MEMBER | 1.00 | х | | | | | | 0. | 0. | 0. |
| (4) SOPHIE BELISHA | 6.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (5) SABRINA CONYERS | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (6) JEFF DAPUZZO | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (7) SUE ATKINS | 2.50 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (8) NICOLE NAKASHIAN | 1.00 | | | | | | | | | _ |
| BOARD MEMBER | 1 | Х | | | | | | 0. | 0. | 0. |
| (9) LAUREN BLUM | 1.00 | | | | | | | | | |
| BOARD MEMBER | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (10) CHRISTINE J. CHAO | 1.00 | ,, | | | | | | | | |
| BOARD MEMBER | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (11) DR. ERNEST MORRELL BOARD MEMBER | 1.00 | x | | | | | | 0. | 0. | 0. |
| (12) PAM ALLYN | 50.00 | | | | | | | • | • | |
| EXECUTIVE DIRECTOR | | | | х | | | | 79,000. | 0. | 19,877. |
| | | | | | | | | | | |
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| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable | Par | t VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | ees | , and | d Hi | ighe | st (| Compensated Employe | es (continued) | | | | |
|---|-----|--|---------------|---------|---------|---------|-------|------------------|-------|-------------------------|--------------------|------|----------|--|-------|
| Sub-total | | | | (B) (C) | | | | | | | | | | (F) | |
| Sub-total | | Name and title | | | not c | heck i | more | than | | · · | • | | | | |
| Sub-total | | | | | | | | | | | • | ו | | Estimated amount of other compensation from the organization and related organization: 19,87 Yes N 3 2 4 2 | of |
| 1b Sub-total | | | | -ig: | | | | | | | | | | | ation |
| 1b Sub-total | | | hours for | rdirec | | | | pa | | | • | | | • | |
| 1b Sub-total | | | | stee o | rustee | | | pensal | | (W-2/1099-MISC) | | | _ | | |
| 1b Sub-total | | | - | ual tru | ional t | | ploye | t com | ١. | | | | | | |
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| c Total from continuation sheets to Part VII, Section A 79,000 0 0 19,877. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than | | | | | | | | | | | | | | | |
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| c Total from continuation sheets to Part VII, Section A 79,000 0 0 19,877. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than | | Cub total | | | | | | <u> </u> | L | 79 000 | | n | 1 | 9 8 | 77 |
| Total (add lines 1b and 1c) | | | | | | | | | | | | | | | |
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No | | | | | | | | | | | | | 9,8 | _ | |
| Yes No | | | | | | | | | | - | ,000 of reportable | | | | |
| Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) None None None Report compensation Total number of independent contractors (including but not limited to those listed above) who received more than | | compensation from the organization | | | | | | | | | | | | | 0 |
| line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than Total number of independent contractors (including but not limited to those listed above) who received more than | | | | | | | | | | | | | | Yes | No |
| For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 1 | 3 | | | | e, ke | y en | nplo | yee | , or | highest compensated e | mployee on | | | | |
| and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 V Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Componsation Total number of independent contractors (including but not limited to those listed above) who received more than | | | | | | | | | | | | | 3 | | X |
| Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than | 4 | The state of the s | • | | | | | | | | the organization | | _ | | v |
| rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Name and business address NONE Description of services Compensation 1 Total number of independent contractors (including but not limited to those listed above) who received more than | _ | | | | | | | | | | | | 4 | | |
| Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation One of the calendar year ending with or within the organization's tax year. (B) (C) Compensation Total number of independent contractors (including but not limited to those listed above) who received more than | 3 | | - | | | | - | | | - | | | 5 | | х |
| the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than | Sec | | piete conedan | | 01 00 | 2011 | 0010 | | | | | | <u> </u> | | |
| the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than | 1 | Complete this table for your five highest co | mpensated inc | depe | ende | ent c | onti | racto | ors 1 | that received more than | \$100,000 of comp | oens | ation 1 | rom | |
| Name and business address NONE Description of services Compensation Description of services Compensation | | | | | | | | | | | | | | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than | | | | | | | | | | | | | (0 | ;) | |
| , , , | | Name and business | address | N | INC | 3 | | | | Description of s | ervices | С | ompe | nsatio | n |
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| | 2 | • | • | ot li | mite | d to | | _ | sted | d above) who received m | nore than | | | | |

| Ра | rt VI | | nonco d | or note to any lin | o in this Bort VIII | | | |
|--|------------------|--|----------|--------------------|---------------------|--|---|--|
| | | Check if Schedule O contains a res | porise (| or note to any iii | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | b c d e | Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and | 1d 1e | 175,494. | | | | |
| off. | | similar amounts not included above | 1f | 675,384. | | | | |
| Cor | | Total. Add lines 1a-1f | | > | 850,878. | | | |
| | | | ļ | Business Code | 24 565 | 24 565 | | |
| /ice | | SERVICE INCOME | | 611110 | 34,567. | 34,567. | | |
| Serv | b | | - 1 | | | | | |
| am | d | | | | | | | |
| Program Service Revenue | е | | | | | | | |
| Ā | f | All other program service revenue | | | | | | |
| | | Total. Add lines 2a-2f | | | 34,567. | | | |
| | 3 | Investment income (including dividends | | | | | | |
| | 4 | other similar amounts) Income from investment of tax-exempt I | | . [| | | | |
| | 5 | Royalties | | · • | | | | |
| | | (i) Re | | (ii) Personal | | | | |
| | | Gross rents | | | | | | |
| | | Less: rental expenses | | | | | | |
| | | Rental income or (loss) | | | | | | |
| | | Gross amount from sales of (i) Secu | | (ii) Other | | | | |
| | | assets other than inventory | | () | | | | |
| | b | Less: cost or other basis | | | | | | |
| | | and sales expenses | | | | | | |
| | | Gain or (loss) | | | | | | |
| • | | Net gain or (loss) | | > | | | | |
| Other Revenue | | including \$ 175,494. of contributions reported on line 1c). See Part IV, line 18 | а | 10,000. | | | | |
| ₹ | | Less: direct expenses | | 63,622. | -53,622. | | | -53,622. |
| | | Net income or (loss) from fundraising ev Gross income from gaming activities. Se | | | 55,022• | | | 33,022. |
| | Ja | Part IV, line 19 | | | | | | |
| | b | Less: direct expenses | | | | | | |
| | | Net income or (loss) from gaming activit | ies | > | | | | |
| | 10 a | Gross sales of inventory, less returns | | | | | | |
| | h | and allowances | | | | | | |
| | | Net income or (loss) from sales of invention | | | | | | |
| | Ŭ | Miscellaneous Revenue | | Business Code | | | | |
| | 11 a | | | | | | | |
| | b | | [| | | | | |
| | С | | | | | | | |
| | d | | | . | | | | |
| | е 12 | Total. Add lines 11a-11d Total revenue. See instructions. | | | 831,823. | 34,567. | 0. | -53,622. |
| 33200 10-29 | | | | | , | ,, | <u>.</u> | Form 990 (2013) |

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (A)
Total expenses **(D)** Fundraising (B) Do not include amounts reported on lines 6b. Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 98,877. 79,385. 19,492. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 172,541. Other salaries and wages 141,623. 30,918. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 8,593. Other employee benefits 6,997. 1,596. 9 19,316. 15,728. 3,588. Payroll taxes 10 Fees for services (non-employees): Management Legal 25,800. 25,800. Accounting Lobbying Professional fundraising services. See Part IV. line 17 Investment management fees _____ Other. (If line 11g amount exceeds 10% of line 25, 141,921 73,234. 29,715. 38,972. column (A) amount, list line 11g expenses on Sch O.) 3,557. 3,557. Advertising and promotion 12 5,124. 5,124. 13 Office expenses 5,504. 5,504. Information technology 14 15 Royalties 10,828 54,139. 43,311. 16 Occupancy 29. 29. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 4,959. 4,959. 22 Depreciation, depletion, and amortization 11,053. 11,053. 23 Other expenses. Itemize expenses not covered 24 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.) 58,941. 58,941. KIBERIA HARLEM 41,441. 41,441. 40,142. 40,142. HAITI <u>37,</u>359. 37,359. LITCLUB SEE SCH O 151,517. $1\overline{31,364}$ 12,461. 7,692. All other expenses 669,525. 880,813. 161,067. 50,221. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2013)
Part X | Balance Sheet

| Part X | Balance Sheet | | | | | |
|---|--|-----------|--------------------------|---------------------------------|-----|---------------------------|
| | Check if Schedule O contains a response or no | e to any | line in this Part X | | | |
| | | | | (A) Beginning of year | | (B) End of year |
| 1 | Cash - non-interest-bearing | | | 272,033. | 1 | 211,603 |
| 2 | Savings and temporary cash investments | | 2 | 20,692 | | |
| 3 | Pledges and grants receivable, net | | | 3 | | |
| 4 | Accounts receivable, net | | | | 4 | |
| 5 | Loans and other receivables from current and for | | | | | |
| | trustees, key employees, and highest compens | ated em | oloyees. Complete | | | |
| | Part II of Schedule L | | | | 5 | |
| 6 | Loans and other receivables from other disquali | | | | | |
| | section 4958(f)(1)), persons described in section | 1 4958(c) | (3)(B), and contributing | | | |
| | employers and sponsoring organizations of sec | tion 501(| (c)(9) voluntary | | | |
| 2 | employees' beneficiary organizations (see instr) | Comple | ete Part II of Sch L | | 6 | |
| Assets 7 | Notes and loans receivable, net | | | | 7 | |
| ž 8 | Inventories for sale or use | | | | 8 | |
| 9 | D :: | | | 32,541. | 9 | 22,450 |
| 10a | Land, buildings, and equipment: cost or other | | Г | | | |
| | basis. Complete Part VI of Schedule D | 10a | 17,711. | | | |
| b | | | 11,043. | 10,128. | 10c | 6,668 |
| 11 | Investments - publicly traded securities | | | | 11 | |
| 12 | Investments - other securities. See Part IV, line | | | | 12 | |
| 13 | Investments - program-related. See Part IV, line | | 13 | | | |
| 14 | Intangible assets | | | 14 | | |
| 15 | Other assets. See Part IV, line 11 | | | | 15 | 8,850 |
| 16 | Total assets. Add lines 1 through 15 (must equ | | | 314,702. | 16 | 270,263 |
| 17 | Accounts payable and accrued expenses | | | 10,078. | 17 | 14,629 |
| 18 | Grants payable | | 18 | | | |
| 19 | Deferred revenue | | | 19 | | |
| 20 | Tax-exempt bond liabilities | | | | 20 | |
| 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| ဖွ 22 | Loans and other payables to current and forme | | | | | |
| <u> </u> | key employees, highest compensated employee | | | | | |
| | Complete Part II of Schedule L | | | | 22 | |
| □ ₂₃ | Secured mortgages and notes payable to unrela | | | | 23 | |
| 24 | Unsecured notes and loans payable to unrelate | | | | 24 | |
| 25 | Other liabilities (including federal income tax, pa | | | | | |
| | parties, and other liabilities not included on lines | - | | | | |
| | Schedule D | | | | 25 | |
| 26 | Total liabilities. Add lines 17 through 25 | | | 10,078. | 26 | 14,629 |
| | Organizations that follow SFAS 117 (ASC 958 |), check | here X and | | | |
| ဖွ | complete lines 27 through 29, and lines 33 ar | | | | | |
| ဋ 27 | Unrestricted net assets | | | 304,624. | 27 | 230,114 |
| 28 | Temporarily restricted net assets | | | | 28 | 25,520 |
| 29 | | | <u></u> | | 29 | |
| [| Organizations that do not follow SFAS 117 (A | | | | | |
| 27 28 29 30 31 32 33 32 33 32 33 33 33 33 33 33 33 33 | and complete lines 30 through 34. | - | | | | |
| 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| 31 | Paid-in or capital surplus, or land, building, or ed | | | | 31 | |
| S 32 | Retained earnings, endowment, accumulated in | | | | 32 | |
| ž ₃₃ | Total net assets or fund balances | | | 304,624. | 33 | 255,634 |
| 34 | Total liabilities and net assets/fund balances | | | 314,702. | 34 | 270,263 |

| Pa | rt XI Reconciliation of Net Assets | | | | |
|----|---|------------|----|-----|----------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | <u>Ш</u> |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 23. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 13. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 90. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 30 | 4,6 | 24. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 25 | 5,6 | 34. |
| Pa | rt XII Financial Statements and Reporting | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | Х |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | l on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | 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 | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | ngle 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 requ | red audit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

2013

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990 or Form 990-EZ.

INC

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

Name of the organization

LITWORLD INTERNATIONAL,

Employer identification number 13-4367685

| Part I | Reason | for Public Char | fity Status (All organiz | ations mu | st complet | te this part | t.) See inst | ructions. | | | | |
|------------|---|------------------------------|--|-----------------|---------------------|--------------|-----------------------------------|------------------------|------------|-------------------|----------------|----------|
| The organ | nization is not a | a private foundation | because it is: (For lines 1 | 1 through | 11, check | only one b | ox.) | | | | | |
| 1 | A church, cor | nvention of churche | s, or association of churc | ches desc | ribed in se | ction 170 | (b)(1)(A)(i) | | | | | |
| 2 | A school des | cribed in section 17 | 70(b)(1)(A)(ii). (Attach Sc | hedule E.) | | | | | | | | |
| з 🗌 | | | tal service organization of | | in section | 170(b)(1) | (A)(iii). | | | | | |
| 4 | • | • | operated in conjunction | | | | | (b)(1)(A)(ii | i). Enter | the hospit | al's nan | ne. |
| • — | city, and stat | - | , | | | | | | • | | | , |
| 5 🔲 | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in | | | | | | | | | | | |
| • <u> </u> | - | (b)(1)(A)(iv). (Comple | | iiroioity o | | oratoa o j | a govern | morrial am | . 4000110 | , o a | | |
| 6 | | | ent or governmental unit | t dogariba | d in coati a | n 170/h)/- | 1\/ A\/\ ₄ \ | | | | | |
| 6 L 7 X | | | eives a substantial part | | | | | r from the | gonoral | nublic do | caribad | in |
| / | - | b)(1)(A)(vi). (Comple | • | oi its supp | ort monn a | governine | eritai uriit C | n nom me | general | public de | scribed | 111 |
| • | | | section 170(b)(1)(A)(vi). (| (Camplata | Dort II \ | | | | | | | |
| 9 🗌 | | | | | | rom contri | hutiana m | a a maha wahi | n food o | nd aross | raasinta | from |
| 9 📖 | | | eives: (1) more than 33 1 | | | | | | | | | |
| | | | nctions - subject to certa | | | | | | | | | |
| | | | axable income (less sect | lion o i i ta | x) Irom bu | Siriesses a | acquired b | y trie orga | mzation | arter June | ; 30, 197 | 75. |
| 40 | | 509(a)(2). (Complete | | | : | | F00/-V/ | | | | | |
| 10 | - | - | perated exclusively to te | - | • | | | - | 4 | | | |
| 11 📖 | • | | perated exclusively for the | | | | | | • | | | or |
| | | | ations described in section | | • | , , , | 2). See se 0 | tion 509(| a)(3). Cn | eck the bo | ox that | |
| | | | organization and comple | | - | | _ | | - III - NI | | -0 | |
| | a | | • | ype III - Fu | • | - | | ,, | | n-function | , , | • |
| e 📖 | | | at the organization is not | | | | | | | | | |
| | | | han one or more publicly | | | | | | 9(a)(1) or | section 5 | J9(a)(2). | |
| f | | | tten determination from t | | | | | e III | | | | |
| | • | rganization, check th | | | | | | | | | | . Ш |
| g | | | organization accepted ar | | | | | | | | [_V | Τ |
| | | | lirectly controls, either al | | | | | | | | Yes | No |
| | | | upported organization? | | | | | | | | | ├─ |
| | | | n described in (i) above? | | | | | | | | | ├─ |
| | | | person described in (i) o | | | | | | | 11g(i | ii) <u> </u> | <u> </u> |
| h | Provide the fo | ollowing information | about the supported org | ganization | (S). | | | | | | | |
| | | Ι | İ | (C-A) - 4 | | (-) Dist | | (vi) le | tho | | | |
| ` ' | of supported | (ii) EIN | (iii) Type of organization (described on lines 1-9 | in col. (i) lis | rganization | | ion in col. | (vi) Is organizațio | on in col. | (vii) Amoເ | | netary |
| org | anization | | | | document? | | "O" " OO" I(I) Organized in the I | | S | upport | | |
| | | | (see instructions)) | Yes | No | Yes | No | Yes | No | | | |
| | | | | 163 | NO | 163 | NO | 163 | NO | | | |
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332021 09-25-13

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

LHA For Paperwork Reduction Act Notice, see the Instructions for

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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 192,767. | 227,319. | 529,335. | 779,529. | 850,878. | 2579828. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | 192,767. | 227,319. | 529,335. | 779,529. | 850,878. | 2579828. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 2579828. |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 7 | Amounts from line 4 | 192,767. | 227,319. | (c) 2011 529, 335. | (d) 2012 779, 529. | 850,878. | 2579828. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | | | | | 34,567. | 34,567. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 2614395. |
| | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for | the organization's | first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) | |
| | organization, check this box and stor | here | | | | | |
| Sec | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| 14 | Public support percentage for 2013 (l | ine 6, column (f) di | vided by line 11, o | column (f)) | | 14 | 98.68 % |
| 15 | Public support percentage from 2012 | Schedule A, Part | II, line 14 | | | 15 | 100.00 % |
| 16a | 33 1/3% support test - 2013. If the | organization did no | t check the box o | n line 13, and line | 14 is 33 1/3% or n | nore, check this bo | x and |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | ▶ X |
| b | 33 1/3% support test - 2012. If the o | | | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances tes | | | | | | |
| | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | | | | | | . \square |
| b | 10% -facts-and-circumstances tes | - | = | | | | |
| | more, and if the organization meets the | | | | | | |
| | organization meets the "facts-and-circ | | | | | | |
| 18 | Private foundation. If the organization | | | | | | |
| | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2013

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

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

| Section A. Public Support | | | | | | |
|---|-------------------|---------------------------------------|--------------------|--------------------|-----------------|---------------|
| Calendar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 Gifts, grants, contributions, and | (a) 2003 | (5) 2010 | (6) 2011 | (u) 2012 | (6) 2010 | (i) rotai |
| membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, | | | | | | |
| merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 Amounts from line 6 | , | , , , , , , , , , , , , , , , , , , , | , , | , , | , , | () |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 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 (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for | • | | | • | . , . , | |
| check this box and stop here Section C. Computation of Publi | | | | | | <u></u> |
| 15 Public support percentage for 2013 (li | | | column (f)) | | 15 | |
| 16 Public support percentage for 2013 (iii | | | | | 16 | <u>%</u> % |
| Section D. Computation of Inves | | | | | 10 | 70 |
| 17 Investment income percentage for 20 | | | | | 17 | % |
| 18 Investment income percentage from 2 | | | | | 18 | |
| 19a 33 1/3% support tests - 2013. If the | | | | | | |
| more than 33 1/3%, check this box ar | | | | | | |
| b 33 1/3% support tests - 2012. If the | | | | | | |
| line 18 is not more than 33 1/3%, che | - | | | | | |
| 20 Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check t | his box and see in | structions | <u> </u> |

| Schedule | e A (For | m 990 | or 990-EZ | 2013 | TTTMOI | עעא | TNTEKN | ATTONA. | ь, ш | NC | | 13-436/685 Page 4 |
|----------|----------|-------|------------|----------|-------------|-----------|--------------|---------------|---------|-----------------|---------------------|-----------------------------|
| Part I | V Sι | ıpple | mental | Inforn | nation. Pi | rovide tl | ne explanat | ions required | by Part | II, line 10; Pa | art II, line 17a or | 17b; and Part III, line 12. |
| | — Als | o com | plete this | part for | any additio | nal info | rmation. (Se | e instruction | s). | | | |
| | | | | | | | | | | | | |
| SCHE | DULE | Α, | PART | II, | LINE | 10, | EXPLA | NATION | FOR | OTHER | INCOME: | |
| | | | | | | | | | | | | |
| SERV: | ICE | INC | OME | | | | | | | | | |
| | | | | | | | | | | | | |
| 2013 | AMO | UNT | : \$ | 34, | 567. | | | | | | | |
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

INC

LITWORLD INTERNATIONAL,

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

OMB No. 1545-0047

Name of the organization

Employer identification number

13-4367685

| Organization type (check one): | | | | | | | |
|--|--|--|--|--|--|--|--|
| Filers of: | Section: | | | | | | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | |
| | 527 political organization | | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | |
| | 501(c)(3) taxable private foundation | | | | | | |
| Check if your organization is covered by the General Rule or a Special Rule . Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule | | | | | | | |
| | in filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II. | | | | | | |
| Special Rules | | | | | | | |
| 509(a)(1) and 170(b | c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections o)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. | | | | | | |
| total contributions | For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. | | | | | | |
| For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions of \$5,000 or more during the year | | | | | | | |
| Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

LITWORLD INTERNATIONAL, INC

13-4367685

| (a) No. 1 (a) No. 2 | Name, address, and ZIP + 4 THE JEANNE BLAUSTEIN AND PETER BOKOR FUND 320 RIVERSIDE DRIVE APT. 9A NEW YORK, NY 10025 (b) Name, address, and ZIP + 4 LAUREN, ELIZA, NATHAN & PAUL BLUM 142 HIGH ST. HASTINGS ON HUDSON, NY 10706 | (c) Total contributions \$ 85,000. (c) Total contributions \$ 18,000. | (d) Type of contribution Person X Payroll |
|---------------------|---|--|--|
| (a) No. | FUND 320 RIVERSIDE DRIVE APT. 9A NEW YORK, NY 10025 (b) Name, address, and ZIP + 4 LAUREN, ELIZA, NATHAN & PAUL BLUM 142 HIGH ST. | (c) Total contributions | Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll |
| No. | Name, address, and ZIP + 4 LAUREN, ELIZA, NATHAN & PAUL BLUM 142 HIGH ST. | Total contributions | Type of contribution |
| 2 | 142 HIGH ST. | \$18,000. | Payroll |
| | | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | PEARSON, PENGUIN GROUP P.O. BOX 3003 LIVONIA, MI 48150 | \$\$ | Person X Payroll Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | SCHOLASTIC 100 PLAZA DR. SECAUCUS, NJ 07094 | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | TOM & JULIE HIRSCHFELD 150 EDGARS LANE HASTINGS ON HUDSON, NY 10706 | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 CHRICETINE CHAO S TAMES CHAVER | (c) Total contributions | (d) Type of contribution |
| 6 | CHRISTINE CHAO & JAMES SHAVER CHARITABLE FUND 64 WILLOWMERE CIRCLE GREENWICH, CT 06878 | \$\$ | Person X Payroll |

Name of organization

Employer identification number

LITWORLD INTERNATIONAL, INC

13-4367685

| TIIMO | RLD INTERNATIONAL, INC | 13 | -4367685 |
|------------|--|----------------------------------|--|
| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | onal space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | GLOBAL GIRLS RISING 668 N PACIFIC COAST HWY, SUITE 1121 LAGUNA BEACH, CA 92651 | \$ 100,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | THE HARMAN FAMILY FOUNDATION 397 SOUTH STREET NEEDHAM, MA 02492 | 50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | THE HELEN DILLER FAMILY FOUNDATION 121 STEUART STREET SAN FRANCISCO, CA 94105 | \$ <u>36,000.</u> | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 10 | BRUCE AND ALICE YOUNGMAN 150 ANDERSON ROAD DEMAREST, NJ 07627 | - - \$\$22,024. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 11 | BILL AND SUSIE O'MALLEY 17 DOVER FARM ROAD MEDFIELD, MA 02052 | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>12</u> | ANNA AND JACK SOMMERS 16 FOREST HILL ROAD WAYLAND, MA 01778 | - \$ 17,500. Schedule B (Form | Person X Payroll |

Name of organization **Employer identification number**

LITWORLD INTERNATIONAL, INC

13-4367685

| (a) No. from Part I | (b) Description of noncash property given | (c) | |
|------------------------------|--|--|----------------------|
| | | FMV (or estimate) (see instructions) | (d) Date received |
| _ - | | _ | |
| - | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | <u> </u> | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | _ | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | _ | |
| - | | <u> </u> | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| _ | | _ | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| - | | _ | |
| _ | | <u> </u> | |

Name of organization Employer identification number LITWORLD INTERNATIONAL INC 13-4367685 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

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

2013
Open to Public Inspection

LITWORLD INTERNATIONAL, INC

Employer identification number

13-4367685

| Paı | rt I Organizations Maintaining Donor Advise | ed Funds or Other Similar Fund | s or Accounts. Complete if the |
|-----|---|--|---|
| | organization answered "Yes" to Form 990, Part IV, lir | ne 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | | sed funds |
| | are the organization's property, subject to the organization's | _ | |
| 6 | Did the organization inform all grantees, donors, and donor | | |
| | for charitable purposes and not for the benefit of the donor | | |
| | | | |
| Pai | rt II Conservation Easements. Complete if the or | | |
| 1 | Purpose(s) of conservation easements held by the organizar | • | · · · · · · · · · · · · · · · · · · · |
| | Preservation of land for public use (e.g., recreation or | | storically important land area |
| | Protection of natural habitat | . — | tified historic structure |
| | Preservation of open space | , , , , , , , , , , , , , , , , , | |
| 2 | Complete lines 2a through 2d if the organization held a qual | lified conservation contribution in the form | of a conservation easement on the last |
| _ | day of the tax year. | | Total concentation casement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | |
| | | | |
| ~ | Number of conservation easements on a certified historic st | | |
| d | | | |
| u | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, re | | |
| 3 | year | eleased, extilliguished, of terminated by th | le organization during the tax |
| 4 | Number of states where property subject to conservation ea | asement is located | |
| 5 | Does the organization have a written policy regarding the pe | | |
| 5 | violations, and enforcement of the conservation easements | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | | |
| 8 | Does each conservation easement reported on line 2(d) abo | | |
| 0 | | | |
| 9 | and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation reports conservation. | | |
| 3 | include, if applicable, the text of the footnote to the organization | | |
| | conservation easements. | ation 3 illianciai statements that describes | s the organization s accounting for |
| Pai | rt III Organizations Maintaining Collections | of Art. Historical Treasures, or C | Other Similar Assets. |
| | Complete if the organization answered "Yes" to Form | | 7.000.0. |
| 12 | If the organization elected, as permitted under SFAS 116 (A | · · · · · · · · · · · · · · · · · · · | ment and halance sheet works of art |
| ·u | historical treasures, or other similar assets held for public ex | | |
| | the text of the footnote to its financial statements that described | | ance of public service, provide, in rait Am, |
| h | If the organization elected, as permitted under SFAS 116 (A | | at and balance shoot works of art, historical |
| b | treasures, or other similar assets held for public exhibition, | | |
| | • | education, or research in furtherance of pr | ablic service, provide the following amounts |
| | relating to these items: (i) Revenues included in Form 990 Part VIII line 1 | | * |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | |
| 2 | (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tree. | | |
| 2 | • | · | ai gaiii, provide |
| _ | the following amounts required to be reported under SFAS | | • • |
| | Revenues included in Form 990, Part VIII, line 1 | | |
| a | Assets included in Form 990, Part X | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2013

| | | Collections of A | | | | Othor | | | 2/ | | age Z |
|-------|---|--------------------------|--------------------------|--------------|---------------------|------------|---------------------|-----------|---------------|-------|------------|
| | | | | | | | | | | | |
| 3 | Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items | | | | | | | | | | |
| | (check all that apply): | | | | | | | | | | |
| а | | C | | | hange program | | | | | | |
| b | | e | • [(| Other | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's | | | | | | | n Part | XIII. | | |
| 5 | During the year, did the organization solici | | | | | | | | ı | | , |
| _ | to be sold to raise funds rather than to be | | | | | | | | Yes | | No |
| Pai | reported an amount on Form 990, F | | ete if the | organizatio | n answered "Ye | es" to Fo | rm 990, Par | t IV, lir | ne 9, or | | |
| | Is the organization an agent, trustee, custo | odian or other intermed | diary for o | contribution | ns or other asset | ts not inc | cluded | | | | |
| | on Form 990, Part X? | | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part X | | | | | | | | | | |
| _ | | | | | | | | | Amount | | |
| c | Beginning balance | | | | | | 1c | | , amount | | |
| | Additions during the year | | | | | | 1d | | | | |
| | | | | | | | 1e | | | | |
| f | 3 , | | | | | | 1f | | | | |
| | Ending balance | Form 000 Part V line | | | | | | | Yes | _ | No |
| | If "Yes," explain the arrangement in Part X | | | | | | | | | | |
| | rt V Endowment Funds. Complet | | | | | | | | | | |
| ı u. | Endownient Fands: Complet | | | | (c) Two years b | | Three years | hack | (a) Four | veare | hack |
| 4. | Designing of year belones | (a) Current year | (b) P | rior year | (C) TWO years b | Jack (u) | Tillee years | Dack | (e) i oui | years | Dack |
| _ | Beginning of year balance | | | | | | | | | | |
| b | | | | | | | | - | | | |
| C | 3,3, | | | | | | | - | | | |
| d | 1 | - | | | | | | _ | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the c | urrent year end baland | ce (line 1 | g, column (a | a)) held as: | | | | | | |
| а | Board designated or quasi-endowment | · | _% | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| С | Temporarily restricted endowment | <u>~~~</u> | | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c sh | nould equal 100%. | | | | | | | | | |
| За | Are there endowment funds not in the pos | = | ation tha | t are held a | and administered | d for the | organization | า | | | |
| | by: | J | | | | | J | | Γ | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) related organizations | | | | | | | | 3a(ii) | | |
| h | If "Yes" to 3a(ii), are the related organization | one lieted as required a | n Sched | | | | | | 3b | | |
| 1 | Describe in Part XIII the intended uses of the | | | | | | | | _ <u>55</u> _ | | |
| Pai | rt VI Land, Buildings, and Equip | | JWITI C ITE I | urius. | | | | | | | |
| ı uı | Complete if the organization answer | | Dort IV | lino 11a S | oo Form 000 P | art V line | . 10 | | | | |
| | | (a) Cost or o | | | | | | | (a) Daal | | |
| | Description of property | basis (investr | | | or other (other) | | ımulated ciation | | (d) Book | valu | е |
| | | <u> </u> | nent) | Dasis | (Otrier) | uepre | CIALIUIT | | | | |
| | Land | | | | | | | | | | |
| | • | | | | | | | - | | | |
| | | | | | 7 711 | 4 | 1 0 4 2 | 1 | | | <u> </u> |
| d | Equipment | | | 1 | 7,711. | 1 | 1,043. | <u> </u> | | , 6 | 68. |
| | Other | | | | | | | | | | |
| Tatal | Add lines to through to (Column (d) mus | t equal Form 990 Port | Y colum | n (R) line 1 | 10(c)) | | _ | 1 | 6 | 5 | <u>68.</u> |

Schedule D (Form 990) 2013

| Schedule | D (Form 990) 2013 LITWORLD IN | TERNATIONAL, | INC | 13-4367685 Page |
|-------------|--|----------------------------|------------------------------|-------------------------------------|
| | II Investments - Other Securities. | | | |
| | Complete if the organization answered "Yes" | | 11b. See Form 990, Part X, I | ine 12. |
| (a) Desci | ription of security or category (including name of security) | (b) Book value | (c) Method of valuation | : Cost or end-of-year market value |
| (1) Finan | cial derivatives | | | |
| (2) Close | ly-held equity interests | | | |
| (3) Other | · . | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | . (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| | III Investments - Program Related. | | | |
| i dit ti | Complete if the organization answered "Yes" | to Form 990 Part IV line | 11c See Form 990 Part Y li | ine 13 |
| | (a) Description of investment | (b) Book value | | n: Cost or end-of-year market value |
| (1) | | · · · | · · · · · | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | . (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. | | | |
| | Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, I | |
| | (a) | Description | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| | olumn (b) must equal Form 990, Part X, col. (B) line | e 15) | | |
| Part X | | 0 10.9 | | |
| 1 311 4 7 1 | Complete if the organization answered "Yes" | to Form 990. Part IV. line | 11e or 11f. See Form 990. P | art X. line 25. |
| 1. | (a) Description of liability | | (b) Book value | a.r., |
| | ederal income taxes | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) \triangleright 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2013

(7) (8)

| O-b- | edule D (Form 990) 2013 LITWORLD INTERNATIONAL, INC | C | | 13_1 | 367685 _{Page} |
|--------------------|--|---------------|----------------------|-----------|------------------------|
| | rt XI Reconciliation of Revenue per Audited Financial Stateme | | | | JOTOUS Page |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 895,445 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | • |
| | Net unrealized gains on investments | 2a | | | |
| b | | | | | |
| С | Recoveries of prior year grants | $\overline{}$ | | | |
| d | Other (Describe in Part XIII.) | | 63,622. | | |
| | Add lines 2a through 2d | | | 2e | 63,622 |
| 3 | Subtract line 2e from line 1 | | | 3 | 831,823 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | _ |
| С | Add lines 4a and 4b | | | 4c | 0 |
| 5 | | | | 5 | 831,823 |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Statem | ents Witl | h Expenses per | Retur | n. |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. | | | | 044 425 |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 944,435 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 - 1 | | | |
| | Donated services and use of facilities | $\overline{}$ | | | |
| b | Prior year adjustments | | | | |
| С | Other losses | | 63,622. | | |
| | Other (Describe in Part XIII.) | | - | | 63,622 |
| | Add lines 2a through 2d | | | 2e 3 | 880,813 |
| 3 | Subtract line 2e from line 1 | | | 3 | 000,013 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| | Other (Describe in Part XIII.) | | | | |
| | | | | 4c | 0 |
| | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | | 5 | 880,813 |
| | rt XIII Supplemental Information. | | | | 000,020 |
| | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part | IV. lines 1b | and 2b: Part V. line | 4: Part X | . line 2: Part XI. |
| | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add | | | ., | , |
| —— D д I | RT X, LINE 2: | | | | |
| | AT A, DING 2. | | | | |
| EXI | PLANATION: THE ORGANIZATION IS A NOT-FOR-PI | ROFIT | ORGANIZATI | ON T | HAT IS |
| EXI | EMPT FROM INCOME TAXES UNDER SECTION 501(C |)(3) O | F THE INTE | RNAL | REVENUE |
| COI | DE AND, ACCORDINGLY, IS NOT LIABLE FOR FEDI | ERAL A | ND STATE I | NCOM | E TAXES. |
| | | | | | |
| THI | E ORGANIZATION FOLLOWS ACCOUNTING STANDARD | S THAT | PROVIDE C | LARI | FICATION |
| ON | ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES | S RECO | GNIZED IN | THE | |
| ORO | GANIZATIONS FINANCIAL STATEMENTS. THE GUI | DANCE | PRESCRIBES | A R | ECOGNITION |

THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, AND ALSO PROVIDES GUIDANCE ON DE-RECOGNITION,

CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE AND TRANSITION. NO

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

| name of the organization | | | | | Employer Identif | ication number |
|---|---|---|--|--|--|--|
| LITWORLD INTERN | ATIONAL, | INC | | | 13-436768 | 35 |
| | | | tside the United States. Compl | ete if the orgar | | |
| Form 990, Part IV | | | | | | |
| - | - | | ds to substantiate the amount of its gr the selection criteria used to award th | | | Yes No |
| 2 For grantmakers. Desc United States. | ribe in Part V the | e organization's | procedures for monitoring the use of it | ts grants and o | ther assistance out | side the |
| 3 Activities per Region. (T | he following Part | 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 region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | is a pro describe | vity listed in (d) gram service, e specific type ce(s) in region | (f) Total expenditures for and investments in region |
| GHANA | 2 | 0 | LITERACY CLUBS | LITERACY AN WEEKLY WORK CHILDREN | ND EMPOWERMENT | 21,162. |
| KENYA | 3 | 0 | LITERACY CLUBS | LITERACY AN WEEKLY WORK | ND EMPOWERMENT | 3,039 |
| PERU | 1 | 0 | LITERACY CLUBS | LITERACY AN WEEKLY WORK | ND EMPOWERMENT | 1,914. |
| FERO | | | DITERACT CHORS | CHILDREN | | 1,914, |
| PHILIPPINES | 1 | 0 | LITERACY CLUBS | LITERACY AN WEEKLY WORK CHILDREN | ND EMPOWERMENT | 1,610. |
| IIIIIIIIIIII | | | DITERACT CHODS | CHILDREN | | 1,010 |
| LIBERIA | 2 | 0 | LITERACY CLUBS | | ND EMPOWERMENT FOR CHILDREN | 600. |
| HAITI | 12 | 0 | LITERACY CLUBS | | ND EMPOWERMENT FOR CHILDREN | 25,000 |
| | | | | | | |
| | | | | | | |
| 3 a Sub-total | 21 | 0 | | | | 53,325. |
| b Total from continuation | | | | | | , , , , |
| sheets to Part I c Totals (add lines 3a | 0 | 0 | | | | 0. |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

0

Schedule F (Form 990) 2013

53,325.

and 3b)

| Schedule F (Form 990) 201: | 3 LITWO | RLD INTERNAT | IONAL, INC | | 13-43 | 67685 | | Page 2 |
|----------------------------|---|-----------------------------|----------------------------------|--------------------------|---------------------------------|---|--|---|
| Part II Grants and Oth | er Assistance to Org | | Outside the United States. Co | | rganization answered | d "Yes" on Form | 990, Part IV, line 15, for | |
| recipient who rec | Leived more than \$5, | , ooo. Fart ii can be dupii | cated if additional space is fie | eueu. | | | | |
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | | (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) |
| | | | | | | | | |
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| | | I | | I | l | | | 1 |

| 2 | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-ex | cempt 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) 2013

| Part III Grants and Other Assistance Part III can be duplicated if a | | | ates. Complete i | f the organization answered "Yes" | on Form 990, Part | t IV, line 16. | |
|--|------------|--------------------------|--------------------------|-----------------------------------|---|--|--|
| (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 (book, FMV, appraisal, other) |
| | | | | | | | |
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Page 4

| 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 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) | . Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471) | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865) | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713) | Yes | X No |

Schedule F (Form 990) 2013

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

2013

OMB No. 1545-0047

Open To Public Inspection

Employer identification number

Name of the organization

Department of the Treasury

Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form 990

LITWORLD INTERNATIONAL, INC | 13-4367685

| Part I Fundraising Activities required to complete this par | Complete if the organization answet. | red "Y | es" to | Form 990, Part IV, I | ine 17. Form 990-EZ | filers are not | |
|--|--|--|----------|-----------------------------------|--|---|--|
| Indicate whether the organization raised funds through any of the following activities. Check all that apply. a | | | | | | | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have con or con contribi | ustodv | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization | |
| | | Yes | No | | | | |
| | | | | | | | |
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| | | | | | | | |
| Total 3 List all states in which the organization | on is registered or licensed to solicit | contrib | ▶ | s or has been notifie | d it is exempt from re | egistration | |
| or licensing. | | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2013

| | irt | Fundraising Events. Complete if the of fundraising event contributions and gr | ne organization answered | d "Yes | s" to Form 99 | | | | eported | |
|-----------------|------|---|----------------------------|----------|----------------------------------|----------|-------|------------|-------------|---|
| | | | (a) Event #1 | | (b) Event #2 | | |) Other ev | rents | (d) Total events (add col. (a) through |
| e | | | (event type) | | (event type |) | (| total num | ber) | col. (c)) |
| Revenue | 1 | Gross receipts | 185,494. | | | | | | | 185,494. |
| | 2 | Less: Contributions | 175,494. | <u> </u> | | | | | | 175,494. |
| | 3 | Gross income (line 1 minus line 2) | 10,000. | _ | | | | | | 10,000. |
| | 4 | Cash prizes | | | | | | | | |
| S | 5 | Noncash prizes | | _ | | | | | | |
| bense | 6 | Rent/facility costs | | | | | | | | |
| Direct Expenses | 7 | Food and beverages | | | | | | | | |
| ՝ | 8 | Entertainment | | | | | | | | 63,622. |
| | 9 | Other direct expenses | | | | | | | | 63,622. |
| | 10 | , , | | | | | | | | -53,622. |
| Pa | ırt | Net income summary. Subtract line 10 from lill Gaming. Complete if the organization | answered "Yes" to Form | 990. | Part IV. line | 19. or r | eport | ed more t | han | 33,022 |
| | | \$15,000 on Form 990-EZ, line 6a. | | , | , | , | | | | |
| Revenue | | | (a) Bingo | |) Pull tabs/ins o/progressive | | (c | Other ga | ming | (d) Total gaming (add col. (a) through col. (c) |
| Reve | 1 | Gross revenue | | | | | | | | |
| | | | | | | | | | | |
| nses | 2 | Cash prizes | | | | | | | | |
| irect Expenses | 3 | Noncash prizes | | | | | | | | |
| Direc | 4 | Rent/facility costs | | | | | | | | |
| | 5 | Other direct expenses | | <u> </u> | | | | | | |
| | 6 | Volunteer labor | Yes % No | | Yes No | % | | Yes No | % | |
| | 7 | Direct expense summary. Add lines 2 throug | h 5 in column (d) | | | | | | ▶ | |
| | 8 | Net gaming income summary. Subtract line 7 | 7 from line 1, column (d) | | | | | | > | |
| ۵ | En | ter the state(s) in which the organization opera | otos gaming activitios: | | | | | | | |
| а | ls t | the organization licensed to operate gaming ac 'No," explain: | ctivities in each of these | states | s? | | | | | Yes No |
| _ | _ | | | | | | | | | |
| | | ere any of the organization's gaming licenses r | evoked, suspended or te | rmina | ated during t | he tax y | year? | | | Yes No |
| | | | | | | | | | | |

Schedule G (Form 990 or 990-EZ) 2013

| <u>Sch</u> | edule G (Form 990 or 990-EZ) 2013 LITWORLD INTERNATIONAL, INC I3-4 | 436/ | 685 | Page 3 |
|------------|--|----------|--------|-----------|
| 11 | Does the organization operate 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 charitable gaming? | , | Yes | ☐ No |
| 13 | Indicate the percentage of gaming activity operated in: | | | |
| | The organization's facility | 13a | | % |
| | An outside facility | | | <u></u> % |
| | 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 > \$ and the amount | | | |
| С | of gaming revenue retained by the third party ▶\$ If "Yes," enter name and address of the third party: | | | |
| | Name | | | |
| | Address > | | | |
| 16 | Gaming manager information: | | | |
| | 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 | | | |
| | retain the state gaming license? | └── ' | Yes | └─ No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | | |
| | organization's own exempt activities during the tax year ▶ \$ | | | |
| Pa | rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, | lines 9, | 9b, 10 | b, 15b, |
| | 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). | | | |
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 Name of the organization **Employer identification number** LITWORLD INTERNATIONAL, INC 13-4367685 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: YORK, NEW YORK. THE ORGANIZATION RUNS PROGRAMS TO HELP CHILDREN AND FAMILIES IMPROVE THEIR ACADEMIC ACHIEVEMENT, POSITIVE SENSE OF SELF AND FUTURE OUTLOOK, AND INCREASE THEIR CIVIC ENGAGEMENT. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THEIR CIVIC ENGAGEMENT. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: WRITING EXPERIENCES, PEER-TO-PEER SUPPORT NETWORKS AND ADULT MENTOR RELATIONSHIPS, WHICH LEADS TO PRODUCTIVE AND TRANSFORMATIONAL LITERACY. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: THE BOARD WILL BE SENT A COPY OF THE 990 TO REVIEW. THE BOARD MEMBERS WILL THEN HAVE THE OPPORTUNITY TO ASK QUESTIONS REGARDING THE RETURN BEFORE IT IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: THE BOARD OF DIRECTORS ANNUALLY REVIEWS ITS CONFLICT OF INTEREST POLICY FOR COMPLIANCE. FORM 990, PART VI, SECTION C, LINE 18: EXPLANATION: FORM 1023 AND 990 ARE AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND POLICY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

| Name of the organization LITWORLD INTERNATIONAL, INC | Employer identification numbe 13-4367685 |
|---|--|
| STATEMENTS ARE AVAILABLE UPON WRITTEN REQUEST. | |
| FORM 990, PART IX, LINE 11G, OTHER FEES: | |
| CONSULTANTS: | |
| PROGRAM SERVICE EXPENSES | 68,075 |
| MANAGEMENT AND GENERAL EXPENSES | 16,431 |
| FUNDRAISING EXPENSES | 0 |
| TOTAL EXPENSES | 84,506 |
| THIRD PARTY FEES: | |
| PROGRAM SERVICE EXPENSES | 603 |
| MANAGEMENT AND GENERAL EXPENSES | 0 |
| FUNDRAISING EXPENSES | 0 |
| TOTAL EXPENSES | 603 |
| ADMINISTRATIVE FEES: | |
| PROGRAM SERVICE EXPENSES | 0 |
| MANAGEMENT AND GENERAL EXPENSES | 11,594 |
| FUNDRAISING EXPENSES | 0 |
| TOTAL EXPENSES | 11,594 |
| PAYROLL SERVICE FEES: | |
| PROGRAM SERVICE EXPENSES | 0 |
| MANAGEMENT AND GENERAL EXPENSES | 1,540 |
| FUNDRAISING EXPENSES | 0 |
| TOTAL EXPENSES | 1,540 |

332212 09-04-13 Schedule O (Form 990 or 990-EZ) (2013)

| Name of the organization LITWORLD INTERNATIONAL, INC | Employer identification number 13-4367685 |
|---|--|
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 25. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 25. |
| MISCELLANEOUS FEES: | |
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 125. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 125. |
| PUBLIC RELATIONS: | |
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 38,972. |
| TOTAL EXPENSES | 38,972. |
| CREDIT CARD DISCOUNTS: | |
| PROGRAM SERVICE EXPENSES | 4,556. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 4,556. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 141,921. |
| FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE | S: |
| PHILIPPINES: | |
| PROGRAM SERVICE EXPENSES | 26,482. |
| MANAGEMENT AND GENERAL EXPENSES 332212 90-04-13 Sched | 0 . dule O (Form 990 or 990-EZ) (2013) |

| Name of the organization LITWORLD INTERNATIONAL, INC | Employer identification number 13-4367685 |
|--|---|
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 26,482. |
| KISUMU: | |
| PROGRAM SERVICE EXPENSES | 22,322. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 22,322. |
| CURRICULUM & PLATFORM DEV.: | |
| PROGRAM SERVICE EXPENSES | 12,254. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0 . |
| TOTAL EXPENSES | 12,254. |
| KUMASI: | |
| PROGRAM SERVICE EXPENSES | 11,776. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 11,776. |
| BUNGOMA - ROSE MUREKA: | |
| PROGRAM SERVICE EXPENSES | 10,042. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 10,042. |
| SUPPLIES: | |

332212

Schedule O (Form 990 or 990-EZ) (2013)

| Schedule O (Form 990 or 990-EZ) (2013) | Page 2 |
|---|---|
| Name of the organization LITWORLD INTERNATIONAL, INC | Employer identification number 13-4367685 |
| PROGRAM SERVICE EXPENSES | 9,529. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 9,529. |
| WRAD: | |
| PROGRAM SERVICE EXPENSES | 9,140. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 9,140. |
| UGANDA (UGCLA): | |
| PROGRAM SERVICE EXPENSES | 7,718. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 7,718. |
| STAND UP FOR GIRLS: | |
| PROGRAM SERVICE EXPENSES | 6,742. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 6,742. |
| HOLIDAY MAIL CAMPAIGN: | |
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 6,604. |
| TOTAL EXPENSES | 6,604. |
| 332212 09-04-13 3 Q | Schedule O (Form 990 or 990-EZ) (2013) |

| Schedule O (Form 990 or 990-EZ) (2013) | Page 2 |
|---|---|
| Name of the organization LITWORLD INTERNATIONAL, INC | Employer identification number 13-4367685 |
| | |
| DATABASE AND COLLECTION: | |
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 5,202. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 5,202. |
| ACCRA - CEINODE GHANA: | |
| PROGRAM SERVICE EXPENSES | 4,821. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 4,821. |
| MEALS & ENTERTAINMENT: | |
| PROGRAM SERVICE EXPENSES | 1,520. |
| MANAGEMENT AND GENERAL EXPENSES | 2,759. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 4,279. |
| HARMAN GRAND PROJECT: | |
| PROGRAM SERVICE EXPENSES | 4,000. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 4,000. |
| BOARD/STAFF DEVELOPMENT: | |
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 2,641. |
| 332212 09-04-13 | Schedule O (Form 990 or 990-EZ) (2013) |

| 2,641. |
|--------|
| 2,641. |
| |
| |
| 2,000. |
| 0. |
| 0. |
| 2,000. |
| |
| 1,918. |
| 0 . |
| 0 |
| 1,918. |
| |
| 0. |
| 1,859 |
| 0 |
| 1,859 |
| |
| 0. |
| 0. |
| 1,088 |
| 1,088 |
| |

LIBRERIA:

09-04-13

| Name of the organization LITWORLD INTERNATIONAL, INC | Employer identification number 13-4367685 |
|--|---|
| PROGRAM SERVICE EXPENSES | 600. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 600. |
| LITSOLAR: | |
| PROGRAM SERVICE EXPENSES | 500. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 500. |
| TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL | A 151,517. |
| FORM 990, PART XII, LINE 2C EXPLANATION: THE BOARD OF DIRECTORS IS CHARGED WITH OVERS SELECTION OF THE INDEPENDENT ACCOUNTANT. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| Form 8868 (Rev. 1-2014) | | | | | Page 2 |
|---|------------|--|---------------|--------------|--------------------|
| ● If you are filing for an Additional (Not Automatic) 3-Month Ex | tension o | complete only Part II and check this | hox | | |
| Note. Only complete Part II if you have already been granted an a | | | | | |
| ● If you are filing for an Automatic 3-Month Extension, complete | | | ca i ciiii | 0000. | |
| Part II Additional (Not Automatic) 3-Month E | | | al (no co | opies nee | ded). |
| , | | | • | • | see instructions |
| Type or Name of exempt organization or other filer, see instru | ctions. | | | | on number (EIN) or |
| print | | | p | | |
| File by the LITWORLD INTERNATIONAL, INC | | | | 13-43 | 67685 |
| due date for Number, street, and room or suite no. If a P.O. box, so | ee instruc | tions. | Social se | curity numb | er (SSN) |
| 222 BROADWAY, 19TH FLOOR | | | | | |
| City, town or post office, state, and ZIP code. For a fo | oreign add | lress, see instructions. | | | |
| | | | | | 01 |
| Enter the Return code for the return that this application is for (file | a separa | te application for each return) | | | [0]1] |
| Application | Return | Application | | | Return |
| ls For | Code | Is For | | | Code |
| Form 990 or Form 990-EZ | 01 | | | | |
| Form 990-BL | 02 | Form 1041-A | | | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | | | 09 |
| Form 990-PF | 04 | Form 5227 | | | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | | | 12 |
| STOP! Do not complete Part II if you were not already granted | | | ously file | ed Form 880 | 68. |
| JUD WHIDDEN CON | | | | _ | |
| The books are in the care of | י DRI | VE - WINDEMERE, FL | 3247 | 8 | |
| Telephone No. ► <u>407-325-0270</u> | | Fax No. | | | |
| If the organization does not have an office or place of business | | | | | ▶ ∟ |
| If this is for a Group Return, enter the organization's four digit (| Group Exe | emption Number (GEN) If | this is fo | r the whole | group, check this |
| box $ ightharpoonup$. If it is for part of the group, check this box $ ightharpoonup$ | | ch a list with the names and EINs of | all memb | ers the exte | ension is for. |
| | OVEM | BER 15, 2014 | | | |
| 5 For calendar year 2013 , or other tax year beginning | | , and ending | J | | · |
| 6 If the tax year entered in line 5 is for less than 12 months, cl | heck reas | on: L Initial return L. | | eturn | |
| Change in accounting period | | | | | |
| 7 State in detail why you need the extension | | | 3 3 3 3 7 1 1 | 3.00110 | 3.000 |
| ADDITIONAL INFORMATION IS REQU | TKED | TO FILE A COMPLETE | E AND | ACCUR | ATE |
| RETURN. | | | | | |
| 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, | or 6069 | enter the tentative tax less any | | | |
| nonrefundable credits. See instructions. | 01 0000, | enter the terrative tax, less arry | 8a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069 | enter an | v refundable credits and estimated | - Ju | Ψ | |
| tax payments made. Include any prior year overpayment all | | | | | |
| previously with Form 8868. | 01100 00 0 | a create and any amount paid | 8b | \$ | 0. |
| c Balance due. Subtract line 8b from line 8a. Include your pa | vment wit | th this form, if required, by using | 1 | <u> </u> | |
| EFTPS (Electronic Federal Tax Payment System). See instru | • | | 8c | \$ | 0. |
| | | st be completed for Part II o | | | _ |
| Under penalties of perjury, I declare that I have examined this form, includi it is true, correct, and complete, and that I am authorized to prepare this fo | | panying schedules and statements, and to | the best o | f my knowled | ge and belief, |
| Signature ▶ Title ▶ C | CPA | | Date | • | |
| , 0 | • | | 2 410 | • | 3868 (Rev. 1-2014) |

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271

2013

Open to Public Inspection

| 1 (| Information |
|--------------|--------------|
| i Generai | intormation |
| I. aciici ai | minomination |

| i.deneral illioilla | LIOII | | | | |
|--|--|--|--|--|--|
| For Fiscal Year Beginnir | ng (mm/dd/yyy | y) 01/01/ | 2013 and Ending | (mm/dd/yyyy) 12/31/2 | 2013 |
| Check if Applicable: X Address Change | Name of Org | | RNATIONAL, IN | īC | Employer Identification Number (EIN): 13-4367685 |
| Name Change Initial Filing | Mailing Addi 222 E | ress: BROADWAY, | NY Registration Number: 41-75-64 | | |
| Final Filing Amended Filing | City / State / | ZIP: | 10038 | | Telephone: 212 706-0702 |
| Reg ID Pending | Website: | LITWORLD. | ORG | | Email: INFO@LITWORLD.ORG |
| Check your organization | 1 | | | | |
| registration category: | 7A or | nly EPTL | only X DUAL (7A 8 | | ind your registration category in the Charities Registry at www.charitiesNYS.com |
| 2. Certification | | | | | |
| See instructions for cert | ification requir | ements. Imprope | r certification is a violatior | of law that may be subject | to penalties. |
| | | | | s of the State of New York a | e best of our knowledge and belief, pplicable to this report. CUTIVE |
| President or Authorized | d Officer: | PAM ALL | YN | | ECTOR |
| | | Signature | , | Titl | |
| Chief Financial Officer | or Treasurer: | SOPHIE | BELISHA | TREA | ASURER |
| | | Signature | | Titl | le Date |
| 3. Annual Reportin | ng Exempti | on | | | |
| categories (DUAL filers) additional attachments schedules and attachm 3a. 7A fill exceed \$ |) that apply to are required. I nents and pay ing exemption: 25,000 and th | your registration, If you cannot clair applicable fees. Total contribution e organization die | complete only parts 1, 2, m an exemption or are a I ns from NY State includir d not engage a professior | and 3, and submit the certi DUAL filer that claims only of ag residents, foundations, go | egory (7A and EPTL only filers) or both fied Char500. No fee, schedules, or ne exemption, you must file applicable overnment agencies, etc, did not raising counsel (FRC) to solicit se instructions). |
| | . filing exempti e fiscal year. | on: Gross receipt | s did not exceed \$25,000 | and the market value of as: | sets did not exceed \$25,000 at any time |
| 4. Schedules and | Attachmen [*] | ts | | | |
| See the following page for a checklist of schedules and attachments to complete your filing. | | for fund r | aising activity in NY State | ofessional fund raiser, fund r ?? If yes, complete Schedule overnment grants? If yes, co | |
| 5. Fee | | | | | |
| See the checklist on the next page to calculate y fee(s). Indicate fee(s) you | our | g fee: | EPTL filing fee: | Total fee: | Make a single-check or money order payable to: |
| are submitting here: | \$ | 25. | \$ <u>100.</u> | \$ <u>125.</u> | "Department of Law" |
| | | | | | |

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

| Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants | (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV) |
|---|---|
| Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules including Schedule B (Schedule of Collins IRS Form 990-T if applicable | ntributors). |
| If you are a 7A only or DUAL filer, submit the applicable independent Certified Publicable Review Report if you received total revenue and support greater than \$250,000 Audit Report if you received total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support greater than \$500,000 No Review Report or Audit Report is required because to the support greater than \$500,000 No Review Report or Audit Report State State State State State State State State State State S | 00 and up to \$500,000. |
| Note: The Audit and Review requirements are set to change in 2017 and 2021 in ac For more details, visit www.CharitiesNYS.com. | cordance with the Non Profit Revitalization Act of 2013. |
| Calculate Your Fee | Is my organization a 7A, EPTL or DUAL filer? |
| For 7A and DUAL filers, calculate the 7A fee: \$0, if you marked the 7A exemption in Part 3a \$25, if you did not mark the 7A exemption in Part 3a | - 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A") - EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY. - DUAL filers are registered under both 7A and EPTL. |
| For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you marked the EPTL exemption in Part 3b | Check your registration category and learn more about NY law at www.CharitiesNYS.com |
| \$25, if the NET WORTH is less than \$50,000 | Where do I find my organization's NET WORTH? |
| \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 | NET WORTH for fee purposes is calculated on: |
| X \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more | - IRS From 990 Part I, line 22 - IRS Form 990 EZ Part I, line 21 - IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and |

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271

Total Liabilities (Part II, line 23(b)).

FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

DECEMBER 31, 2013 AND 2012

CONTENTS

| | <u>Page</u> |
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| Independent Auditors' Report | 1-2 |
| Financial Statements: | |
| Statements of Financial Position | . 3 |
| Statements of Activities and Changes in Net Assets | . 4 |
| Statements of Cash Flows | . 5 |
| Notes to Financial Statements | . 6-9 |



INDEPENDENT AUDITORS' REPORT

To the Board of Directors LitWorld International, Inc. New York, New York

Report on the Financial Statements

We have audited the accompanying financial statements of LitWorld International, Inc. ("Organization"), which comprise the statements of financial position as of December 31, 2013 and 2012, and the related statements of activities and changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. These standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the Organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant estimates made by management, as well as evaluating the overall presentation of the financial statements.



We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of LitWorld International, Inc. as of December 31, 2013 and 2012, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Certified Public Accountants

Sobel & Co., UC

Livingston, New Jersey November 14, 2014

STATEMENTS OF FINANCIAL POSITION

| | | Decem | ber | 31, |
|-----------------------------|-------------|------------------------------|----------------|---------|
| | | 2013 | | 2012 |
| ASSETS | | | | |
| Cash and cash equivalents | \$ | 232,295 | \$ | 272,033 |
| Prepaid expenses | | 22,450 | | 32,541 |
| Security deposit | | 8,850 | | - |
| Total Current Assets | | 263,595 | | 304,574 |
| Property and Equipment, Net | | 6,668 | | 10,128 |
| | \$ | 270,263 | \$ | 314,702 |
| CUDDENT LIADU TTEC. | | | | |
| CURRENT LIABILITIES: | φ | 5.006 | Φ. | 2.054 |
| Accounts payable | \$ | 5,996 | \$ | 2,054 |
| Accrued expense | | 8,633 | | 8,024 |
| NET ASSETS: | | 14,629 | | 10,078 |
| | | 22244 | | |
| Unrestricted | | 230,114 | | 304,624 |
| Unrestricted | | 230,114 25,520 | | 304,624 |
| | | 230,114 25,520 255,634 | - w | 304,624 |

STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS

| | | Year En | ded De | Year Ended December 31, 2013 | , 2013 | | Year Ended December 31, 2012 | ded De | cember | 31, 2 | 012 |
|--|----|--------------|--------------|------------------------------|---------------------------------------|--------------|------------------------------|--------------|-------------|-------|---------|
| | | | Temp | Temporarily | | | | Temp | Temporarily | | |
| | Um | Unrestricted | Rest | Restricted | Totals | Unr | Unrestricted | Rest | Restricted | | Totals |
| REVENUE: | € | i c | | | | , | | | | | |
| Donations and Contributions Service income | æ | 705,878 | ∕ | 155,000 \$ | 34.567 | ⊗ | 787,889 | S | 5,000 \$ | ↔ | 792,889 |
| Net assets released from restriction | | 129,480 | \Box | (129,480) | · · · · · · · · · · · · · · · · · · · | | 5,000 | | (5,000) | | |
| Total Revenue | | 869,925 | | 25,520 | 895,445 | | 792,889 | | , | | 792,889 |
| EXPENSES: | | | | | | | | | | | |
| Programming | | 398,912 | | 1 | 398,912 | | 245,711 | | 1 | | 245,711 |
| Fundraising | | 113,843 | | 1 | 113,843 | | 57,180 | | ı | | 57,180 |
| Salaries and wages | | 251,542 | | 1 | 251,542 | | 192,380 | | 1 | | 192,380 |
| General and administrative | | 132,352 | | • | 132,352 | | 86,534 | | ı | | 86,534 |
| Payroll taxes and employee benefits | | 47,786 | | ı | 47,786 | | 70,088 | | 1 | | 70,088 |
| Total Expenses | | 944,435 | | ı | 944,435 | | 651,893 | | 1 | | 651,893 |
| CHANGES IN NET ASSETS | | (74,510) | | 25,520 | (48,990) | | 140,996 | | ı | | 140,996 |
| Net Assets, Beginning of year | | 304,624 | | 1 | 304,624 | | 163,628 | | 1 | | 163,628 |
| Net Assets, End of year | 8 | 230,114 | 8 | 25,520 \$ | , 255,634 | 8 | 304,624 | 8 | ı | ~ | 304,624 |

STATEMENTS OF CASH FLOWS

| | Year Ended December 31, | | |
|--|-------------------------|-------------|----------|
| | | 2013 | 2012 |
| CASH FLOWS PROVIDED BY (USED FOR): | | | |
| OPERATING ACTIVITIES: | | | |
| Changes in net assets | \$ | (48,990) \$ | 140,996 |
| Adjustments to reconcile changes in net assets | | | |
| to net cash provided by (used for) operating activities: | | | |
| Depreciation | | 4,959 | 3,377 |
| Changes in certain assets and liabilities: | | | |
| Prepaid expenses | | 10,091 | 1,964 |
| Security deposit | | (8,850) | - |
| Accounts payable | | 3,942 | (15,077) |
| Accrued expenses | | 609 | 1,143 |
| Net Cash Provided by (Used for) Operating Activities | | (38,239) | 132,403 |
| INVESTING ACTIVITIES: | | | |
| Purchase of property and equipment | | (1,499) | (8,966) |
| NET INCREASE (DECREASE) IN CASH | | (39,738) | 123,437 |
| CASH: | | | |
| Beginning of year | | 272,033 | 148,596 |
| End of year | \$ | 232,295 \$ | 272,033 |

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

NOTE 1 - NATURE OF ORGANIZATION:

LitWorld International, Inc. ("Organization") is a not-for-profit 501(c)(3) organization located in New York, New York. The Organization runs programs to help children and families improve their academic achievement, positive sense of self and future outlook, and increase their civic engagement.

The Organization works with locally based, grassroots organizations to run and expand literacy-based programs, building sustainable outcomes for young people and their communities around the world. The Organization's programs are designed and written by staff members with support from consultants where needed. Local community leaders manage and lead the programs after receiving training and access to the Organization's innovative curricula.

The Organization creates permanent positive change in the world by implementing these on-the-ground programs to address the hard-to-tackle challenge of illiteracy worldwide. The Organization uniquely combines the power of children's own stores, access to diverse reading and writing experiences, peer-to-peer support networks and adult mentor relationships, which leads to productive and transformational literacy.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting:

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Financial Statement Presentation:

Net assets and revenue, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

Unrestricted Net Assets

Net assets not subject to donor-imposed stipulations and are currently available for use by the Organization's Board of Trustees.

Temporarily Restricted Net Assets

Net assets subject to donor-imposed stipulations that may or will be met, either by actions of the Organization and/or the passage of time.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

Financial Statement Presentation: (Continued)

Permanently Restricted Net Assets

Net assets subject to donor-imposed stipulations that they be maintained permanently by the Organization. Generally, the donors of these assets permit the Organization to use all or part of the income earned on any related investments for general or specific purposes.

The Organization does no have any permanently restricted net assets.

Cash and Cash Equivalents:

Cash and cash equivalents consist of cash in bank accounts and money market funds with original maturities of three months or less.

Contributions:

Contributions, including unconditional promises to give, are recorded as received. All contributions are available for unrestricted use unless specifically restricted by the donor. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities and changes in net assets as net assets released from restrictions.

Income Taxes:

The Organization is a not-for-profit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and, accordingly, is not liable for federal and state income taxes.

The Organization follows accounting standards that provide clarification on accounting for uncertainty in income taxes recognized in the Organization's financial statements. The guidance prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return, and also provides guidance on de-recognition, classification, interest and penalties, disclosure and transition. No interest and penalties were recorded during years ended December 31, 2013 and 2012. The tax years subject to audit by federal and state jurisdictions are the years ended December 31, 2010, and forward. At December 31, 2013 and 2012, there are no significant income tax uncertainties that are expected to have a material impact on the Organization's financial statements.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

Property and Equipment:

It is management's policy to capitalize fixed-asset purchases having a useful life. Donated assets are recorded as contributions at their estimated fair value, at the date of the gift. Depreciation is provided on a straight-line basis. The estimated useful life on property and equipment is between 5 and 7 years.

Use of Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

NOTE 3 - PROPERTY AND EQUIPMENT:

Property and equipment consist of the following:

| | Decem | per 31, |
|--------------------------------|-----------|-----------|
| | 2013 | 2012 |
| Computers | \$ 16,196 | \$ 14,697 |
| Furnishings and equipment | 1,515 | 1,515 |
| Less: Accumulated depreciation | (11,043) | (6,084) |
| Property and Equipment, Net | \$ 6,668 | \$ 10,128 |

NOTE 4 - CONCENTRATIONS OF RISK:

The Organization maintains cash and cash equivalent balances at several financial institutions. At times, cumulative balances may exceed the insured limit per financial institution.

The Organization also periodically holds small amounts of cash in uninsured accounts.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

NOTE 5 - TEMPORARILY RESTRICTED NET ASSETS:

The following temporarily restricted net assets are available for the following purposes:

| | December 31, 2013 |
|--|----------------------|
| Platform development and GOAL program | \$ 16,745 8,775 |
| Story21 Program at Harlem Polo Grounds | \$ 25,520 |

Net assets released from time-and-use restrictions for the year ended December 31, 2013 and 2012, amounted to \$129,480, and \$5,000, respectively.

NOTE 6 - SUBSEQUENT EVENTS:

The Organization has evaluated events subsequent to the statement of financial position date as of December 31, 2013 through November 14, 2014, the date that the financial statements were available to be issued. During the first few months of the year ended December 31, 2014, the Organization collected an additional \$181,500 of donations attributable to the 2013 annual appeal. Such amounts are recorded when received based on the uncertainty of collectability. There were no other subsequent events.