### Form 990

### **Return of Organization Exempt From Income Tax**

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

2013

OMB No. 1545-0047

Open to Public

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

| Α                              | For th  | e 2013 calend  | dar year, or   | tax year beg  | inning   |  | , 2013, and                                      | l ending                                |  | , 20  |  |  |
|--------------------------------|---|--|--|---|--|--|--|---|--|---|--|--|
| В                              |   | applicable:  | A STATE OF THE PARTY OF THE PAR | THE RESERVE TO SHARE THE PARTY OF THE PARTY | HOOL THE WORLD   |  | ) 110 ro, uno                                    | chang                                   |  | D Employer identification no.                 |  |  |
|                                | Address change Doing Business As  |  |  |   |  |  |  |   |  |   |  |  |
|                                | Name ch   | nange  | 7 17.24  | -2.7  | box if mail is not deliver   | ad to street address)                              |  | Room/su                                 |  | 27-0176563                                    |  |  |
|                                | Name change Number and street (or P.O. box if mail is not delivered to street address)  Initial return 173 3RD AVENUE |  |  |   |  |  |  | Hoomisu                                 | ite i  | E Telephone number                            |  |  |
|                                | Terminat  | ted  |  |   | nce, country, and ZIP or f   | oreign postal code                                 |  |   |  | (203) 209-4835                                |  |  |
| X                              | Amende  | d return   |  | rd, CT 064  |  | oreign postar code                                 |  |   | _ 1.   | 507,026                                       |  |  |
|                                |   | on pending   |  | nd address of prin  |  |  |  |   |  | G Gross receipts \$                           |  |  |
|                                | 100000000000000000000000000000000000000   |  |  | na addi dod or pili   | Topal Officer.   |  |  | H(a)                                    | Is this a group retu<br>subordinates?        | urn for 🔽                                     |  |  |
| 1                              | Tax-exer  | mpt status:  | 501(c)(3)  | 501(c) (  | ) (insert no.)   | 4947(a)(1) or                                      | 527  |   |  |   |  |  |
| J                              | Website   |  |  | HEWORLD.OR  |  | 4947(a)(1) or                                      | □ 52/  | H(b)                                    | Are all subordinate<br>If "No," attach a lis | es included? Yes No<br>st. (see instructions) |  |  |
| K                              |   |  | Corporation  |   | ssociation Other   |  |  | H(c)                                    | Group exemption i                            | number P                                      |  |  |
|                                | art I   | Summar   |  | L HOSt L A  | issociation L Other  |  | L Year of formation:                             | 2009                                    | M State of legal                             | domicile: CT                                  |  |  |
|                                | 1   |  |  | nization's miss   | ion or most significa  | nt activitios:                                     |  |   |  |   |  |  |
|                                |   |  |  |   |  |  | TO IMPROVE THE Q                                 | QUALITY O                               | F EDUCATING                                  | G FOR   |  |  |
| ce                             |   | IN THE UN  |  |   | WORLD AND CULT   | IVATE GLOBAL (                                     | CITIZENSHIP AMON                                 | IG CHILDR                               | EN AND YOUT                                  | PH H  |  |  |
| nar                            |   | IN INE ON  | IIED SIN   | LES.  |  |  |  |   |  |   |  |  |
| Ver                            | 2   | Check this ho  | ov ▶ ∏if i   | ho organizatio  | an discontinued its s-   |  | ed of more than 25% o                            | ***                                     | 23   |   |  |  |
| ဗိ                             | 3   | Number of vo   | oting member   | ers of the gove   | erning body (Part VI,  |  |  |   |  |   |  |  |
| oo<br>O                        | 4   | Number of in   | denendent v  | oting membe   | rs of the governing b  | adv (Dort) // line 1h                              | •          |   | 53 VA 97 PA 1                                | 12  |  |  |
| Activities & Governance        | 5   |  |  |   | n calendar year 2013   |  |  |   |  | 12  |  |  |
|                                | 6   |  |  | rs (estimate if   | and the second s |  |  |   | 5  | 0   |  |  |
| Ā                              | 7a  |  |  |   | Part VIII, column (C)  |  |  |   | 6  |   |  |  |
|                                | 10.00   |  |  |   | from Form 990-T, lir   |  |  | 100000000000000000000000000000000000000 | 7a   | 0   |  |  |
| _                              | -   | rect di li ciated  | Dusiness te  | Aable Income  | 110111 F01111 990-1, 111   | 16 34  |  | 19                                      | Market Co.                                   | 0   |  |  |
| Revenue                        | 8   | Contributions  | and grants   | (Port VIII line   | 4h)  |  |  | Pri                                     | or Year                                      | Current Year                                  |  |  |
|                                | 9   |  | outions and grants (Part VIII, line 1h) 398,093 m service revenue (Part VIII, line 2g)   |   |  |  |  |   |  |   |  |  |
|                                | 10  |  |  |   |  |  | 70000  | 0                                       |  |   |  |  |
| 3ev                            | 11  |  | restment income (Part VIII, column (A), lines 3, 4, and 7d)  |   |  |  |  |   |  | 5   |  |  |
| -                              | 12  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) |  |   |  |  |  |   |  | 0   |  |  |
|                                | 13  |  |  |   |  |  | 2)   |   | 398,113                                      | 507,026                                       |  |  |
|                                | 14  |  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |   |  |  |  |   |  | 0   |  |  |
|                                | 1   |  | efits paid to or for members (Part IX, column (A), line 4)   |   |  |  |  |   |  | 0   |  |  |
| Ses                            | 15  |  | es, other compensation, employee benefits (Part IX, column (A), lines 5-10) ssional fundraising fees (Part IX, column (A), line 11e)   |   |  |  |  |   |  | 114,608                                       |  |  |
| Expenses                       |   |  |  |   |  |  | • • • • • • • • •                                |   |  | 0   |  |  |
| хb                             |   |  |  |   | umn (D), line 25)  | <i>-</i>   | 31,124   |   |  |   |  |  |
|                                |   |  |  |   | nes 11a-11d, 11f-24e   |  |  |   | 359,066                                      | 398,283                                       |  |  |
|                                |   |  |  |   | equal Part IX, colum   | n (A), line 25)                                    | • • • • • • • • •                                |   | 359,066                                      | 512,891                                       |  |  |
| - 60                           | 19  | Revenue less   | expenses.  | Subtract line   | 18 from line 12 .  |  |  |   | 39,047                                       | (5,865)                                       |  |  |
| Net Assets or<br>Fund Balances | 00  | T-1-1  |  |   |  |  |  | Beginning of                            | of Current Year                              | End of Year                                   |  |  |
| Ass<br>Ba                      | 20  | Total assets (   |  |   |  |  |  |   | 90,423                                       | 214,032                                       |  |  |
| Net                            | 21  | Total liabilities  |  |   |  |  |  |   |  | 107,979                                       |  |  |
|                                | rt II   |  |  | es. Subtract I  | ine 21 from line 20  |  |  |   | 90,423                                       | 106,053                                       |  |  |
| AMERICA PARTY                  | And and a second second   | Signatur   |  | supporte and their con-   | 100  |  |  |   |  |   |  |  |
| rue, c                         | orrect, an  | d complete. Decla  | ration of prepa  | rer (other than of  | ficer) is based on all infor   | ing schedules and state<br>mation of which prepare | ments, and to the best of mer has any knowledge. | y knowledge ar                          | nd belief, it is                             |   |  |  |
|                                |   |  |  | 44000   |  |  |  |   |  |   |  |  |
| Sigi                           | n   |  | KATE CUR   | RAN   |  |  |  |   |  |   |  |  |
|                                |   |  | of officer   |   |  |  |  |   | Date   |   |  |  |
| ler                            | е   |  |  | RAN, FOUND  | ER   |  |  |   |  |   |  |  |
|                                |   |  | rint name and  | ntie  |  |  |  |   |  |   |  |  |
| 10:                            |   | Print/Type prep  |  |   | Preparer's signature   |  | Date   | Ch                                      | eck if PT                                    | TIN .   |  |  |
| Paid                           | -   | Michael  | J Delane   |   |  |  | 09-23-2015                                       | sel                                     | f-employed                                   | P01065940                                     |  |  |
|                                | parer   | Firm's name  |  | A STATE OF THE PARTY OF THE PARTY.  | & Associates L   | LC   |  | Firm's EIN                              | •  |   |  |  |
| Jse                            | Only  | Firm's address   | •  |   | rnut Drive   |  |  | Phone no.                               |  |   |  |  |
|                                |   |  |  | Meriden   |  |  |  |   | 203-649                                      | -8591   |  |  |
| nay t                          | the IRS   | discuss this re  | turn with the  | preparer sho  | wn above? (see inst  | ructions)  |  |   |  | Yes X No                                      |  |  |

| Form | 990 (2013) SCHOOL THE WORLD 27-0176563 Page 2  |
|------|--|
| Par  | t III Statement of Program Service Accomplishments   |
|      | Check if Schedule O contains a response or note to any line in this Part III   |
| 1    | Briefly describe the organization's mission:   |
|      | TO IMPROVE THE QUALITY OF EDUCATING FOR CHILDREN IN THE DEVELOPING WORLD AND CULTIVATE GLOBAL                                  |
|      | CITIZENSHIP AMONG CHILDREN AND YOUTH IN THE UNITED STATES.   |
|      |  |
| 2    | Did the organization undertake any significant program services during the year which were not listed on the                   |
|      | prior Form 990 or 990-EZ?  |
|      | If "Yes," describe these new services on Schedule O.   |
| 3    | Did the organization cease conducting, or make significant changes in how it conducts, any program                             |
|      | services?  |
|      | If "Yes," describe these changes on Schedule O.  |
| 4    | Describe the organization's program service accomplishments for each of its three largest program services, as measured by     |
|      | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, |
|      | the total expenses, and revenue, if any, for each program service reported.  |
|      |  |
| 4a   | (Code:) (Expenses \$134,571 including grants of \$) (Revenue \$)   |
|      | See SERVICES page for a description of this program service.   |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
| 4b   | (Code:) (Expenses \$105,792 including grants of \$) (Revenue \$)   |
|      | See SERVICES page for a description of this program service.   |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
| 4c   | (Code: ) (Expenses \$95,838 including grants of \$) (Revenue \$)   |
|      | STUDENT SERVICE LEARNING ACCOMPLISHEMENTS: THE STUDENT SERVICE PROGRAM IS A  |
|      | FUNDRAISING/TRAVEL PROGRAM FOR HIGH SCHOOL STUDENTS. A GROUP OF 10-15 HIGH SCHOOLERS RAISE                                     |
|      | \$3,500 EACH TO BUILD A THREE-CLASSROOM PRIMARY SCHOOL IN GUATEMALA. THEY TRAVEL TO THAT                                       |
|      | VILLAGE OVER THEIR FEBRUARY, MARCH, OR APRIL SPRING BREAK AND HELP COMPLETE THE BUILD  |
|      | (PAINTING, SIDEWALK LAYING, ETC.) AND PARTICIPATE IN A DEDICATION CEREMONY TO OPEN THE SCHOOL                                  |
|      | ON THEIR LAST DAY IN THE VILLAGE. THE TRIP FEE COVERS BOTH SCHOOL CONSTRUCTION MATERIALS AND                                   |
|      | ALL TRIP EXPENSES. SCHOOL THE WORLD STAFF CONDUCTS FOUR MANDATORY PRE-TRIP SEMINARS WITH THE                                   |
|      | STUDENTS TO LEARN ABOUT THE HISTORY, CULTURE, ECONOMY, AND GEOGRAPHY OF GUATEMALA. THE   |
|      | PROGRAM ALSO INCLUDES DAILY AFTERNOON TRIPS FOR THE STUDENTS TO EXPERIENCE GUATEMALAN CULTURE                                  |
|      | AND HISTORIC SITES.  |
|      | Other are grown and idea. (Deposition in Schoolule O.)   |
| 4d   | Other program services. (Describe in Schedule O.)  (Expenses \$ 87.243 including grants of \$ ) (Revenue \$ )                  |
|      | (Expenses \$ 87,243 including grants of \$ ) (Revenue \$ )  Total program service expenses \$ 423,444                          |

Form 990 (2013)

### 3) SCHOOL THE WORLD Checklist of Required Schedules Part IV

|             |   |     | 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 (see instructions)?   | 2   | X   |     |
| 3           | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to  |     | Λ   |     |
| 4           | candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)                                  | 3   |     | X   |
|             | election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4   |     | X   |
| 5           | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,  |     |     |     |
|             | Part III  | 5   |     |     |
| 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   |     | X   |
| 7           | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |     |     |     |
|             | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7   |     | X   |
| 8           | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | 8   |     | 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,  | 10  |     | Λ   |
|             | 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   |
| е           | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e |     | X   |
| f           | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   | 110 |     | -23 |
|             | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f |     | Х   |
| 12a         | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |     |     |     |
|             | Schedule D, Parts XI and XII  | 12a | Х   |     |
| b           | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if  | 124 |     | _   |
|             | 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,  | 140 |     |     |
|             | fundraising, business, investment, and program service activities outside the United States, or aggregate   |     |     |     |
|             | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  | 14b | х   |     |
| 15          | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or   | 140 | Λ   |     |
|             | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  | . 1 | Х   |
| 16          | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other  | 15  |     |     |
|             | 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  | 16  | -   |     |
|             | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  | 17  |     | Х   |
| 18          | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on   |     |     |     |
|             | Part VIII, lines 1c and 8a? If "Yes" complete Schedule G, Part II   | 18  | Х   |     |
| 19          | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  | 10  | 47  | _   |
| <del></del> | If "Yes," complete Schedule G, Part III   | 19  |     | х   |
| 20a         | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |     | X   |
|             | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b |     |     |
| EA          | and the organization distance and oppy of its additional statements to this return?   | 200 |     |     |

Page 4

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

| Pa     | rt 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   |          |         |      |
| b      | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |          |         |      |
| С      | reportable gaming (gambling) winnings to prize winners?  | 1c       |         |      |
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  | 10       |         |      |
| Lu     | Statements, filed for the calendar year ending with or within the year covered by this return 2a   |          |         | LY . |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b       |         |      |
|        | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |          | DATE:   |      |
| За     | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | За       |         | Х    |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b       |         |      |
| 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)?  | 4a       | Х       |      |
| b      | If "Yes," enter the name of the foreign country:   GT  |          |         | 0    |
|        | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   |          |         |      |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a       |         | X    |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b       |         | Х    |
| С      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c       |         |      |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   |          |         |      |
|        | organization solicit any contributions that were not tax deductible as charitable contributions?   | 6a       |         | X    |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or   |          |         |      |
|        | gifts were not tax deductible?   | 6b       |         | 2    |
| 7      | Organizations that may receive deductible contributions under section 170(c).  | 10       |         |      |
| а      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods  |          |         |      |
|        | and services provided to the payor?  | 7a       |         | Х    |
| b      | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b       |         |      |
| С      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   |          |         | 17   |
| -      | required to file Form 8282?  | 7c       |         | Х    |
| d      | If "Yes," indicate the number of Forms 8282 filed during the year  |          |         | v    |
| e      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e       |         | X    |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7f       |         | Λ    |
| g<br>h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7g<br>7h |         |      |
| 8      | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting  | 711      | 1691    |      |
|        | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring   |          |         |      |
|        | organization, have excess business holdings at any time during the year?   | 8        |         | Х    |
| 9      | Sponsoring organizations maintaining donor advised funds.  |          |         |      |
| а      | Did the organization make any taxable distributions under section 4966?  | 9a       |         | Х    |
| b      | Did the organization make a distribution to a donor, donor advisor, or related person?   | 9b       |         | Х    |
| 10     | Section 501(c)(7) organizations. Enter:  |          | 130     |      |
| а      | Initiation fees and capital contributions included on Part VIII, line 12   |          |         |      |
| b      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  |          |         |      |
| 11     | Section 501(c)(12) organizations. Enter:   | 100      |         |      |
| а      | Gross income from members or shareholders  |          |         |      |
| b      | Gross income from other sources (Do not net amounts due or paid to other sources   |          |         |      |
|        | against amounts due or received from them.)  | 11       | 1.4     |      |
| 12a    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a      |         |      |
| b      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  |          |         |      |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.   |          |         |      |
| a      | 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.  | 1977     |         |      |
| 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   |          | William |      |
| С      | Enter the amount of reserves on hand   | - 1      |         | 17   |
| 14a    | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a      |         | X    |
| b      | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b      |         |      |

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.

| 200        | Check if Schedule O contains a response or note to any line in the 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  | NI-NI      | res | NO   |
| , ,        | If there are material differences in voting rights among members of the governing body, or   |            |     | 1914 |
|            | if the governing body delegated broad authority to an executive committee or similar   |            |     |      |
|            | committee, explain in Schedule O.  |            |     | 197  |
| b          | Enter the number of voting members included in line 1a, above, who are independent 1b 12   |            |     |      |
| 2          | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with   |            |     |      |
| _          | any other officer, director, trustee, or key employee?   | 2          |     | Х    |
| 3          | Did the organization delegate control over management duties customarily performed by or under the direct  |            |     | **   |
| ~          | supervision of officers, directors, or trustees, or key employees to a management company or other person?   | 3          |     | Х    |
| 4          | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4          |     | X    |
| 5          | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5          |     | X    |
| 6          | Did the organization have members or stockholders?   | 6          |     | X    |
| 7a         | Did the organization have members, stockholders, or other persons who had the power to elect or appoint  |            | _   | 41   |
| <i>,</i> u | one or more members of the governing body?   | 7a         |     | Х    |
| b          | Are any governance decisions of the organization reserved to (or subject to approval by) members,  | 74         |     | 71   |
|            | stockholders, or persons other than the governing body?  | 7b         |     | х    |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during   | 12         |     |      |
|            | the year by the following:   | 16         |     |      |
| а          | The governing body?  | 8a         | Х   |      |
| b          | 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        | ction 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    |
| b          | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,   | 105        |     |      |
| 110        | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b        | Х   |      |
| 11a        | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  Describe in School to Other process if any yeard by the processing the form 900. | 11a        | Λ   |      |
| b          | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  | 100        | Х   |      |
| 2a         | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a<br>12b | X   |      |
| b          | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | 120        | Λ   |      |
| С          | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  | 100        | X   |      |
|            | describe in Schedule O how this was done   | 12c        | X   |      |
| 13         | Did the organization have a written whistleblower policy?  | 13         | X   |      |
| 14         | Did the organization have a written document retention and destruction policy?   | 14         | Λ   |      |
| 15         | Did the process for determining compensation of the following persons include a review and approval by   |            |     | HE   |
| 20         | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  | 15-        | Х   |      |
| a          | The organization's CEO, Executive Director, or top management official   | 15a        | X   |      |
| b          | Other officers or key employees of the organization  | 15b        | Λ   | 100  |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |            |     |      |
| l6a        | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement   | 100        |     | Х    |
|            | with a taxable entity during the year?   | 16a        |     | Λ    |
| b          |  |            |     |      |
|            | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the  | 16b        |     |      |
| 200        | organization's exempt status with respect to such arrangements?  | 100        | -   | _    |
| 5ec        | List the states with which a copy of this Form 990 is required to be filed CT  | -          |     |      |
| 8          | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)   |            |     |      |
|            | available for public inspection. Indicate how you made these available. Check all that apply.  |            |     |      |
|            | Another's website  |            |     |      |
| 10         |  |            |     |      |
| 9          | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.              |            |     |      |
| 20         | State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  |            |     |      |
|            | DELANEY & ASSOCIATES LLC (203)649-8591, 59 BUTTERNUT DRIVE, Meriden, CT 06450  |            |     |      |
|            |  |            |     |      |

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| Form 990 (20) | 13) SCHOOL THE WORLD   | 27-0176563                                | Page |
|---------------|--|---|------|
| 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                                       |      |

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.

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

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

| (A)<br>Name and Title                       | (B) Average hours per week (list any hours for related | Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D) Reportable compensation from the organization | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   | organizations<br>below dotted<br>line)                 | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC)                                   |  | organization<br>and related<br>organizations    |
| (1) MARY KATE CURRAN FOUNDER                | 40.00  | х  |                       |         |              | х                            |        | 89,628  | 0  | 0   |
| (2) SUSAN GODFREY BOARD MEMBER              | 1.00   | х  |                       |         |              |                              |        | 0   | 0  | 0   |
| (3) JOE LAWLER BOARD MEMBER                 | 1.00_  | Х  |                       |         |              |                              |        | 0   | 0  | 0   |
| (4) JANE WEXTON BOARD SECRETARY             | 1.00   | Х  |                       |         |              |                              |        | 0   | 0  | 0   |
| (5) ALBERTO BORRERO MUSLAEM BOARD PRESIDENT | 1.00   | Х  |                       |         |              |                              |        | 0   | 0  | 0   |
| (6) MARSH MARSHALL<br>BOARD MEMBER          | 1.00   | Х  |                       |         |              |                              |        | 0   | 0  | 0   |
| (7) VALERIE NELSON BOARD MEMBER             | 1.00   | Х  |                       |         |              | Н                            |        | 0   | 0  | 0   |
| (8) RAFAEL URBINA BOARD MEMBER              |  | Х  |                       |         |              |                              |        | 0   | 0  | 0   |
| (9) ELAINE CASTELLANO<br>TREASURER          | 1.00   | Х  |                       |         |              |                              |        | 0   | 0  | 0   |
| (10) BARBARA DANIELE BOARD MEMBER           | 1.00   | Х  |                       |         |              |                              |        | 0   | 0  | 0   |
| (11) BETTY REGAN BOARD MEMBER               | 1.00   | х  |                       |         |              |                              |        | 0   | 0  | 0   |
| (12) CIDALIA LUIS-AKBAR<br>BOARD MEMBER     | 1.00_  | х  |                       |         |              |                              |        | 0   | 0  | 0   |
| (13)  |  |  |                       |         |              |                              |        |   |  |   |
| (14)  |  |  |                       |         |              |                              |        |   |  |   |

| (A)<br>Name and title  |   | (do n                          | ot che                | Posi<br>eck m | c)<br>ition<br>ore tha | an one                       |             | (D)  Reportable compensation from the | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation |  |    |
|--|---|--------------------------------|-----------------------|---------------|------------------------|------------------------------|-------------|---------------------------------------|--|--|--|----|
|  | related<br>organizations<br>below dotted<br>line) | Individual trustee or director | Institutional trustee | Officer       | Key employee           | Highest compensated employee | Former      | organization<br>(W-2/1099-MISC)       | (W-2/1099-MISC)  | orga                                       | om the<br>anization<br>d related<br>anizations |    |
| (15)   |   |                                |                       |               |                        |                              |             |                                       |  |  |  |    |
| (16)   |   |                                |                       |               |                        |                              |             |                                       |  |  |  |    |
| (17)   |   |                                |                       |               |                        |                              |             |                                       |  |  |  |    |
| (18)   |   |                                |                       |               |                        |                              |             |                                       |  |  |  |    |
| (19)   |   |                                |                       |               |                        |                              |             |                                       |  |  |  |    |
| (20)   |   |                                |                       |               |                        |                              |             |                                       |  |  |  |    |
| (21)   |   |                                |                       | ľ             |                        |                              |             |                                       |  |  |  | Ī  |
| (22)   |   |                                |                       |               |                        |                              |             |                                       |  |  |  |    |
| (23)   |   |                                |                       |               |                        |                              |             |                                       |  |  |  |    |
| (24)   |   |                                |                       |               |                        |                              |             |                                       |  |  |  |    |
| (25)   |   |                                |                       |               |                        |                              |             |                                       |  |  |  |    |
| 1b Sub-total   | VII, Section A .                                  |                                |                       |               |                        |                              | <b>&gt;</b> | 89,628                                | o  |  |  | 0  |
| 2 Total number of individuals (including but reportable compensation from the organization)  | not limited to those listed                       |                                |                       |               |                        |                              | tha         | n \$100,000 of                        | 0  |  |  |    |
| 3 Did the organization list any former office  |   | kev en                         | nnlov                 | /PP           | or his                 | nhest                        | cor         | nnensated                             |  |  | Yes I  | No |
| employee on line 1a? If "Yes," complete S  For any individual listed on line 1a, is the s organization and related organizations gre | chedule J for such individum of reportable compe  | dual<br>nsation                | and                   | othe          | er com                 | npens                        | atio        | n from the                            |  | 3  |  | X  |
|  |   |                                |                       |               |                        |                              |             |                                       |  | 4  |  | X  |
| for services rendered to the organization? Section B. Independent Contractors  | If "Yes," complete Scheo                          |                                |                       |               |                        |                              |             |                                       |  | 5  |  | X  |
| Complete this table for your five highest compensation from the organization. Repoyear.  | ompensated independent                            |                                |                       |               |                        |                              |             |                                       | n's tax  |  |  |    |
| Name and busin   |   |                                |                       |               |                        |                              |             | (B) Description of                    | services   |  | C)<br>ensation                                 |    |
|  |   |                                |                       |               |                        |                              |             |                                       |  |  |  |    |
|  |   |                                |                       |               |                        |                              |             |                                       |  |  |  |    |
| Total number of independent contractors ( received more than \$100,000 of compensations)   |   |                                | e liste               | ed at         | oove)                  | who                          |             | 1111                                  |  | Legist 1                                   |  |    |

Form 990 (2013) SCHOOL THE WORLD 27-0176563 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded from tax Total revenue Related or Unrelated exempt business function revenue revenue under sections 512-514 Federated campaigns ..... 1a 1a Contributions, Gifts, Grants and Other Similar Amounts b c Fundraising events . . . . . . . 1c 32,500 d Related organizations ..... 1d e Government grants (contributions) . . 1e 123,682 f All other contributions, gifts, grants, and similar amounts not included above 350,839 Noncash contributions included in lines 1a-1f: \$ 38,517 Total. Add lines 1a-1f ...... 507,021 **Business Code** Program Service Revenue 2a d f All other program service revenue . . . . . . g Total. Add lines 2a-2f ...... 3 Investment income (including dividends, interest, 4 Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6a Gross rents . . . . . . . . . b Less: rental expenses . . . . c Rental income or (loss) . . . (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses . . . . c Gain or (loss) Revenue 8a Gross income from fundraising events (not including \$ 32,500 of contributions reported on line 1c). Other See Part IV, line 18 . . . . . . . . . . a b Less: direct expenses . . . . . . . b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 . . . . . . . . . a b Less: direct expenses .... b c Net income or (loss) from gaming activities ..... 10a Gross sales of inventory, less returns and allowances ..... a b Less: cost of goods sold ..... b c Net income or (loss) from sales of inventory . . . . . . . . . . .

**Business Code** 

11a b Miscellaneous Revenue

d All other revenue .......

5

507,026

27-0176563

#### Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX (B) (C) Do not include amounts reported on lines 6b, 7b, Fundraising Program service Management and 8b, 9b, and 10b of Part VIII. general expenses 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 3 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 . . . 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 11,238 7,134 Other salaries and wages 83,400 65,028 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,975 1,974 587 414 9 Other employee benefits ..... 18,351 5,647 4,235 10 28,233 11 Fees for services (non-employees): 73,554 56,595 9,467 7,492 308 635 943 2,800 7,787 4,987 C d Professional fundraising services. See Part IV, line 17 Investment management fees ....... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 1,518 1,518 35 35 12 Advertising and promotion . . . . . . 4,940 7,139 2,424 13 14,503 Office expenses . . . . . . . . Information technology . . . . 14 15 16 478 12,945 10,485 1,982 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 620 620 19 Conferences, conventions, and meetings 20 21 2,008 22 Depreciation, depletion, and amortization 2,008 23 6,223 5,516 707 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) CONSTRUCTION MATERIALS 90,612 90,612 46,444 46,444 TEACHER TRAINING PROGRAM b 55,725 55,725 STUDENT SERVICES LEARNING C 26,394 26,394 BOOKS/LEARNING MATERIALS 8,947 58,972 34,240 15,785 e All other expenses 31,124 58,323 25 Total functional expenses. Add lines 1 through 24e 512,891 423,444 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 63,097 1 111,243 2 2 300 160 3 Pledges and grants receivable, net ............ 3 4 24,743 4 49,422 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L ...... 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges . . . . . . . . . . . . . 9 48,602 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ... 10a 6,371 Less: accumulated depreciation . . . . . . . . . . 10b 2,283 10c 1,766 4,605 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 . . . . . . . . . . . . . . . . 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Other assets. See Part IV, line 11 .......... 15 15 16 90,423 16 214,032 17 Accounts payable and accrued expenses ......... 17 18 18 19 Deferred revenue 19 107,979 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, .iabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 .......... 107,979 26 Organizations that follow SFAS 117 (ASC 958), check here X and **Net Assets of Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 90,423 27 76,611 28 Temporarily restricted net assets 28 29,442 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 33 90,423 33 106,053

90,423

34

| orm   | 990 (2013) SCHOOL THE WORLD 27  | -01765 | 53    | Pa    | ige 12 |
|-------|---|--------|-------|-------|--------|
| Pai   | t XI Reconciliation of Net Assets   |        |       |       |        |
|       | Check if Schedule O contains a response or note to any line in this Part XI                                   |        |       |       | . 🗆    |
| 1     | Total revenue (must equal Part VIII, column (A), line 12)   | 1      |       | 507,  | 026    |
| 2     | Total expenses (must equal Part IX, column (A), line 25)  | 2      |       | 512,  | 891    |
| 3     | Revenue less expenses. Subtract line 2 from line 1  | 3      |       | (5,   | 865)   |
| 4     | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4      |       | 90,   | 423    |
| 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      |       | 21,   | 495    |
| 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     |       | 106,  | 053    |
| Pai   | t XII Financial Statements and Reporting  |        |       |       |        |
|       | Check if Schedule O contains a response or note to any line in this Part XII                                  |        |       |       | . 🗆    |
|       |   |        |       | Yes   | No     |
| 1     | Accounting method used to prepare the Form 990:   Cash   Accrual   Other                                      | _      |       |       |        |
|       | If the organization changed its method of accounting from a prior year or checked "Other," explain in         |        |       |       | 400    |
|       | Schedule O.   |        |       |       | -15    |
| 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        |        | 113   |       | 100    |
|       | reviewed on a separate basis, consolidated basis, or both:  |        |       |       |        |
|       | Separate basis Consolidated basis Both consolidated and separate basis  |        |       |       |        |
| b     | Were the organization's financial statements audited by an independent accountant?                            |        | . 2b  | X     |        |
|       | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a       |        | 3 (1) |       |        |
|       | separate basis, consolidated basis, or both:  |        |       |       |        |
|       | X Separate basis  |        | 10.51 |       | 1993   |
| C     | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight   |        |       |       | 1975   |
|       | of the audit, review, or compilation of its financial statements and selection of an independent accountant?  |        | . 2c  | X     |        |
|       | If the organization changed either its oversight process or selection process during the tax year, explain in |        |       |       |        |
|       | Schedule O.   |        |       |       |        |
| За    | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in   |        |       |       |        |
|       | the Single Audit Act and OMB Circular A-133?  |        | . 3a  |       | X      |
| b     | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the  |        |       |       |        |
| 11.00 | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       |        | . 3b  |       |        |
| EA    |   |        | Form  | 990 ( | 2013)  |

EEA

#### SCHEDULE A

(Form 990 or 990-EZ)

### Public Charity Status and Public Support

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

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number SCHOOL THE WORLD 27-0176563 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III-Functionally integrated d Type III-Non-funtionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col support above or IRC section governing document? col. (i) of your (i) organized in the (see instructions)) Yes No Yes Yes No (A) (B) (C) (D) (E)

Page 2 27-0176563 SCHOOL THE WORLD Schedule A (Form 990 or 990-EZ) 2013 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (c) 2011 (d) 2012 (e) 2013 (f) Total Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 . . The portion of total contributions by each person (other than a

|       | governmental unit or publicly   |                       |                      | 22 50 50               |                           | THE PROPERTY. |                           |
|-------|---|-----------------------|----------------------|------------------------|---------------------------|---------------|---------------------------|
|       | 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   |                       |                      |                        |                           |               |                           |
|       | tion B. Total Support   |                       |                      |                        | 100000                    | (-) 0040      | (6) T-4-1                 |
| Caler | dar year (or fiscal year beginning in)  | (a) 2009              | <b>(b)</b> 2010      | (c) 2011               | (d) 2012                  | (e) 2013      | (f) Total                 |
| 7     | Amounts from line 4   |                       |                      |                        |                           |               |                           |
| 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  |                       |                      |                        | 1971                      |               |                           |
|       | is regularly carried on   |                       |                      |                        |                           |               |                           |
| 10    | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)   | 1111                  |                      |                        |                           |               |                           |
| 11    | Total support. Add lines 7 through 10 .   |                       |                      |                        |                           |               | NI .                      |
| 12    | Gross receipts from related activities, etc. (see   | instructions)         |                      |                        |                           | . 12          |                           |
| 13    | First five years. If the Form 990 is for the organization, check this box and stop here   |                       |                      | urth, or fifth tax yea | ar as a section 501       | (c)(3)        |                           |
| Sec   | tion C. Computation of Public Su  |                       |                      |                        |                           | Last          |                           |
| 14    | Public support percentage for 2013 (line 6, co  |                       |                      |                        |                           |               | %                         |
| 15    | Public support percentage from 2012 Schedu  | le A, Part II, line 1 |                      |                        |                           |               | %                         |
| 16a   | 33 1/3% support test - 2013. If the organiz box and stop here. The organization qualif  | ies as a publicly     | supported organiza   | ation                  |                           |               | ▶ □                       |
| b     | 33 1/3% support test - 2012. If the organize check this box and stop here. The organize   | ation qualifies as    | a publicly supporte  | ed organization        |                           |               | □                         |
| 17a   | 10%-facts-and-circumstances test - 2013<br>10% or more, and if the organization meets<br>Part IV how the organization meets the "facts" | the "facts-and-c      | ircumstances" test   | , check this box ar    | nd <b>stop here.</b> Expl | ain in        |                           |
|       | organization  |                       |                      |                        |                           |               | ▶ □                       |
| b     | 10%-facts-and-circumstances test - 2012<br>15 is 10% or more, and if the organization is  |                       |                      |                        |                           |               |                           |
|       | Explain in Part IV how the organization meets   | the "facts-and-cir    | rcumstances" test. T | he organization qua    | alifies as a publicly     |               | 1                         |
|       | supported organization  |                       |                      |                        |                           |               | 7                         |
| 18    | <b>Private foundation.</b> If the organization did instructions   |                       |                      |                        |                           |               | ▶ □                       |
| 224   | 110000010   |                       |                      |                        |                           | 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 qualify under the tests listed below, please complete Part II.)

| Sec  | ction A. Public Support  |                    |                      |                         |  |          |           |
|------|--|--------------------|----------------------|-------------------------|--|----------|-----------|
| Cale | endar year (or fiscal year beginning in) 🕨   | (a) 2009           | <b>(b)</b> 2010      | (c) 2011                | (d) 2012   | (e) 2013 | (f) Total |
| 1    | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |                    | 1                    | 247,054                 | 398,093  | 506,258  | 1,151,405 |
| 2    | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                    |                      | - 11                    | 550,050  | 500,230  | 2,252,265 |
| 3    | Gross receipts from activities that are not an unrelated trade or bus. under sec 513   |                    |                      |                         |  |          |           |
| 4    | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                    |                      |                         |  |          |           |
| 5    | The value of services or facilities furnished by a governmental unit to the organization without charge  |                    |                      |                         |  |          |           |
| 6    | Total. Add lines 1 through 5   |                    |                      | 247,054                 | 398,093  | 506,258  | 1,151,405 |
| 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 • •       |                    |                      |                         |  |          |           |
| С    | Add lines 7a and 7b  |                    |                      |                         |  |          |           |
| 8    | Public support (Subtract line 7c from line 6.)   |                    |                      |                         |  |          | 1,151,405 |
| Sec  | tion B. Total Support  |                    |                      | -                       |  |          | -,,       |
| Cale | endar year (or fiscal year beginning in)   | (a) 2009           | <b>(b)</b> 2010      | (c) 2011                | (d) 2012   | (e) 2013 | (f) Total |
| 9    | Amounts from line 6  |                    |                      | 247,054                 | 398,093  | 506,258  | 1,151,405 |
| 10a  | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |                    |                      |                         | 20   | 5        | 25        |
| b    | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                    |                      |                         |  |          |           |
| С    | Add lines 10a and 10b  |                    |                      |                         | 20   | 5        | 25        |
| 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.)  |                    |                      |                         |  | 489      | 489       |
| 13   | Total support. (Add lines 9, 10c, 11, and 12.)   | o                  |                      | 247,054                 | 398,113  | 506,752  | 1,151,919 |
| 14   | First five years. If the Form 990 is for the organization, check this box and stop here  |                    |                      | h, or fifth tax year as | the statement of the party of the statement of the |          | ▶⊠        |
| Sec  | tion C. Computation of Public Sur  |                    |                      |                         |  |          |           |
| 15   | Public support percentage for 2013 (line 8, colu   |                    |                      |                         |  | 15       | %         |
| 16   | Public support percentage from 2012 Schedule   |                    |                      |                         |  | 16       | %         |
| Sec  | tion D. Computation of Investmen   |                    |                      |                         |  |          |           |
| 17   | Investment income percentage for 2013 (line  | 10c, column (f) di | ivided by line 13, o | olumn (f))              |  | 17       | %         |
| 18   | Investment income percentage from 2012 Sc  |                    |                      |                         | [  | 18       | %         |
| 19a  | 33 1/3% support tests - 2013. If the organiz 17 is not more than 33 1/3%, check this box   |                    |                      |                         |  |          | ▶□        |
| b    | 33 1/3% support tests - 2012. If the organiz line 18 is not more than 33 1/3%, check this l  |                    |                      |                         |  |          | ▶ 🗆       |
| 20   | Private foundation. If the organization did n  | ot check a box on  | line 14, 19a, or 19  | b, check this box ar    | nd see instructions                                | 3        | ▶ □       |

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury

Name of the organization

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. OMB No. 1545-0047

Employer identification number

SCHOOL THE WORLD 27-0176563 Organization type (check one): Filers of: Section: ∑ 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules K For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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 exclusively 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 exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or 

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

more during the year

Employer identification number

Name of organization 27-0176563 SCHOOL THE WORLD Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person 1 Payroll Noncash 50,000 (Complete Part II for noncash contributions.) (d) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person 2 Payroll Noncash 75,000 (Complete Part II for noncash contributions.) (b) (c) (d) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (c) (a) (b) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll

(b)

Name, address, and ZIP + 4

(a)

No.

Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions.)

(c)

**Total contributions** 

(d)

Type of contribution

### SCHEDULE D (Form 990)

### Supplemental Financial Statements

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

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

|     | of the organization   | 2.7 01.76562                    |
|-----|---|---------------------------------|
|     | HOOL THE WORLD  | 27-0176563                      |
| Par |   | ounts.                          |
|     | Complete if the organization answered "Yes" to Form 990, Part IV, line 6.   |                                 |
|     | (a) Donor advised funds   | (b) Funds and other accounts    |
| 1   | Total number at end of year   |                                 |
| 2   | Aggregate 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 writing that the assets held in donor advised            |                                 |
|     | funds are the organization's property, subject to the organization's exclusive legal control?                         |                                 |
| 6   | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used          |                                 |
|     | only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose          |                                 |
|     | conferring impermissible private benefit?   | Yes \( \) No                    |
| Pa  | rt II Conservation Easements  |                                 |
|     | Complete if the organization answered "Yes" to Form 990, Part IV, line 7.   |                                 |
| 1   | Purpose(s) of conservation easements held by the organization (check all that apply).                                 |                                 |
|     | Preservation of land for public use (e.g., recreation or education)   | ically important land area      |
|     | Protection of natural habitat   | d historic structure            |
|     | Preservation of open space  |                                 |
| 2   | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con-     | servation                       |
|     | easement on the last day of the tax year.   | Held at the End of the Tax Year |
| a   | Total number of conservation easements  | 2a                              |
| b   | Total acreage restricted by conservation easements  | 2b                              |
| C   | Number of conservation easements on a certified historic structure included in (a)                                    | 2c                              |
| d   | Number of conservation easements included in (c) acquired after 8/17/06, and not on a                                 |                                 |
|     | historic structure listed in the National Register  | 2d                              |
| 3   | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organi           | ization during the              |
|     | tax year •  |                                 |
| 4   | Number of states where property subject to conservation easement is located   |                                 |
| 5   | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of                |                                 |
|     | violations, and enforcement of the conservation easements it holds?   | ∐ Yes ∐ No                      |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the          | e year                          |
|     |   |                                 |
| 7   | Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year           | ar                              |
|     | ▶ \$  |                                 |
| 8   | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E           | В) П. П.                        |
|     | (i) and section 170(h)(4)(B)(ii)?   | Yes   No                        |
| 9   | In Part XIII, describe how the organization reports conservation easements in its revenue and expense staten          | ment, and                       |
|     | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that   | t describes the                 |
| _   | organization's accounting for conservation easements.   | Other Circles Assets            |
| Pa  | art III Organizations Maintaining Collections of Art, Historical Treasures, or  | Other Similar Assets.           |
|     | Complete if the organization answered "Yes" to Form 990, Part IV, line 8.   |                                 |
| 1a  | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement ar         | nd balance sneet                |
|     | works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fur | rtherance of                    |
|     | public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these item | ns.                             |
| b   | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b          | balance sneet                   |
|     | works of art, historical treasures, or other similar assets held for public exhibition, education, or research in ful | nnerance of                     |
|     | public service, provide the following amounts relating to these items:  | • •                             |
|     | (i) Revenues included in Form 990, Part VIII, line 1  | \$                              |
|     | (ii) Assets included in Form 990, Part X  |                                 |
| 2   | If the organization received or held works of art, historical treasures, or other similar assets for financial gain,  | provide the                     |
|     | following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:                           | <b>&gt;</b> s                   |
| a   | Revenues included in Form 990, Part VIII, line 1  |                                 |
| b   | Assets included in Form 990, Part X   |                                 |

|       | Page 2 |  |
|-------|--------|--|
| ntini | red)   |  |

27-0176563

Schedule D (Form 990) 2013 SC

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|         |     |       |

| Par  | Using the organization's acquisition, accession, and other                                 |  |  |  | no (continued)   |
|------|--|--|--|--|--|
| 3    | HE HOUSE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOT  | records, check any or i  | ne following that are a signif   | icant use of its   |  |
|      | collection items (check all that apply):  Public exhibition                                | d  | ange programs  |  |  |
| a    | Scholarly research   | e Other  | inge programs  |  |  |
| b    | Preservation for future generations  | e 🗆 Other  |  |  |  |
| C    | Provide a description of the organization's collections and                                | explain how they further   | er the organization's exempt   | nurnose in Part  |  |
| 4    | XIII.  |  |  | purpose ii i uit   |  |
| 5    | During the year, did the organization solicit or receive don                               |  |  |  |  |
|      | assets to be sold to raise funds rather than to be maintain                                |  | zation's collection?   |  | U Yes U No   |
| Par  | Complete if the organization answere 990, Part X, line 21.                                 | nts.<br>ed "Yes" to Form 9   | 990, Part IV, line 9, or   | reported an amoun  | t on Form  |
| 1a   | Is the organization an agent, trustee, custodian or other in included on Form 990, Part X? |  | ions or other assets not   |  | .  Yes No  |
| b    | If "Yes," explain the arrangement in Part XIII and complete                                |  |  |  |  |
| D    | ii 165, explaintile arangement iii i art xiii and complete                                 | s the following table.   |  | Am   | ount   |
| С    | Beginning balance  |  |  | . 1c   |  |
| d    | Additions during the year  |  |  | . 1d   |  |
| е    | Distributions during the year  |  |  | . 1e   |  |
| f    | Ending balance   |  |  | . 1f   |  |
| 2a   | Did the organization include an amount on Form 990, Par                                    | t X, line 21?  |  |  | 🗌 Yes 📙 No   |
| b    | If "Yes," explain the arrangement in Part XIII. Check here                                 | if the explanation has b   | een provided in Part XIII  |  |  |
| Pai  | rt V Endowment Funds.  | 100 March 12 (10 March 12 Marc |  |  |  |
|      | Complete if the organization answere   | ed "Yes" to Form 9   | 990, Part IV, line 10.   |  |  |
|      |  | Current year (b) P   | rior year (c) Two years b  | ack (d) Three years back   | (e) Four years back  |
| 1a   | Beginning of year balance  |  |  |  |  |
| b    | Contributions  |  |  |  |  |
| С    | Net investment earnings, gains, and  |  |  |  |  |
|      | losses   |  |  |  |  |
| a    | Grants or scholarships   |  |  |  |  |
| е    | Other expenditures for facilities and  |  |  |  |  |
| •    | Administrative expenses  |  |  |  |  |
| g    | End of year balance  |  |  |  |  |
| 2    | Provide the estimated percentage of the current year end                                   | balance (line 1g. colum  | nn (a)) held as:   |  |  |
| a    | Board designated or quasi-endowment  | %  |  |  |  |
| b    | Permanent endowment  |  |  |  |  |
| c    | Temporarily restricted endowment   | %  |  |  |  |
|      | The percentages in lines 2a, 2b, and 2c should equal 100                                   | 1%.  |  |  |  |
| За   | Are there endowment funds not in the possession of the                                     | organization that are he   | d and administered for the   |  |  |
|      | organization by:   |  |  |  | Yes No   |
|      | (i) unrelated organizations  |  |  |  | . 3a(i)  |
|      | (ii) related organizations   |  |  |  | . 3a(ii)   |
| b    | If "Yes" to 3a(ii), are the related organizations listed as re-                            | •  |  |  | . 3b   |
| 4    | Describe in Part XIII the intended uses of the organization                                | n's endowment funds.   |  |  |  |
| Pa   | rt VI Land, Buildings, and Equipment.  | - L IIV II t - F (   | 200 Deat IV line dde   | Oan Farm 000 Bar   | t V line 10  |
|      | Complete if the organization answer  | TOMOS W NE N NO  | The state of the s | A STATE OF THE STA | The state of the Control of the Cont |
|      | Description of property  | (a) Cost or other basis<br>(investment)  | (b) Cost or other basis<br>(other)   | (c) Accumulated depreciation   | (d) Book value   |
| 1a   | Land   |  |  |  |  |
| b    | Buildings  |  |  |  |  |
| c    | Leasehold improvements   |  |  |  |  |
| d    | Equipment  |  | 6,371  | 1,766  | 4,605  |
| е    | Other  |  |  |  | N 525  |
| Tota | I. Add lines 1a through 1e. (Column (d) must equal For                                     | m 990, Part X, column  | n (B), line 10(c).)  |  | 4,605  |

| scription of security or category (including name of security)  es  y interests  ual Form 990, Part X, col. (B) line 12.)  estments - Program Related | (b) Book value  | IV, line 11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end-of-year market value  IV, line 11c. See Form 990, Part X, line 13.  (c) Method of valuation: Cost or end-of-year market value   |
|---|---|--|
| ual Form 990, Part X, col. (B) line 12.)  estments - Program Related mplete if the organization ansi  | i. wered "Yes" to Form 990, Part  | IV, line 11c. See Form 990, Part X, line 13.  (e) Method of valuation:   |
| ual Form 990, Part X, col. (B) line 12.)  estments - Program Related mplete if the organization answer.   | wered "Yes" to Form 990, Part   | (c) Method of valuation:   |
| ual Form 990, Part X, col. (B) line 12.) <b>estments - Program Related</b> mplete if the organization ans   | wered "Yes" to Form 990, Part   | (c) Method of valuation:   |
| estments - Program Related<br>mplete if the organization ans  | wered "Yes" to Form 990, Part   | (c) Method of valuation:   |
| estments - Program Related<br>mplete if the organization ans  | wered "Yes" to Form 990, Part   | (c) Method of valuation:   |
| estments - Program Related<br>mplete if the organization ans  | wered "Yes" to Form 990, Part   | (c) Method of valuation:   |
| estments - Program Related<br>mplete if the organization ans  | wered "Yes" to Form 990, Part   | (c) Method of valuation:   |
| estments - Program Related<br>mplete if the organization ans  | wered "Yes" to Form 990, Part   | (c) Method of valuation:   |
| estments - Program Related<br>mplete if the organization ans  | wered "Yes" to Form 990, Part   | (c) Method of valuation:   |
| estments - Program Related<br>mplete if the organization ans  | wered "Yes" to Form 990, Part   | (c) Method of valuation:   |
| estments - Program Related<br>mplete if the organization ans  | wered "Yes" to Form 990, Part   | (c) Method of valuation:   |
| estments - Program Related<br>mplete if the organization ans  | wered "Yes" to Form 990, Part   | (c) Method of valuation:   |
| estments - Program Related<br>mplete if the organization ans  | wered "Yes" to Form 990, Part   | (c) Method of valuation:   |
| mplete if the organization ans  | wered "Yes" to Form 990, Part   | (c) Method of valuation:   |
| S AS NOW W A  | 0.00/04/2017/04/20  | (c) Method of valuation:   |
| S AS NOW W A  | 0.00/04/2017/04/20  | (c) Method of valuation:   |
| Description of investment   | (b) book value  |  |
|   |   | over or one or jour market raise   |
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| usal Form 990 Part X col. (B) line 13.)   | •   |  |
| mplete if the organization ans  | (a) Description   | (b) Book value   |
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| and savel Form 200 Bost V and (B)   | line 15 )   | <b>•</b>   |
| <b>her Liabilities.</b><br>mplete if the organization ans   |   |  |
| (a) Description of liability  | (b) Book value  |  |
| taxes   |   |  |
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| gual Form 990, Part X. col. (B) line 25.)   | <b>&gt;</b>   |  |
|   | must equal Form 990, Part X, col. (B) her Liabilities. Implete if the organization anse 25. (a) Description of liability Is taxes | must equal Form 990, Part X, col. (B) line 15.)  her Liabilities.  mplete if the organization answered "Yes" to Form 990, Part 2.  her Liabilities.  must equal Form 990, Part X, col. (B) line 15.)  her Liabilities.  mplete if the organization answered "Yes" to Form 990, Part 2.  e 25.  (a) Description of liability  (b) Book value  |

|     | rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p  | er Return.   | 1 age 4 |
|-----|--|--------------|---------|
|     | 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          | 507,026 |
| 2   | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |              |         |
| а   | Net unrealized gains on investments  |              |         |
| b   | Donated services and use of facilities   | 543          |         |
| C   | Recoveries of prior year grants  |              |         |
| d   | Other (Describe in Part XIII.)   |              |         |
| е   | Add lines 2a through 2d  | . 2e         |         |
| 3   | Subtract line 2e from line 1   | . 3          | 507,026 |
| 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.)   | 100          |         |
| C   | Add lines 4a and 4b  |              |         |
| 5   | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |              | 507,026 |
| Pai | Reconciliation of Expenses per Audited Financial Statements With Expense   | s per Returr | 1.      |
|     | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.  |              |         |
| 1   | Total expenses and losses per audited financial statements   | . 1          | 511,830 |
| 2   | Amounts included on line 1 but not on Form 990, Part IX, line 25:  | 12.4         |         |
| а   | Donated services and use of facilities   | 253          |         |
| b   | Prior year adjustments   |              |         |
| C   | Other losses   | 1000         |         |
| d   | Other (Describe in Part XIII.)   | - 0-         |         |
| e   | Add lines 2a through 2d  | . 2e         | F11 020 |
| 3   | Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:   | . 3          | 511,830 |
| a a | Investment expenses not included on Form 990, Part VIII, line 7b 4a  |              |         |
| b   | Other (Describe in Part XIII.)   | 1            |         |
| C   | Add lines 4a and 4b  |              | 1,061   |
| 5   | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)   |              | 512,891 |
| _   | rt XIII Supplemental Information   |              |         |
| O1  | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  Other expenses included on Form 990 (Part XII, line 4b)  OUNT OF DEPRECIATION EXPENSES INCLUDED ON FORM 990 AND NOT IN THE AUDITED FINANCIAL  STEMENTS. DIFFERENCE CAUSED BY THE DIFFERENT DEPRECIATION METHODS USED IN PREPARING TO  RETURN AND THE AUDITED FINANCIAL STATEMENTS. | Œ            |         |
|     |  |              |         |
|     |  | 4.5          | 4       |

#### Schedule F (Form 990)

Department of the Treasury

Internal Revenue Service

### 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.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number Name of the organization 27-0176563 SCHOOL THE WORLD General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (d) Activities conducted in (e) If activity listed in (d) is (f) Total (a) Region (b) Number of (c) Number of expenditures for offices in the employees region (by type) (e.g., a program service, and investments region fundraising, program services, describe specific type of agents, and service(s) in region in region investments, independent grants to recipients contractors located in the region in region Central America and 134,571 SCHOOL CONSTRUCTION (1) the Carribean Program services Central America and 44,222 (2) the Carribean Program services PROVIDE BOOKS Central America and TEACHER TRAINING 105,291 (3) the Carribean 2 Program services Central America and 2 Program services STUDENT SERVICES 95,838 (4) the Carribean Central America and PARENTING CLASSES 43,021 (5) the Carribean 2 Program services (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)10 422,943 Sub-total . . . . . . . . . . Total from continuation sheets to Part I . . . . . . . 422,943 10 Totals (add lines 3a and 3b)

Schedule F (Form 990) 2013 SCHOOL THE WORLD Part IV Foreign Forms Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If Yes, 1 the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign ..... 🗆 Yes X No Corporation (see Instructions for Form 926) 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 ..... Yes U.S. Owner (see Instructions for Forms 3520 and 3520-A) Did the organization have an ownership interest in a foreign corporation during the tax year? If Yes, 3 the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To ..... Yes Certain Foreign Corporations. (see Instructions for Form 5471) Was the organization a direct or indirect shareholder of a passive foreign investment company or a 4 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 ..... Yes Fund. (see Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If Yes, 5 the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain ..... Yes Foreign Partnerships. (see Instructions for Form 8865) Did the organization have any operations in or related to any boycotting countries during the tax year? If 6 Yes, the organization may be required to file Form 5713, International Boycott Report (see Instructions ..... Yes 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.

OMB No. 1545-0047

2013 Open to Public

Department of the Treasury Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Inspection Name of the organization Employer identification number

SCHOOL THE WORLD 27-0176563 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants ☐ Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

| ırt I                                |  |  |   |   |  |
|--------------------------------------|--|--|---|---|--|
|                                      | Fundraising Events. Complete than \$15,000 of fundraising  | event contributions an   | d gross income on Form 9  | 990-EZ, lines 1 and 6b.                               | List events with                                       |
|                                      | gross receipts greater than  |  |   |   |  |
|                                      | gross reserve greater man  | (a) Event #1   | (b) Event #2  | (c) Other events                                      | (d) Total events                                       |
|                                      |  | BOSTON   | WASHNGTN DC   | 1   | (add col. (a) through                                  |
|                                      |  | (event type)   | (event type)  | (total number)  | col. (c))  |
|                                      |  | (ovoin typo)   | (Constant)  |   |  |
| 1                                    | Gross receipts   | 14,000   | 11,000  | 7,500   | 32,500   |
| 1                                    | Gross receipts   | 22/000   |   |   |  |
| 2                                    | Less: Contributions  |  |   |   |  |
| 3                                    | Gross income (line 1 minus   |  |   |   |  |
| 3                                    |  | 14,000   | 11,000  | 7,500   | 32,500   |
| _                                    | line 2)  | 11/000   |   |   |  |
| 4                                    | Cash prizes  |  |   |   |  |
| 1                                    | Cash ph2co   |  |   |   |  |
| 5                                    | Noncash prizes   |  |   |   |  |
|                                      | Noncasii piizos  |  |   |   |  |
| 6                                    | Rent/facility costs  |  |   |   |  |
|                                      | Heribiacinty costs   |  |   |   |  |
| 7                                    | Food and beverages   |  |   |   |  |
| ′                                    | 1 000 and bevolages  |  |   |   |  |
| 8                                    | Entertainment  |  |   |   |  |
| -                                    |  |  |   |   |  |
| 9                                    | Other direct expenses  |  |   |   |  |
| 10<br>11                             | Net income summary. Subtract line  | 10 from line 3, column (d)   |   |   |  |
| 11                                   | Net income summary. Subtract line  | 10 from line 3, column (d)<br>organization answered                                | "Yes" to Form 990, Part I   | V, line 19, or reported m                             | ore  |
| 11                                   | Net income summary. Subtract line  III Gaming. Complete if the   | 10 from line 3, column (d)<br>organization answered                                |   |   | ore (d) Total gaming (a                                |
| 11<br>art                            | Net income summary. Subtract line  Gaming. Complete if the than \$15,000 on Form 996   | 10 from line 3, column (d)<br>organization answered<br>0-EZ, line 6a.              | "Yes" to Form 990, Part IV  | V, line 19, or reported m                             | (d) Total gaming (a                                    |
| 11                                   | Net income summary. Subtract line  Gaming. Complete if the than \$15,000 on Form 996   | 10 from line 3, column (d)<br>organization answered<br>0-EZ, line 6a.              | "Yes" to Form 990, Part IV  | V, line 19, or reported m                             | ore (d) Total gaming (a                                |
| art 1                                | Net income summary. Subtract line  Gaming. Complete if the orthan \$15,000 on Form 990  Gross revenue  | 10 from line 3, column (d)<br>organization answered<br>0-EZ, line 6a.              | "Yes" to Form 990, Part IV  | V, line 19, or reported m                             | (d) Total gaming (a                                    |
| 11<br>art                            | Net income summary. Subtract line  Gaming. Complete if the orthan \$15,000 on Form 990  Gross revenue  | 10 from line 3, column (d)<br>organization answered<br>0-EZ, line 6a.              | "Yes" to Form 990, Part IV  | V, line 19, or reported m                             | (d) Total gaming (a                                    |
| 11 art                               | Net income summary. Subtract line  Gaming. Complete if the orthan \$15,000 on Form 990  Gross revenue  Cash prizes   | 10 from line 3, column (d)<br>organization answered<br>0-EZ, line 6a.              | "Yes" to Form 990, Part IV  | V, line 19, or reported m                             | (d) Total gaming (a                                    |
| art 1                                | Net income summary. Subtract line  Gaming. Complete if the orthan \$15,000 on Form 990  Gross revenue  Cash prizes   | 10 from line 3, column (d)<br>organization answered<br>0-EZ, line 6a.              | "Yes" to Form 990, Part IV  | V, line 19, or reported m                             | (d) Total gaming (a                                    |
| 11 art 1 2 3                         | Net income summary. Subtract line  Gaming. Complete if the orthan \$15,000 on Form 990  Gross revenue  Cash prizes  Noncash prizes   | 10 from line 3, column (d)<br>organization answered<br>0-EZ, line 6a.              | "Yes" to Form 990, Part IV  | V, line 19, or reported m                             | (d) Total gaming (a                                    |
| 11 art 1 2 3                         | Net income summary. Subtract line  Gaming. Complete if the orthan \$15,000 on Form 99  Gross revenue  Cash prizes  Noncash prizes  | 10 from line 3, column (d)<br>organization answered<br>0-EZ, line 6a.              | "Yes" to Form 990, Part IV  | V, line 19, or reported m                             | ore (d) Total gaming (a                                |
| 11 2 2 3 4                           | Net income summary. Subtract line  Gaming. Complete if the orthan \$15,000 on Form 990  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  | 10 from line 3, column (d)<br>organization answered<br>0-EZ, line 6a.              | "Yes" to Form 990, Part IV  | V, line 19, or reported m                             | 32,500 nore  (d) Total gaming (a col. (a) through col. |
| 11 art 1 2 3                         | Net income summary. Subtract line  Gaming. Complete if the orthan \$15,000 on Form 990  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  | 10 from line 3, column (d)<br>organization answered<br>0-EZ, line 6a.              | "Yes" to Form 990, Part IV  (b) Pull tabs/instant bingo/progressive bingo                                     | V, line 19, or reported m                             | ore (d) Total gaming (a                                |
| 11 2 3 4 5                           | Net income summary. Subtract line  Gaming. Complete if the orthan \$15,000 on Form 996  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses   | 10 from line 3, column (d)<br>organization answered<br>0-EZ, line 6a.  (a) Bingo   | "Yes" to Form 990, Part IV  (b) Pull tabs/instant bingo/progressive bingo                                     | V, line 19, or reported m                             | (d) Total gaming (a                                    |
| 11 2 3 4                             | Net income summary. Subtract line  Gaming. Complete if the orthan \$15,000 on Form 996  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses   | 10 from line 3, column (d) organization answered 0-EZ, line 6a.  (a) Bingo         | "Yes" to Form 990, Part IV  (b) Pull tabs/instant bingo/progressive bingo  Yes%                               | V, line 19, or reported m  (c) Other gaming           | (d) Total gaming (a                                    |
| 11 2 3 4 5                           | Net income summary. Subtract line  Gaming. Complete if the orthan \$15,000 on Form 990  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  | 10 from line 3, column (d) organization answered 0-EZ, line 6a.  (a) Bingo  Yes No | "Yes" to Form 990, Part IV  (b) Pull tabs/instant bingo/progressive bingo  Yes%                               | V, line 19, or reported m  (c) Other gaming           | (d) Total gaming (a                                    |
| 11 2 3 4 5 6                         | Net income summary. Subtract line  Gaming. Complete if the or than \$15,000 on Form 990  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines  | 10 from line 3, column (d) organization answered 0-EZ, line 6a.  (a) Bingo  Yes    | "Yes" to Form 990, Part IV  (b) Pull tabs/instant bingo/progressive bingo  Yes%  No                           | V, line 19, or reported m  (c) Other gaming           | (d) Total gaming (a                                    |
| 11 2 3 4 5 6                         | Net income summary. Subtract line  Gaming. Complete if the or than \$15,000 on Form 990  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines  | 10 from line 3, column (d) organization answered 0-EZ, line 6a.  (a) Bingo  Yes    | "Yes" to Form 990, Part IV  (b) Pull tabs/instant bingo/progressive bingo  Yes%  No                           | V, line 19, or reported m  (c) Other gaming           | (d) Total gaming (a                                    |
| 11 2 3 4 5 6 7 7 8                   | Net income summary. Subtract line  Gaming. Complete if the of than \$15,000 on Form 990  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines  | Yes  | "Yes" to Form 990, Part IV  (b) Pull tabs/instant bingo/progressive bingo  Yes%  No                           | V, line 19, or reported m  (c) Other gaming           | (d) Total gaming (a                                    |
| 11 2 3 4 5 6 7 7 E                   | Net income summary. Subtract line  Gaming. Complete if the organizate than \$15,000 on Form 990  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines  Net gaming income summary. Subtract line                          | 10 from line 3, column (d) organization answered 0-EZ, line 6a.  (a) Bingo  Yes    | "Yes" to Form 990, Part IV  (b) Pull tabs/instant bingo/progressive bingo  Yes%  No  nn (d)                   | V, line 19, or reported m  (c) Other gaming           | (d) Total gaming (a col. (a) through col.              |
| 11 1 2 3 4 5 6 7 7 E                 | Net income summary. Subtract line  Gaming. Complete if the of than \$15,000 on Form 990  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines  | 10 from line 3, column (d) organization answered 0-EZ, line 6a.  (a) Bingo  Yes    | "Yes" to Form 990, Part IV  (b) Pull tabs/instant bingo/progressive bingo  Yes%  No  nn (d)                   | V, line 19, or reported m  (c) Other gaming           | (d) Total gaming (a                                    |
| 11 1 2 3 4 4 5 6 6 7 7 8 8 a 1       | Net income summary. Subtract line  Gaming. Complete if the orthan \$15,000 on Form 990  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines  Net gaming income summary. Subtles the organization licensed to operate of | 10 from line 3, column (d) organization answered 0-EZ, line 6a.  (a) Bingo  Yes    | "Yes" to Form 990, Part IV  (b) Pull tabs/instant bingo/progressive bingo  Yes%  No  nn (d)                   | V, line 19, or reported m  (c) Other gaming           | (d) Total gaming (a col. (a) through col.              |
| 11 1 2 3 4 4 5 6 6 7 7 8 8 a 1       | Net income summary. Subtract line  Gaming. Complete if the organizat sthe organization licensed to operate grants.   | Yes  | "Yes" to Form 990, Part IV  (b) Pull tabs/instant bingo/progressive bingo  Yes%  No  nn (d)                   | V, line 19, or reported m  (c) Other gaming           | (d) Total gaming (a col. (a) through col.              |
| 11 1 2 3 3 4 5 5 6 6 7 7 E 8 1 b i   | Net income summary. Subtract line  Gaming. Complete if the organization in the organization licensed to operate of the organization.  Rent/facility costs  Other direct expenses  Net gaming income summary. Subtract line organization incensed to operate of the organization.                               | Yes  | "Yes" to Form 990, Part IV  (b) Pull tabs/instant bingo/progressive bingo  Yes%  No  nn (d)  es: hese states? | V, line 19, or reported m  (c) Other gaming  Yes%  No | (d) Total gaming (a col. (a) through col.              |
| 11 1 2 2 3 3 4 5 5 6 6 7 7 E 8 1 b i | Net income summary. Subtract line  Gaming. Complete if the organizat sthe organization licensed to operate grants.   | Yes  | "Yes" to Form 990, Part IV  (b) Pull tabs/instant bingo/progressive bingo  Yes%  No  nn (d)  es: hese states? | V, line 19, or reported m  (c) Other gaming  Yes%  No | (d) Total gaming (a col. (a) through col.              |

### SCHEDULE M (Form 990)

### **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2013

Open to Public

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

990. Inspection
Employer identification number

SCHOOL THE WORLD 27-0176563 Part I Types of Property (c) (d) (a) (b) Noncash contribution Method of determining Check if Number of contributions or amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art-Works of art Art-Historical treasures . . 2 3 Art-Fractional interests 4 Books and publications . . . 5 Clothing and household goods . . . . . . . . . . . . . . . . Cars and other vehicles 6 7 Boats and planes . . . . . . . . 8 Intellectual property . . . . . . Securities-Publicly traded . . . . 9 Securities-Closely held stock . . 10 11 Securities-Partnership, LLC, or trust interests . . . . . . 12 Securities-Miscellaneous Qualified conservation 13 contribution - Historic structures ...... 14 Qualified conservation contribution - Other . . . . . Real estate-Residential . . . . . 15 Real estate-Commercial . . . . 16 Real estate-Other . . . . . . . . . 17 18 19 Food inventory . . . . . . . . 20 Drugs and medical supplies . . . 21 Taxidermy . . . . . . . . . . . 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts COST 38,517 Other (CONSTRUCTI 25 26 Other ( 27 Other ( Other ( 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that 30a it must hold for at least three years from the date of the initial contribution, and which is not required to be X 30a used for exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? . . . . . . . . . . . If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

27-0176563

| SCHOOL THE WORLD 27-0176563  |
|--|
| 01. Amended return infomation  |
|  |
| A CHANGE WAS MADE TO HOW REVENUE AND EXPENSES WERE REPORTED FOR THE STUDENT SERVICE        |
| PROGRAM. REVENUE AND EXPENSES FROM THE STUDENT SERVICE PROGRAM ARE RECOGNIZED IN THE YEAR  |
| THE TRIP OCCURS. REVENUE FROM ANY INDIVIDUAL STUDENT IN EXCESS OF THE COST OF THE TRIP FOR |
| THAT STUDENT IS RECOGNIZED WHEN RECEIVED. THIS IS A CHANGE FROM THE PREVIOUS METHOD OF     |
| REVENUE RECOGNITION. PREVIOUSLY, REVENUE WAS RECOGNIZED WHEN RECEIVED, AND REVENUE WAS     |
| ACCRUED WHEN A STUDENT SIGNED UP FOR A TRIP AND MADE A DOWN PAYMENT.                       |
|  |
| 02. Form 990 governing body review (Part VI, line 11)                                      |
| A COPY OF THIS 990 TAX RETURN WAS PROVIDED TO ALL MEMBERS OF THE BOARD FOR REVIEW. BOARD   |
| MEMBERS HAVE THE OPPORTUNITY TO RAISE QUESTIONS WITH THE PREPARER OF THE RETURN.           |
|  |
| 03. Conflict of interest policy compliance (Part VI, line 12c)                             |
| BOARD MEMBERS ARE REQUIRED TO SUBMIT A SIGNED POLICY ON AN ANNUAL BASIS, WHICH IS REVIEWED |
| TO ENSURE THAT THERE ARE NO CONFILCTS.   |
|  |
| 04. CEO, executive director, top management comp (Part VI, line 15a)                       |
| A COMPENSATION POLICY EXISTS THAT REQUIRES COMPENSATION TO BE DIRECTED BY BEST PRACTICES   |
| OF CHARITY EVALUATORS FOR FINANCIAL EFFICIENCY AND INDIVIDUAL EMPLOYEE PERFORMANCE. THE    |
| COMPENSATION COMMITTEE CONDUCTS A REVIEW OF NONPROFIT CEO/EXECUTIVE DIRECTOR SALARIES TO   |
| DETERMINE THE RANGE OF APPROPRIATE COMPENSATION.   |
|  |
| 05. Other officer or key employee compensation (Part VI, line 15b                          |
| A COMPENSATION POLICY EXISTS THAT REQUIRES COMPENSATION TO BE DIRECTED BY BEST PRACTICES   |
| OF CHARITY EVALUATORS FOR FINANCIAL EFFICIENCY, BENCHMARKING OF SALARIES OF SIMILARLY      |

Name of the organization

SCHOOL THE WORLD

Employer identification number

27-0176563

SITUATED

ORGANIZATIONS AND INDIVIDUAL EMPLOYER PERFORMANCE.

### 06. Governing documents, etc, available to public (Part VI, line 19)

GOVERNING DOCUMENTS AND POLICIES CAN BE MADE AVAILABLE UPON REQUEST.

### 07. List of other expenses (Part IX, line 24e)

| PROGRAM SERVICES: | ROGRAM | SERVICES: |
|-------------------|--------|-----------|
|-------------------|--------|-----------|

| 11001211                     |          |         |      |
|------------------------------|----------|---------|------|
| PARENTING CLASSES            | \$ 1,704 |         |      |
| PRINTING AND COPYING         | 599      | - · · · |      |
| SCHOOL FURNITURE             | 393      |         | <br> |
| COMMUNITY AWARDS             | 2,868    |         |      |
| TELEPHONE/TELECOMMUNICATIONS | 3,942    |         |      |
| FOOD AND BEVERAGES           | 856      |         |      |
| BANK FEES                    | 1,360    |         |      |
| VOLUNTEER SUPPORT            | 147      |         |      |
| WEB COMMUNICATIONS           | 2,493    |         |      |
| MISCELLANEOUS EXPENSES       | 2,869    |         |      |
|                              |          |         |      |

| POSTAGE | AND | MAILING | SERVICES | 23 |
|---------|-----|---------|----------|----|
|         |     |         |          |    |

| TRANSPORTATION   | 17,267 |
|--|--------|
| A STATE OF THE STA |        |

| SOFTWARE | 30 |
|----------|----|
|          |    |

| TOTAL | \$34,551 |
|-------|----------|
|-------|----------|

#### MANAGEMENT AND GENERAL:

| WEB COMMUNICATIONS   | \$4,159 |  |
|----------------------|---------|--|
| PRINTING AND COPYING | 2,969   |  |
| VOLUNTEER SUPPORT    | 2,774   |  |

| Name of the organization           | Page Employer identification number |
|------------------------------------|-------------------------------------|
| SCHOOL THE WORLD                   | 27-0176563                          |
| MISCELLANEOUS EXPENSES 424         |                                     |
| TELEPHONE/TELECOMMUNICATIONS 1,067 |                                     |
| POSTAGE AND MAILING SERVICES 652   |                                     |
| PROFESSIONAL DEVELOPMENT 77        |                                     |
| BANK FEES 1,123                    |                                     |
| BOOKS/LEARNING MATERIALS 862       |                                     |
| PAYROLL SERVICES 38                |                                     |
| RESEARCH 538                       |                                     |
| SOFTWARE 208                       |                                     |
| TEACHER BEST PRACTICES AWARDS 159  |                                     |
| TRANSPORTATION 220                 |                                     |
| TOTAL \$15,270                     |                                     |
| FUNDRAISING:                       |                                     |
| FOOD AND BEVERAGES \$2,842         |                                     |
| BANK FEES 725                      |                                     |
| FUNDRAISING EXPENSES 1,200         |                                     |
| TELEPHONE/TELECOMMUNICATIONS 412   |                                     |
| MISCELLANEOUS EXPENSES 18          |                                     |
| WEB COMMUNICATIONS 245             |                                     |
| SOFTWARE 3,000                     |                                     |
| POSTAGE, MAILING SERVICES 505      |                                     |
| TOTAL \$8,947                      |                                     |
|                                    |                                     |
|                                    |                                     |
|                                    |                                     |
|                                    |                                     |

Form **4562** 

### **Depreciation and Amortization** (Including Information on Listed Property)

OMB No. 1545-0172 2013

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service

Attach to your tax return. See separate instructions. Business or activity to which this form relates

Identifying number

| CHOOL THE WORLD  |   | FUR  | м 990 -  | · 1                                    |   | 27-0176563                 |
|--|---|--|--|--|---|----------------------------|
| art I Election To Expense  | Certain Prop                              | erty Under Section   | on 179   |  |   |                            |
| Note: If you have any liste  | ed property compl                         | ete Part V before you c  | omplete Part   | J                                      |   |                            |
| Maximum amount (see instructions)  |   |  |  |  | 1                                       |                            |
| Total cost of section 179 property pla   |   |  |  |  | 2                                       |                            |
| Threshold cost of section 179 proper   | ty before reduction                       | in limitation (see instruct  | ions) .  |  | 3                                       |                            |
| Reduction in limitation. Subtract line   | 3 from line 2. If zero                    | or less, enter -0-   |  |  | 4                                       |                            |
| Dollar limitation for tax year. Subtract   | line 4 from line 1                        | f zero or less, enter -0   | If married filing  | 3                                      |   |                            |
| Separately, see instructions   |   |  |  |  | 5                                       |                            |
| separately, see instructions (a) Description of pr   |   | (b) Cost (bu   | isiness use only)  | (c) Elect                              | ed cost                                 |                            |
| (a) Description of pr  | oparty                                    |  |  |  |   |                            |
| Listed property. Enter the amount from   | om line 29                                |  | 7  |  |   |                            |
| Total elected cost of section 179 pro  | nerty. Add amount                         |  |  |  | 8                                       |                            |
| Tentative deduction. Enter the sm  | aller of line 5 or lin                    | ne 8   |  |  | 9                                       |                            |
| Carryover of disallowed deduction fr   | om line 13 of your                        | 2012 Form 4562 •   |  |  | 10                                      |                            |
| Business income limitation. Enter th   | e smaller of busine                       | ss income (not less than   | zero) or line 5  | (see instri                            | uctions) 11                             |                            |
| a company de de allem A d  | d lines 9 and 10. bu                      | it do not enter more than  | line 11  |  | 12                                      |                            |
| and the second s | 2014 Add lines 9                          | and 10, less line 12   | <b>)</b> 13  | 3                                      |   |                            |
| - Bullin Ded III belev   | . for listed propert                      | v Instead use Part V   |  |  |   |                            |
|  | n Allowance                               | and Other Depred   | ciation (Do  | not include lis                        | sted property.                          | ) (See instructions.)      |
|  | qualified property (o                     | ther than listed property  | placed in ser  | vice                                   |   |                            |
|  |   |  |  |  | 14                                      |                            |
| during the tax year (see instructions  |   |  |  |  | 15                                      |                            |
| Property subject to section 168(f)(1)  |   |  |  |  | 16                                      |                            |
| Other depreciation (including ACRS Part III MACRS Depreciat  | on (Denetice                              | luda listad property ) (S  | ee instruction   | ns.)                                   |   |                            |
| Section B - Asset  | ts Placed in Servi                        | ce During 2013 Tax Ye  |  |  | I-Non Cust                              |                            |
|  |   | (husiness/investment use   | (d) Recovery   | Towns town town to the second          |   | (g) Depreciation deduction |
| (a) Classification of property   | placed in service                         | (business/investment use only-see instructions)                        |  | (e) Convention                         | (f) Method                              |                            |
|  |   | (business/investment use   | (d) Recovery   | Towns town town to the second          |   |                            |
|  |   | (business/investment use   | (d) Recovery   | Towns town town to the second          |   |                            |
| a 3-year property  |   | (business/investment use   | (d) Recovery   | Towns town town to the second          |   |                            |
| b 5-year property  |   | (business/investment use   | (d) Recovery   | Towns town town to the second          |   |                            |
| b 5-year property c 7-year property  |   | (business/investment use   | (d) Recovery   | Towns town town to the second          |   |                            |
| b 5-year property c 7-year property d 10-year property   |   | (business/investment use   | (d) Recovery period  | Towns town town to the second          | (f) Method                              |                            |
| b 3-year property c 7-year property d 10-year property e 15-year property  |   | (business/investment use   | (d) Recovery period  | (e) Convention                         | (f) Method                              |                            |
| b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property   |   | (business/investment use   | (d) Recovery period  25 yrs. 27.5 yrs.                           | (e) Convention                         | (f) Method  S/L S/L                     |                            |
| b 3-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property  |   | (business/investment use   | 25 yrs.<br>27.5 yrs.<br>27.5 yrs.                                | (e) Convention  MM  MM                 | (f) Method  S/L S/L S/L                 |                            |
| b 3-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental   |   | (business/investment use   | (d) Recovery period  25 yrs. 27.5 yrs.                           | (e) Convention  MM  MM  MM             | S/L S/L S/L S/L S/L                     |                            |
| b 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real  | service                                   | (business/investment use only-see instructions)                        | 25 yrs.<br>27.5 yrs.<br>27.5 yrs.<br>39 yrs.                     | (e) Convention  MM  MM  MM  MM         | S/L S/L S/L S/L S/L S/L S/L             | (g) Depreciation deduction |
| b 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real  | service                                   | (business/investment use   | 25 yrs.<br>27.5 yrs.<br>27.5 yrs.<br>39 yrs.                     | (e) Convention  MM  MM  MM  MM         | S/L S/L S/L S/L S/L S/L S/L S/L S/L     | (g) Depreciation deduction |
| b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Asset   | service                                   | (business/investment use only-see instructions)                        | 25 yrs.<br>27.5 yrs.<br>27.5 yrs.<br>39 yrs.                     | (e) Convention  MM  MM  MM  MM         | S/L | (g) Depreciation deduction |
| b 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Asset   | service                                   | (business/investment use only-see instructions)                        | 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  ar Using the                | MM MM MM MM Alternative De             | S/L | (g) Depreciation deduction |
| b 3-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Asset 0 a Class life b 12-year c 40-year  | s Placed in Service                       | (business/investment use only-see instructions)                        | 25 yrs.<br>27.5 yrs.<br>27.5 yrs.<br>39 yrs.                     | (e) Convention  MM  MM  MM  MM         | S/L | (g) Depreciation deduction |
| b 3-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Asset 0 a Class life b 12-year c 40-year  Part IV Summary (See insti  | s Placed in Service                       | (business/investment use only-see instructions)                        | 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  ar Using the                | MM MM MM MM Alternative De             | S/L | (g) Depreciation deduction |
| b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Asset to a Class life b 12-year c 40-year  Part IV Summary (See instant)  | s Placed in Service                       | (business/investment use only-see instructions)  ce During 2013 Tax Ye | 25 yrs.<br>27.5 yrs.<br>27.5 yrs.<br>39 yrs.<br>ar Using the     | MM MM MM Alternative De                | S/L | (g) Depreciation deduction |
| b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Asset to a Class life b 12-year c 40-year  Part IV Summary (See insti   | s Placed in Service  suctions.) m line 28 | ce During 2013 Tax Ye  | 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ar Using the 12 yrs. 40 yrs. | MM | S/L | ystem 2,000                |

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for Part V entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

| (a) (b) Department where the section of the section of the service | Do you have evidence   |  | Other Informa  |   |                                      |  | Yes   | No   | 24b If "   | Yes," is t                                | ne evide           | ence writ                             | tten?  | Yes      | _ N   |
|--|--|--|--|---|--------------------------------------|--|---|--|--|---|--------------------|---------------------------------------|--------|----------|-------|
| property used 50% or less in a qualified business use:  **Recovery used 50% or less in a qualified business use:  **Recovery used 50% or less in a qualified business use:  **Recovery used 50% or less in a qualified business use:  **Recovery used 50% or less in a qualified business use:  **Recovery used 50% or less in a qualified business use:  **Recovery used 50% or less in a qualified business use:  **Recovery used 50% or less in a qualified business use:  **Recovery used 50% or less in a qualified business use:  **Property used 50% or less in a qualified business use:  **Recovery used 50% or less in a qualified business use:  **Property used 50% or less in a qualified business use:  **Recovery used 50% or less in a qualified business use:  **Property used 50% or less in a qualified business use:  **Recovery used 50 | (a)  |  | (c)  |   | (d)                                  | Bacis f  | (e)   |  | (f)  | (g  | )                  | (h)                                   | )      | CH 1/200 | ion 1 |
| Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)  Property used more than 50% in a qualified business use:  2 0 0 8  Property used 50% or less in a qualified business use:  Property used 50% or less in a qualified business use:  | ype of property (list  |  | investment use   | Cost or ot  | her basis                            |  | ess/inves   | tment  |  |   |                    |                                       |        |          | 1011  |
| the tax year and used more than 50% in a qualified business use:  **Property used more than 50% in a qualified business use:  **At ement #50   | Special depreciation   | on allowance for o   | qualified listed p   | property p  | olaced in                            | service d  | uring   |  |  |   |                    |                                       |        |          |       |
| Property used more than 50% in a qualified business use:    Property used 50% or less in a qualified business use:   Property used 50% or less in a qualified business use:   Property used 50% or less in a qualified business use:   Property used 50% or less in a qualified business use:   Property used 50% or less in a qualified business use:   Property used 50% or less in a qualified business use:   Property used 50% or less in a qualified business use:   Property used 50% or less in a qualified business use:   Property used 50% or less in a qualified business use:   Section 8   SAL   SAL | the tax year and u   | sed more than 50   | % in a qualified   | d busines   | s use (se                            | e instruct   | tions)  |  |  |   | 25                 |                                       |        |          |       |
| Property used 50% or less in a qualified business use:   | Property used mo   | re than 50% in a   | qualified busine   | ss use:   |                                      |  |   |  |  |   |                    |                                       |        |          | _     |
| Properly used 50% or less in a qualified business use:    Properly used 50% or less in a qualified business use:   St.   |  |  |  |   |                                      |  |   |  |  |   |                    | 2,0                                   | 800    |          |       |
| Properly used 50% or less in a qualified business use:    1  | atement #50  |  | _  |   |                                      |  |   |  |  |   |                    |                                       |        |          |       |
| Properly used 50% or less in a qualified business use:   |  |  | -  |   |                                      |  |   |  |  |   |                    |                                       |        |          |       |
| Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1  Add amounts in column (h), lines 25. Enter here and on line 21, page 1  Section B - Information on Use of Vehicles  mplete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  (a) (b) (c) (d) (vehicle 5) (Vehicle 1) (Vehicle 2) (Vehicle 3) (Vehicle 4) (Vehicle 5) (Vehicle 5) (Vehicle 6) (Ve | Droporty used 509  | % or less in a gua   |  | use:  |                                      |  |   |  | 7.   |   |                    |                                       |        |          |       |
| Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1  Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1  Add amounts in column (h), lines 26. Enter here and on line 7, page 1  Section B - Information on Use of Vehicles  Implete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles your employees, first answer the questions in Section C to see if you meet an exception to completing this section for throse vehicles.  Total business/investment miles driven during the year (do not include commuting miles) - Total commuting miles of when during the year (do not include commuting miles) - Total commuting miles of when during the year (do not include commuting miles) - Total other personal (noncommuting)  In line 30 through 32  Was the vehicle available for personal use?  Yes No Yes In Information or related person?  Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Sever these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not over than 5% owners or related persons (see instructions).  Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  Do you provide more than five vehicles to your employees, obtain information from yo | Property used 50°  | 70 01 1033 111 4 400   |  |   |                                      |  |   |  |  | S/L-                                      |                    |                                       |        |          |       |
| Add amounts in column (ft), lines 25 through 27. Enter here and on line 21, page 1  Section B - Information on Use of Vehicles Implete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  Total business/investment miles driven during the year do not include commuting miles of the year (do not include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) Total miles driven during the year. Add lines 30 through 32  Yes No Yes Institute than 5% owner or related person?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Inswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not one than 5% owners or related persons (see instructions).  Yes No Yes No Yes No Yes by Their Employees  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Inswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not one than 5% owners or related persons (see instructions).  Yes Op you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  Do you maintain a written policy statement that prohibits personal use of vehicles, and retain the information received?  Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  Do you meet the requirements concerning qualified automobile demonstration use? (See instructions).  Part VI Amortization of costs that begins during your 2013 tax year (see instructions):  |  |  | _  |   |                                      |  |   |  |  | S/L-                                      |                    |                                       |        |          |       |
| Add amounts in column (ft), lines 25 through 27. Enter here and on line 21, page 1  Add amounts in column (ft), lines 26. Enter here and on line 7, page 1  Section B - Information on Use of Vehicles  mplete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  Total business/investment miles driven during the year total other personal (noncommuting) miles driven during the year (do not include commuting miles). Total commuting miles driven during the year. Total other personal (noncommuting)  miles driven during the year. Add lines 30 through 32.  Was the vehicle available for personal use during off-duty hours?.  Was the vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  swer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not one than 5% owners or related persons (see instructions).  So you maintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees?  Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  Do you meet the requirements concerning qualified automobile demonstration use? (See instructions).  Amortization  (a)  Date amortization  Date amortization  Date amortization of costs that begins during your 2013 tax year (see instructions):  |  |  |  |   |                                      |  |   |  |  | S/L-                                      |                    |                                       |        |          |       |
| Add amounts in column (i), line 26. Enter here and on line 7, page 1  Section B - Information on Use of Vehicles  miplete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner," or related person. If you provided vehicles your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  (a) (b) (c) (d) (e) (d) (e) (vehicle 5)  (b) (e) (e) (e) (e) (e) (e) (vehicle 6)  (c) (vehicle 1) (vehicle 2) (vehicle 3) (vehicle 4) (vehicle 6)  (d) (vehicle 6) (vehicle 6)  (e) (vehicle 1) (vehicle 2) (vehicle 3) (vehicle 4) (vehicle 6)  (e) (vehicle 1) (vehicle 2) (vehicle 3) (vehicle 4) (vehicle 6)  (f) (vehicle 6) (vehicle 6) (f) (vehicle 6)  (e) (vehicle 1) (vehicle 6)  |  |  |  | ator boro   | and on                               | ino 21 n   | 200 1   | 0  | 8 9988   |   | 28                 | 2.0                                   | 800    |          |       |
| Section B - Information on Use of Vehicles  mplete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  Total business/investment miles driven during the year (do not include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) miles driven Total miles driven during the year. Add lines 30 through 32 Was the vehicle available for personal use during off-duty hours?  Was the vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees swer these questions to determine if you meet an exception to completing this section for those vehicles is another vehicle used primarily by a more than 5% owner or related person?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees swer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not orce than 5% owners or related persons (see instructions).  Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  Do you treat all use of vehicles by employees as personal use?  Do you maintain a written policy statement that prohibits personal use of Vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  Do you treat all use of vehicles by employees as personal use?  Do you ment the requirements concerning qualified automobile demonstration use? (See instructions.)  Amortization Legins  Amortization of costs that begins during your 2013 tax year (see instructions):  | Add amounts in c   | olumn (h), lines 2   | 5 through 27. E  | nter nere   | and on                               | ille 21, p   | age i   |  |  |   |                    |                                       |        |          |       |
| mplete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  Total business/investment miles driven during the year (do not include commuting miles).  Total oronmuting miles driven during the year. Add lines 30 through 32  Was the vehicle awailable for personal used during off-duty hours?.  Was the vehicle awailable for personal use during off-duty hours?.  Was the vehicle awailable for personal use during off-duty hours?.  Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  swer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not one than 5% owners or related persons (see instructions).  Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)  Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)  Part VI Amortization  Date amortization  Date amortization  Date amortization of costs that begins during your 2013 tax year (see instructions):   | Add amounts in c   | olumn (i), line 26.  | Enter nere and   | on line /   | , page 1                             |  | • • •   | - 4 1/- 1-1-   |  |   |                    |                                       |        |          |       |
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| Total commuting miles driven during the year Total other personal (noncommuting) miles driven during the year. Add lines 30 through 32  Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Inswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not one than 5% owners or related persons (see instructions).  To you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Bo by our maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you by our treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.  Part VI Amortization  Legisland Amortization Description of costs  Amortization of costs that begins during your 2013 tax year (see instructions):  |  |  |  |   |                                      |  |   |  |  |   |                    |                                       |        |          |       |
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| Total miles driven during the year. Add lines 30 through 32  Was the vehicle available for personal use during off-duty hours?.  Was the vehicle used primarily by a more than 5% owner or related person?  Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Inswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not once than 5% owners or related persons (see instructions).  Do you maintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees?  Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  Do you treat all use of vehicles by employees as personal use?  Do you treat all use of vehicles by employees, obtain information from your employees about the use of the vehicles, and retain the information received?  Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.  Part VI Amortization  (b)   |  |  |  |   |                                      |  |   |  |  |   |                    |                                       |        |          | _     |
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| Was the vehicle available for personal use during off-duty hours?.  Was the vehicle used primarily by a more than 5% owner or related person?  Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees as personal use?  Section B for vehicles used by employees who are not one than 5% owners or related persons (see instructions).  Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.  Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.  Amortization  (a)  Description of costs  Amortization for this year (see instructions):   |  |  |  |   |                                      |  |   |  |  |   |                    |                                       |        |          |       |
| use during off-duty hours?   |  |  | onal   | Yes   | No                                   | Yes  | No  | Yes  | No   | Yes                                       | No                 | Yes                                   | No     | Yes      | N     |
| Was the vehicle used primarily by a more than 5% owner or related person?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees newer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not one than 5% owners or related persons (see instructions).  Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.  Part VI Amortization  (a)  Description of costs that begins during your 2013 tax year (see instructions):   | Trab the Tollies   |  |  |   |                                      |  |   |  |  |   |                    |                                       |        |          |       |
| Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Inswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not sore than 5% owners or related persons (see instructions).  To Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  Bo Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  Do Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.  Part VI Amortization  (b)  Date amortization  (c)  Amortization period or percentage  Amortization for this year (see instructions):  | use during off-du  |  |  |   |                                      |  |   |  |  |   |                    |                                       |        |          |       |
| Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  nswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not one than 5% owners or related persons (see instructions).  7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  8 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  9 Do you treat all use of vehicles by employees as personal use?  1 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.  Part VI Amortization  (a)  Description of costs  Date amortization  Description of costs that begins during your 2013 tax year (see instructions):   |  |  | alliole  |   |                                      |  |   |  |  |   |                    |                                       |        |          |       |
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| reswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not core than 5% owners or related persons (see instructions).  Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  Do you treat all use of vehicles by employees as personal use?  Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.  Part VI Amortization  (b)  Date amortization begins  (c)  Amortizable amount  Code section  Percentage  Amortization for this year (see instructions):  | Was the vehicle than 5% owner of   | used primarily by<br>or related person?  |  |   |                                      |  |   |  |  |   |                    |                                       |        |          |       |
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| To you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  3 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  3 Do you treat all use of vehicles by employees as personal use?  4 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  4 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.  Part VI Amortization  (b)  Date amortization begins  (c)  Amortizable amount  Code section  Amortization period or percentage  (f)  Amortization for this year of the percentage  Amortization for this year of the percentage  Amortization of costs that begins during your 2013 tax year (see instructions):   | than 5% owner of its another vehicle   | or related person? e available for per   | rsonal use?  | for Emp   | oloyers V                            | Vho Pro  | vide Ve   | hicles f   | or Use b   | y Their E                                 | Employe<br>employe | ees<br>ees who                        | are no | t        |       |
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| Do you treat all use of vehicles by employees as personal use?  Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.  Part VI Amortization  (a)  Description of costs  (b)  Date amortization  begins  (c)  Amortizable amount  Code section  Code section  Amortization  period or percentage  Amortization for this year of costs that begins during your 2013 tax year (see instructions):  | than 5% owner of ls another vehicle than 5% owner of ls another vehicle than 5% owner over than 5% owner | used primarily by or related person? e available for per Section ions to determine s or related perso a written policy s   | rsonal use?  C - Questions e if you meet a ons (see instruct tatement that pro-  | n except<br>tions).<br>rohibits a   | ll persona                           | al use of  | Section   | n B for v  | ng commu   | used by outing, by                        | Employe            | ees<br>ees who                        | are no |          | N     |
| Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  1 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.  Part VI Amortization  (a)  Description of costs  (b)  Date amortization begins  (c)  Amortizable amount  Code section  Amortization period or percentage  2 Amortization of costs that begins during your 2013 tax year (see instructions):  | than 5% owner of is another vehicle than 5% owner of is another vehicle than 5% owner over than 5% owner. Too you maintain your employees' a Do you maintain   | used primarily by or related person? e available for per Section ions to determine sor related person a written policy so  | rsonal use?  C - Questions e if you meet a ons (see instruct tatement that po-   | n except<br>tions).<br>rohibits al  | ll personal u                        | al use of v  | yehicles  | , includir   | ng commu   | uting, by by your                         | Employe            | ees<br>ees who                        | are no |          | N     |
| use of the vehicles, and retain the information received?  1 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.  Part VI Amortization  (a)  (b)  (c)  (d)  (d)  Amortization  period or percentage  Amortization of costs that begins during your 2013 tax year (see instructions):  | than 5% owner of is another vehicle of is another vehicle of is another vehicle on the second of its another vehicle of its another vehic | used primarily by or related person? e available for per Section ions to determine s or related person a written policy so a written policy so the instructions to   | rsonal use?  C - Questions e if you meet a ens (see instruct tatement that po- tatement that po- for vehicles use  | n except<br>tions).<br>rohibits al<br>rohibits p  | Il persona ersonal u                 | al use of v  | yehicles  | , includir   | ng commu   | uting, by by your                         | Employe            | ees<br>ees who                        | are no |          | N     |
| 1 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.  Part VI Amortization  (b) (c) (d) (d) Amortization period or period or period or percentage  2 Amortization of costs that begins during your 2013 tax year (see instructions):   | than 5% owner of is another vehicle of is another vehicle on swer these quest ore than 5% owner. The polyon maintain your employees? See 9 Do you treat all uses than 5% owner.  | used primarily by or related person? e available for per Section ions to determine sor related person a written policy so a written policy so the instructions to use of vehicles by   | rsonal use?  C - Questions e if you meet a ens (see instruct tatement that po- tatement that po- for vehicles use employees as   | rohibits al<br>rohibits prohibits ped by corp   | Il personal use?                     | al use of versions, directions, directions   | vehicles  | , includir   | ng communication of the commun | uting, by  by your ners                   | Employe            | ees<br>ees who                        | are no |          | N     |
| Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.  Part VI Amortization  (a) Description of costs  (b) Date amortization begins  (c) Amortization Code section Code section Period or Description of costs that begins during your 2013 tax year (see instructions):   | than 5% owner of Is another vehicle of Is another vehicle on swer these quest ore than 5% owner. To your employees' Bo you maintain employees? See 9 Do you treat all to Do you provide it   | used primarily by or related person? e available for per Section ions to determine or related person a written policy see the instructions to use of vehicles by more than five vel  | rsonal use?  C - Questions e if you meet a ons (see instruct tatement that po- tatement that po- for vehicles use e employees as hicles to your en   | rohibits all rohibits per d by corp personal mployees   | Il personal use?                     | al use of versions, directions, directions   | vehicles  | , includir   | ng communication of the commun | uting, by  by your ners                   | Employe            | ees<br>ees who                        | are no |          | N     |
| Part VI Amortization  (a) Description of costs  (b) Date amortization begins  (c) Amortizable amount Code section Code section Code section Period or percentage  2 Amortization of costs that begins during your 2013 tax year (see instructions):  | than 5% owner of Is another vehicle of Is another vehicle on the Is another vehicle of Is another  | used primarily by or related person? e available for per Section ions to determine sor related person a written policy so a written policy so the instructions to use of vehicles by more than five velies, and retain the   | rsonal use?  C - Questions e if you meet a ons (see instruct tatement that pr for vehicles use e employees as hicles to your en  | rohibits allowers or continued to the composition of the composition of the composition of the continued to | Il personal use?                     | al use of values of vehicers, dire   | vehicles  | , includir<br>, compared to<br>, includir<br>, inclu | mg community of the com | uting, by by your ners bout the           | Employe            | ees<br>ees who                        | are no |          | N     |
| (a) Description of costs  (b) Code section  Description of costs that begins during your 2013 tax year (see instructions):   | than 5% owner of Is another vehicle of Is another vehicle on the Is another vehicle of Is another  | used primarily by or related person? e available for per Section ions to determine or related person a written policy see the instructions to use of vehicles by more than five velies, and retain the erequirements co  | rsonal use?  C - Questions e if you meet a ons (see instruct tatement that po- tatement that po- tor vehicles use e employees as hicles to your en- e information reconcerning qualifi             | ro except<br>tions).<br>rohibits al<br><br>rohibits p<br>d by corp<br>personal<br>mployees<br>seived?<br>ed autom   | Il personal use? s, obtain i         | al use of values of vehicers, directions of the company of the com | vehicles vehicles, e ectors, c on from                  | n B for y , includir , includir , xcept co or 1% or your emp   | mg community more own ployees a structions   | uting, by by your ners bout the           | employe            | ees<br>ees who                        | are no |          | N     |
| (a) Description of costs  Amortization begins  Amortizable amount Code section Code section Period or percentage  Amortization for this year Amortization of costs that begins during your 2013 tax year (see instructions):   | than 5% owner of Is another vehicle than 5% owner of Is another vehicle on the second of Is another vehicle on the second of Is another vehicle of Is anot | used primarily by or related person? e available for per Section ions to determine sor related person a written policy so a written policy so the instructions to use of vehicles by more than five velices, and retain the e requirements conswer to 37, 38, 3          | rsonal use?  C - Questions e if you meet a ons (see instruct tatement that po- tatement that po- tor vehicles use e employees as hicles to your en- e information reconcerning qualifi             | ro except<br>tions).<br>rohibits al<br><br>rohibits p<br>d by corp<br>personal<br>mployees<br>seived?<br>ed autom   | Il personal use? s, obtain i         | al use of values of vehicers, directions of the company of the com | vehicles vehicles, e ectors, c on from                  | n B for y , includir , includir , xcept co or 1% or your emp   | mg community more own ployees a structions   | uting, by by your ners bout the           | employe            | ees ees who                           | are no |          | N     |
|  | than 5% owner of Is another vehicle than 5% owner of Is another vehicle maker these quest more than 5% owner.  Do you maintain your employees?  Do you maintain employees? See 19 Do you treat all use of the vehicle of the vehicle of the vehicle of the your armore than the see 15 owner.  | used primarily by or related person? e available for per Section ions to determine sor related person a written policy so a written policy so the instructions to use of vehicles by more than five velices, and retain the e requirements conswer to 37, 38, 3          | rsonal use?  C - Questions e if you meet a ons (see instruct tatement that po- tatement that po- tor vehicles use e employees as hicles to your en- e information reconcerning qualifi             | ro except<br>tions).<br>rohibits al<br><br>rohibits p<br>d by corp<br>personal<br>mployees<br>seived?<br>ed autom   | Il personal use? s, obtain i         | and use of versions of versions, directly of the control of the co | yehicles wehicles, e ectors, c on from son use?         | n B for y , includir , includir , xcept co or 1% or your emp   | mmuting,<br>more owr<br>ployees a  | uting, by by your ners bout the bout the  | employe            | · · · · · · · · · · · · · · · · · · · | are no | Yes      | N     |
|  | Was the vehicle than 5% owner of Is another vehicle as wer these quest ore than 5% owner. Do you maintain your employees? See Do you treat all use of the vehicle to you met the Note: If your ampart VI Amo   | used primarily by or related person? e available for per Section ions to determine sor related person a written policy so the instructions to use of vehicles by more than five vehicles, and retain the experiments conswer to 37, 38, sortization                      | rsonal use?  C - Questions e if you meet a ons (see instruct tatement that pr for vehicles use e employees as hicles to your er e information rec oncerning qualifi 39, 40, or 41 is               | n except<br>tions).<br>rohibits al<br>rohibits p<br>d by corp<br>personal<br>mployees<br>seived?<br>ed autom<br>s "Yes," c  | Il personal use? s, obtain i         | al use of values of vehicers, directions of the monstration of the monstration of the second of the  | yehicles vehicles, e ectors, c on from on use? Section  | n B for y , includir , includir , xcept co or 1% or your emp   | mg community my co | uting, by by your ners bout the d vehicle | S. ((I             | e) zation d or                        |        | Yes      |       |
| 3 Amortization of costs that began before your 2013 tax year   | than 5% owner of Is another vehicle than 5% owner of Is another vehicle one than 5% owner of Do you maintain your employees. B Do you maintain employees? See 9 Do you treat all to Do you provide ruse of the vehicle 1 Do you meet the Note: If your ar Part VI Amo  | used primarily by or related person? e available for per Section ions to determine sor related person a written policy so a written policy so the instructions to use of vehicles by more than five velices, and retain the erequirements conswer to 37, 38, cortization | rsonal use?  C - Questions e if you meet a ons (see instruct tatement that pe tatement that pe for vehicles use e employees as hicles to your en information reconcerning qualifi 39, 40, or 41 is | n except rohibits al rohibits al rohibits plus d by corpersonal mployees beived? ed autom s "Yes," c  | Il personal users offusers, obtain i | al use of versions of versions, directly of the control of the con | yehicles wehicles, e ectors, c on from son use? Section | n B for y , includir , includir , xcept co or 1% or your emp   | mg community my co | uting, by by your ners bout the d vehicle | S. ((I             | e) zation d or                        |        | Yes      |       |
| 3 Amortization of costs that began before your 2013 tax year   | than 5% owner of Is another vehicle than 5% owner of Is another vehicle one than 5% owner of Do you maintain your employees. B Do you maintain employees? See 9 Do you treat all to Do you provide ruse of the vehicle 1 Do you meet the Note: If your ar Part VI Amo  | used primarily by or related person? e available for per Section ions to determine or related person a written policy see the instructions to use of vehicles by more than five velices, and retain the erequirements conswer to 37, 38, cortization                     | rsonal use?  C - Questions e if you meet a ons (see instruct tatement that pe tatement that pe for vehicles use e employees as hicles to your en information reconcerning qualifi 39, 40, or 41 is | n except rohibits al rohibits al rohibits plus d by corpersonal mployees beived? ed autom s "Yes," c  | Il personal users offusers, obtain i | al use of versions of versions, directly of the control of the con | yehicles wehicles, e ectors, c on from son use? Section | n B for y , includir , includir , xcept co or 1% or your emp   | mg community my co | uting, by by your ners bout the d vehicle | S. ((I             | e) zation d or                        |        | Yes      |       |
| AHIOHIZABOH OLOOGO BIAL DOGGE JOSE ESTE III. J. T.   | than 5% owner of Is another vehicle than 5% owner of Is another vehicle one than 5% owner or than 5% owner owner than 5% owner owne | used primarily by or related person? e available for per Section ions to determine or related person a written policy see the instructions to use of vehicles by more than five velices, and retain the erequirements conswer to 37, 38, cortization                     | rsonal use?  C - Questions e if you meet a ons (see instruct tatement that pe tatement that pe for vehicles use e employees as hicles to your en information reconcerning qualifi 39, 40, or 41 is | n except rohibits al rohibits al rohibits plus d by corpersonal mployees beived? ed autom s "Yes," c  | Il personal users offusers, obtain i | al use of versions of versions, directly of the control of the con | yehicles wehicles, e ectors, c on from son use? Section | n B for y , includir , includir , xcept co or 1% or your emp   | mg community my co | uting, by by your ners bout the d vehicle | S. ((I             | e) zation d or                        |        | Yes      |       |

### Form 8879-EO

## IRS e-file Signature Authorization for an Exempt Organization

| CIII | P | U. 9 |            |
|------|---|------|------------|
|      |   |      | and anding |

For calendar year 2013, or fiscal year beginning

2013

OMB No. 1545-1878

| artment of the Treasury nal Revenue Service e of exempt organization  | to the transport of the instructions is at www.ir  | s.<br>rs gov/form8879eo.  |  |
|---|--|---|--|
|   | ▶ Information about Form 8879-EO and its instructions is at www.ir   | Employer identif  | fication number                        |
|   |  | 27-0176563  |  |
| e and title of officer  |  |   |  |
| DY WATE CHERAN F  | OUNDER   |   |  |
| art I Type of R   | eturn and Return Information (Whole Dollars Only)  |   |  |
| eck the box on line 1a, 2<br>we line 1b, 2b, 3b, 4b,  |  | -0- on the return, then en  | ter -0- on 507,020                     |
| Form 990-PF check he  |  | /I, line 5)   | . 4b                                   |
| Form 8868 check here  |  |   | . 5b                                   |
| 1 OHI GOOD GHOOK HOLD   |  |   |  |
| art II Declaration  | on and Signature Authorization of Officer  I declare that I am an officer of the above organization and that I have examine  |   |  |
| send the organization's a transmission, (b) the inthorize the U.S. Treasurancial institution account urn and the financial institution at 1-888-353-4537 revolved in the processing   | turn. I consent to allow my intermediate service provider, transmitter, or electron return to the IRS and to receive from the IRS (a) an acknowledgement of reason for any delay in processing the return or refund, and (c) the date of y and its designated Financial Agent to initiate an electronic funds withdrawal (c) indicated in the tax preparation software for payment of the organization's federitution to debit the entry to this account. To revoke a payment, I must contact the later than 2 business days prior to the payment (settlement) date. I also author the electronic payment of taxes to receive confidential information necessary are payment. I have selected a personal identification number (PIN) as my signal blicable, the organization's consent to electronic funds withdrawal. | any refund. If applicable,<br>lirect debit) entry to the<br>eral taxes owed on this<br>ne U.S. Treasury Financial<br>orize the financial institution<br>to answer inquiries and |  |
| TICEIS FIN. CHECK OIL   | to enter my PIN  | as my signa   | ature                                  |
| I authorize   | ERO firm name Enter five   | numbers, but  |  |
|   | do not er  | nter all zeros  |  |
| being filed with a  | n's tax year 2013 electronically filed return. If I have indicated within this return state agency(ies) regulating charities as part of the IRS Fed/State program, I als PIN on the return's disclosure consent screen.  | that a copy of the return is so authorize the aforement   | ioned                                  |
|   | e organization, I will enter my PIN as my signature on the organization's tax yea within this return that a copy of the return is being filed with a state agency(ies)   | ar 2013 electronically filed  | return.                                |
| If I have indicated   | program, I will enter my PIN on the return's disclosure consent screen.  | regulating chanties as par  | t of                                   |
| If I have indicated<br>the IBS Fed/State  | e program, I will enter my PIN on the return's disclosure consent screen.  | Date > 08-16-2  |  |
| If I have indicated the IBS Fed/State ficer's signature   | e program, I will enter my PIN on the return's disclosure consent screen.  |   |  |
| If I have indicated the IBS Fed/State 56 120  ficer's signature Part III Certification RO's EFIN/PIN. Enter tumber (EFIN) followed by   | ation and Authentication  your six-digit electronic filing identification y your five-digit self-selected PIN.   | Date > 08-16-2  | 015                                    |
| If I have indicated the IBS Fed/State 120   Ficer's signature   Part III   Certification   Part III | ation and Authentication  your six-digit electronic filing identification  | Date ▶ 08-16-2  063354 016  do n  | 015<br>518<br>ot enter all zeros       |
| If I have indicated the IBS Fed/State 120   Ficer's signature   Part III   Certification   Part III | ation and Authentication  your six-digit electronic filing identification  y your five-digit self-selected PIN.  meric entry is my PIN, which is my signature on the 2013 electronically filed return that I am submitting this return in accordance with the requirements of P  | Date ▶ 08-16-2  063354 016  do n  | 015 518 tot enter all zeros File (MeF) |

### Statement of Program Service Accomplishments

2013 01

Name(s) as shown on return

SCHOOL THE WORLD

Your Social Security Number

27-0176563

Form 990, Part III(a)

Program Service Code
Program Service Expenses
Grants and allocations included in above expense \$0
Program Services Revenue \$0

Explanation

INFRASTRUCTURE ACCOMPLISHMENTS: SCHOOL THE WORLD BUILDS INVITING EDUCATIONAL INFRASTRUCTURE IN PARTNERSHIP WITH RURAL MUNICIPALITIES AND COMMUNITIES. THE SCHOOLS ARE TYPICALLY 3-CLASSROOM CONCRETE BUILDINGS, WITH ELECTRICITY AND WINDOWS FOR VENTILATION, AND THIS IS ALWAYS THE MOST IMPRESSIVE BUILDING IN THE COMMUNITY. TO BUILD THESE SCHOOLS, SCHOOL THE WORLD FORMS EXPRESS WRITTEN PARTNERSHIPS WITH THE MUNICIPALITIES AND THE COMMUNITIES. THE MUNICIPALITY MUST PROVIDE 50% OF THE CONSTRUCTION COSTS OR THE MATERIALS THEMSELVES AND SUPPORT SUPERVISION OF THE CONSTRUCTION. THE COMMUNITIES MUST PROVIDE THE LAND AND ALL OF THE UNSKILLED LABOR. IN 2013, SCHOOL THE WORLD ENTERED INTO AGREEMENTS WITH ONE NEW MUNICIPALITY, CHICHE, AND ALSO CONTINUED TO WORK IN TWO EXISTENT MUNICIPALITIES: SANTA CRUZ DEL QUICHE, CHINIQUE; AND SANTA CATARINA IXTAHUACAN. SCHOOL THE WORLD COMPLETED THE CONSTRUCTION OF 5 SCHOOLS IN THE FOLLOWING COMMUNITIES: 1) ESCUELA OFICIAL RURAL MIXTA XIMBAXUC, CHINIQUE; 2) ESCUELA OFICIAL RURAL MIXTA LA PUERTA, CHINIQUE; 3) ESCUELA OFICIAL RURAL MIXTA CACABAL II, CHINIQUE; 4) ESCUELA OFICIAL RURAL MIXTA CACABAL III, CHINIQUE; AND 5) ESCUELA OFICIAL RURAL MIXTA PASIN II, SANTA CATARINA IXTAHUACAN. SCHOOL THE WORLD BEGAN THE CONSTRUCTION OF 5 SCHOOLS IN THE FOLLOWING COMMUNITIES: 1) ESCUELA OFICIAL RURAL MIXTA CHIVALAN-CUATRO CAMINOS, SANTA CRUZ DEL QUICHE; 2) ESCUELA OFICIAL RURAL MIXTA DE CHOYOMCHE III, CHICHE; 3) ESCUELA OFICIAL RURAL MIXTA COLONIA SAN JUAN, CHICHE; 4) ESCUELA OFICIAL RURAL MIXTA EL DURAZNO, CHINIQUE; AND 5) ESCUELA OFICIAL RURAL MIXTA CHOAXAN II, CHINIQUE.

### Statement of Program Service Accomplishments 2013

Name(s) as shown on return

SCHOOL THE WORLD

Your Social Security Number

27-0176563

01

Form 990, Part III(b)

Program Service Code Program Service Expenses \$105792 Grants and allocations included in above expense \$0 Program Services Revenue

### Explanation

TEACHER TRAINING ACCOMPLISHMENTS: IN PARTNERSHIP WITH THE UNIVERSIDAD DEL VALLE AND THE MINISTRY OF EDUCATION IN THE DEPARTMENTS OF QUICHE AND TOTONICAPAN, GUATEMALA, SCHOOL THE WORLD DELIVERED AN IN-DEPTH TRAINING PROGRAM TO 104 TEACHERS, IN 11 SCHOOLS. SPECIFICALLY, SCHOOL THE WORLD DELIVERED MONTHLY GROUP TRAININGS FOR THREE GROUPS WITHIN THE 104 TEACHERS AND PROVIDED ONE-ON-ONE CLASSROOM TRAINING TO EACH TEACHER EVERY MONTH. SCHOOL THE WORLD ALSO PROVIDED DETAILED WRITTEN SUPPORTING MATERIALS TO EACH TEACHER. TO DEEPEN MOTIVATION, SCHOOL THE WORLD RECOGNIZES EXCELLENCE IN TEACHING - SPECIFIC BEHAVIORS SCHOOL THE WORLD INTENDS TO INCENT - WITH MONETARY AWARDS AND PUBLIC RECOGNITION. THROUGH THIS PROGRAM, SCHOOL THE WORLD HAS: 1) SUCCEEDED IN CREATING AWARENESS OF NEW TEACHING STRATEGIES AMONG TEACHERS; 2) STIMULATED INTEREST IN IMPROVEMENT OF TEACHING AND TEACHING PLANS; 3) DEVELOPED A SENSE OF PRIDE AND MOTIVATION AMONG TEACHERS IN SCHOOL THE WORLD SCHOOLS; AND 4) ENHANCED LEARNING AND STUDENT INTEREST IN READING. MOREOVER, SCHOOL THE WORLD TESTED STUDENTS IN SCHOOL THE WORLD SCHOOLS AND SIMILARLY SITUATED CONTROL SCHOOLS AT THE BEGINNING AND END OF THE TRAINING PROGRAM. THE TESTING RESULTS SHOWED THAT SCHOOL THE WORLD STUDENTS SIGNIFICANTLY OUTPERFORMED THE CONTROL SCHOOL STUDENTS AT YEAR-END.

| Statement of Program Service Accomplis | hments 2013 01              |
|--|-----------------------------|
| Name(s) as shown on return             | Your Social Security Number |
| SCHOOL THE WORLD                       | 27-0176563                  |

Form 990, Part III(c)

Program Service Code \$44222 Program Service Expenses Grants and allocations included in above expense \$0 Program Services Revenue

#### Explanation

BOOKS/LEARNING MATERIALS ACCOMPLISHMENTS: SCHOOL THE WORLD WORKS WITH PARENTS' COMMITTEES TO PURCHASE CULTURALLY RELEVANT BOOKS AND BEGIN CLASSROOM LIBRARIES IN EVERY CLASSROOM IN EVERY COMMUNITY. SCHOOL THE WORLD ADDS TO EACH OF THESE LIBRARIES WITH CO-INVESTMENT FROM PARENTS EVERY YEAR FOR FIVE YEARS. IN 2013 SCHOOL THE WORLD CREATED 43 NEW CLASSROOM LIBRARIES WITH 1,354 BOOKS IN SIX SCHOOLS, WE ALSO ADDED 1,186 TO PRE-EXISTING LIBRARIES, BRINGING OUR TOTAL CLASSROOM LIBRARIES TO 167. THESE 167 CLASSROOM LIBRARIES NOW HOLD A TOTAL OF 6,205 BOOKS.

# Statement of Program Service Accomplishments Name(s) as shown on return SCHOOL THE WORLD Statement of Program Service Accomplishments Your Social Security Number 27-0176563

Form 990, Part III(d)

Program Service Code
Program Service Expenses \$43021
Grants and allocations included in above expense \$0
Program Services Revenue \$0

#### Explanation

PARENTING CLASSES ACCOMPLISHMENTS: SCHOOL THE WORLD ORGANIZES BI-MONTHLY PARENTS AS FIRST EDUCATORS' TRAININGS FOR THE PARENTS OF CHILDREN IN OUR SCHOOLS. THESE TRAININGS FOCUS ON HOW PARENTS CAN HELP THEIR CHILDREN LEARN BOTH IN THE CLASSROOM AND AT HOME. THEY ALSO PROVIDE PARENTS WITH THE INFORMATION AND MOTIVATION NECESSARY TO HOLD TEACHERS ACCOUNTABLE. THE TRAININGS HAVE SUCCEEDED IN TURNING AROUND OTHERWISE FAILING SCHOOLS. IN 2013 SCHOOL THE WORLD CONDUCTED 14 TRAININGS FOR 1,596 PARENTS IN 17 SCHOOLS.

| Name(s) as shown on return SCHOOL THE WORLD DESCRIPTION NEAT DESK SCANNER PHONE, CAMERAS, BATTERIES |               |       | 1 day   | i edetai odpporting otatomene | ובווני | 211     |           |         |     | 2013 PG01                       | PG01                |
|---|---------------|-------|---------|-------------------------------|--------|---------|-----------|---------|-----|---------------------------------|---------------------|
| DESCRIPTION NEAT DESK SCANNER PHONE, CAMERAS, BATTERIES   |               |       |         |                               |        |         |           |         |     | Your Social Security 27-0176563 | urity Number<br>563 |
| DESCRIPTION NEAT DESK SCANNER PHONE, CAMERAS, BATTERIES   | FORM 4562 -   |       | LINE 26 |                               | 4      |         |           |         |     | Statement #50                   | nt #50              |
| NEAT DESK SCANNER PHONE, CAMERAS, BATTERIES   | DATE %E       | \$BUS | COST    | DEPR BASIS                    | RP     | METHOD  | DEDUCTION | 179 DED | DED | H                               |                     |
| PHONE, CAMERAS, BATTERIES   | -01-24        |       | 405     | 405                           | 3      | 200DBMQ | 113       |         |     |                                 |                     |
|   |               | 100   | 410     | 410                           | е      | 200DBMQ | 114       |         |     |                                 |                     |
| COMPUTER  | 2012-12-07 10 | 100   | 1,742   | 1,742                         | Э      | 200DBMQ | 1,065     |         |     |                                 |                     |
| FURNITURE   | 2013-03-26 10 | 100   | 1,751   | 1,751                         | 2      | 200DBMQ | 613       |         |     |                                 |                     |
| IPAD TABLET   |               | 100   | 1,014   | 1,014                         | 2      | 200DBMQ | 51        |         |     |                                 |                     |
| COMPUTER  | 2013-10-31 10 | 100   | 1,049   | 1,049                         | 1      | Žingo,  | 0008      |         |     |                                 |                     |
|   |               |       |         |                               |        |         |           |         |     |                                 |                     |

| 990                        | Overflow Statement | 2013 Page 1 |
|----------------------------|--------------------|-------------|
| Name(s) as shown on return |                    | FEIN        |
| SCHOOL THE WORLD           |                    | 27-0176563  |

### OTHER EXPENSES - PROGRAM SERVICES

| Description                  | Amount |        |
|------------------------------|--------|--------|
| PRINTING AND COPYING         | \$     | 599    |
| SCHOOL FURNITURE             |        | 393    |
| TEACHER BEST PRACTICE AWARDS |        | 4,920  |
| TELEPHONE/TELECOMMUNICATIONS |        | 3,783  |
| FOOD AND BEVERAGES           |        | 856    |
| BANK FEES                    |        | 1,360  |
| VOLUNTEER SUPPORT            |        | 147    |
| WEB COMMUNICATIONS           |        | 2,493  |
| MISCELLANEOUS EXPENSES       |        | 2,369  |
| POSTAGE AND MAILING SERVICES |        | 23     |
| TRANSPORTATION               |        | 17,267 |
| SOFTWARE                     |        | 30     |
| Total:                       | \$     | 34,240 |

### OTHER EXPENSES - MANAGEMENT AND GENERAL

| Description                   |        | I   | Amount |  |
|-------------------------------|--------|-----|--------|--|
| WEB COMMUNICATIONS            |        | \$  | 4,159  |  |
| PRINTING AND COPYING          |        |     | 2,969  |  |
| VOLUNTEER SUPPORT             |        | 100 | 2,774  |  |
| MISCELLANEOUS EXPENSES        |        |     | 924    |  |
| TELEPHONE/TELECOMMUNICATIONS  |        |     | 1,067  |  |
| POSTAGE AND MAILING SERVICES  |        |     | 652    |  |
| PROFESSIONAL DEVELOPMENT      |        | 5() | 77     |  |
| BANK FEES                     |        |     | 1,123  |  |
| BOOKS/LEARNING MATERIALS      |        |     | 877    |  |
| PAYROLL SERVICES              |        |     | 38     |  |
| RESEARCH                      |        |     | 538    |  |
| SOFTWARE                      |        |     | 208    |  |
| TEACHER BEST PRACTICES AWARDS |        |     | 159    |  |
| TRANSPORTATION                |        |     | 220    |  |
| 1101101 0111111011            | Total: | \$  | 15,785 |  |

| 990                        | Overflow Statement | 2013<br>Page 2 |
|----------------------------|--------------------|----------------|
| Name(s) as shown on return |                    | FEIN           |
| SCHOOL THE WORLD           |                    | 27-0176563     |

### OTHER EXPENSES - FUNDRAISING

| Description                      | P  | Amount |  |
|----------------------------------|----|--------|--|
| FOOD AND BEVERAGES               | \$ | 2,842  |  |
| BANK FEES                        |    | 725    |  |
| FUNDRAISING EXPENSES             |    | 1,200  |  |
| TELEPHONE/TELECOMMUNICATIONS     |    | 412    |  |
| MISCELLANEOUS EXPENSES           |    | 18     |  |
| WEB COMMUNICATIONS               |    | 245    |  |
| SOFTWARE                         |    | 3,000  |  |
| POSTAGE, MAILING SERVICES        |    | 505    |  |
| POSTAGE, MAILING SERVICES Total: | \$ | 8,947  |  |
|                                  |    |        |  |