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)

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

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Number and street or P.O box if mail is not delivered to street addressis; Roombusile Taleptone humber	B c	heck if app	oplicable: C Name of organization SCHOOL TI	HE WORLD			D Employer identification no.
Transport Tran	☐ Ad	ddress cha	pange Doing business as				27-0176563
Initial return Final return Fi				il is not delivered to street address)		Room/suite	E Telephone number
Application provided Application provided Filter and actions of principal efficies:	☐ In	itial return	173 3RD AVENUE		7.7		(203)209-4835
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Part	VIII 00	state to the				H(c) Group exempt	tion number
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Meriden CT 06450 203-649-8591				DRIVE		Phone no.	
May the IRS discuss this return with the preparer shown above? (see instructions)				6450		203	
	May	the IRS	discuss this return with the preparer shown ab	ove? (see instructions)			X Yes No

	990 (2014) SCHOOL THE WORLD 27-0176563	
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	• • • • □
1	Briefly 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.	
	CITIZENSHIP AMONG CHILDREN AND TOUTH IN THE UNITED STRIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	٦
	prior Form 990 or 990-EZ?	x. No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	٦
	services?	x No
	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 \$ 257,984 including grants of \$) (Revenue \$)
4 a	See SERVICES page for a description of this program service.	
	DOC DENTACED PAGE NOT A MEDICIPOLEM TO THE PAGE NOT A MEDICIPOLEM	
4h	(Code:) (Expenses \$ 206,262 including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$206,262 including grants of \$) (Revenue \$) See SERVICES page for a description of this program service.)
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4c	(Code:) (Expenses \$	

Page 3 Form 990 (2014) SCHOOL THE WORLD

Part IV Checklist of Required Schedules 27-0176563

1 st he organization described in section 501(c)(3) or 4847(a)(1) (other than a private foundation)? If "Yes," complete Schedule A schedule B, Schedule of Contributors (see instructions)? 2 x	
s the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaing activities on behalf of or in opposition to 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) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), 6010(c)(5), 6010(c)(5), 6010(c)(5), 6010(c)(5), 6010(c)(5), 6010(c)(5), 6010(c)(5), 6010(c)(6), 6010(c)(5), 6010(c)(6),	
Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II set organization as section 501(c)(d), 501(c	-
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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 c 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 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 116 127 128 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 129 130 Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 131 Is the organization maintain an office, employees, or agents outside of the United States? 132 133 Light the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate	
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fundraising, business, investment, and program service activities outside the United States, or aggregate	
forcion investments valued at \$100,000 or more? If "Ves." complete Schedule F. Parts Land IV	X
loreign investments valued at 9100,000 or more in 100, complete contactions of the consistence to or	
for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	X
ior any loreign organization: it res, complete conducting in the COO of exercises groups or other	
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	X
designation to the state of the	
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	X
Patrix, Column (A), mies o and Tres in Tes, compared controlled and controlled an	
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X
Pair VIII, III es 10 and 62: III 165, complete contended of, factor	
If "Yes," complete Schedule G, Part III	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	

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Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X 24a through 24d and complete Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 26 disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 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 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): X 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X conservation contributions? If "Yes," complete Schedule M _____ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, X 34 X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 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 36 X 36 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 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and X

			_
Part V	Statements Regarding C	Other IRS Filings and Tax Compliance	

	Check if Schedule O contains a response or note to any line in this Part V			Ш
	1.01		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		111	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	45		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10	v	
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	7.5	1	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 6	2b	Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20	Λ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		Х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		Λ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30		
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	4a	Х	
	account)? If "Yes," enter the name of the foreign country: GT	40	71	
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			Bred.
F	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
oa	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		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			Nag.
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			-
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			W. H
а	Initiation fees and capital contributions included on Part VIII, line 12		F 34	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		E771	
11	Section 501(c)(12) organizations. Enter:		14	
а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12a		= 1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	124		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	E		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	100		
100	Note. See the instructions for additional information the organization must report on Schedule O.		1,72	
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			
•	the organization is licensed to issue qualified health plans	-		
c 14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
- 2	in toy, made a form the to report these payments in the provide an expression of contents of		000	(2014)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 X Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X X Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10a X 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," C X 12c describe in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure CT List the states with which a copy of this Form 990 is required to be filed 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. X Upon request X Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: 20 DELANEY & ASSOCIATES LLC (203)649-8591, 59 BUTTERNUT DRIVE, Meriden, CT 06450

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Form	gan	(2014)

Form 990 (201	4) SCHOOL THE WORLD	27-0176563 Pa	age
	Compensation of Officers, Directors, Trustees, Key Emp Independent Contractors	loyees, Highest Compensated Employees, a	nd
	Check if Schedule O contains a response or note to any line in this Part VII		. 🗌
The second secon		Frankrises	

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

(A) Name and Title	(B) Average hours per week (list any	(do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARY KATE CURRAN FOUNDER	60.00	х				Х		94,500	0	0
(2) JOE LAWLER BOARD MEMBER	1.00_	Х						0	0	0
(3) ALBERTO BORRERO MUSLAEM BOARD PRESIDENT	1.00_	Х						0	0	0
(4) RAFAEL URBINA BOARD MEMBER	1.00_	х					2	0	0	0
(5) ELAINE BELINSKY TREASURER	1.00_	х						0	О	0
(6) BARBARA DANIELE BOARD MEMBER	1.00	х						0	0	0
(7) BETTY REGAN BOARD MEMBER	1.00_	X						0	0	0
(8) CIDALIA LUIS-AKBAR BOARD MEMBER	1.00_	х						0	0	0
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Form 990	(2014) SCHOOL THE WORLD	1.								27-0176563	3	Page	3 (
Part V	Section A. Officers, Directors, Truste	es, Key Emplo	yees,	and	Hig	hes	t Com	pen	sated Employees	(continued)			
	(A) Name and title	(B) Average hours per week (list any	box, office	unless er and	Pos eck m s pers	ore the	an one both an trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	am	(F) timated nount of other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	orga and	pensation om the anization d related anizations	
(15)													
(16)													_
(17)													_
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(22)									F 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
(23)													
(24)				П									
(25)												7	
	Sub-total				٠.	• •	• • •	>					
	Total from continuation sheets to Part VII, Sec Total (add lines 1b and 1c)		:::	::	• •	• •	: : :		94,500	0			0
	Total number of individuals (including but not limite				o re	ceive	ed mor	re tha		-			Ī
	reportable compensation from the organization	•	_	_	+	_		-		0		Yes N	10
	Did the organization list any former officer, dire			mplo			highes				3) Y	
	employee on line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is the sum of re			n and								Rei	Ì
	organization and related organizations greater tha												
	individual						• • •	· ·	or individual		4	Σ	2
	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes,"										5	2	ζ
Sectio	on B. Independent Contractors												
	Complete this table for your five highest compensation from the organization. Report compyear.												
	(A)								(B)			(C)	Ī
	Name and business addr	ess							Description of	services	Comp	pensation	
								H					_
8											1		_
		a brok o ak Prosta - 1	to the	ie II-	ded	obs	0)				UNEU		
	Total number of independent contractors (including received more than \$100,000 of compensation from the contractors of the cont			se iis	ieu	abov	e) who	,					

art \	00 (2014) SCHOOL THE WORLD VIII Statement of Revenue					27-01765	63 Pag
art	Check if Schedule O contains a response	or note t	o any line in this P	art VIII			
	Crieck if Scredule O Contains a response	Of flote to	any into in ano	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta: under sections 512-514
s s	1a Federated campaigns	1a				520 F-05	
on on	b Membership dues	1b					
E	c Fundraising events	1c				1215	
ar	d Related organizations	1d				Brill Street	
έE	e Government grants (contributions)	1e	25,779				
S	f All other contributions, gifts, grants,	20000				T BELLEVILLE	
and Other Similar Amounts	and similar amounts not included above	1f	712,525				
P	g Noncash contributions included in lines 1a-						A Paris and
3 #	h Total. Add lines 1a-1f	• • • •		738,304			
0			Business Code				
Program Service Revenue	2a						
Rev	b						+
vice	С						
Ser	d						+
угаш	е						
Prog	f All other program service revenue						
	g Total. Add lines 2a-2f	100					
	4 Income from investment of tax-exempt bond 5 Royalties	al	(ii) Personal				
					DATE OF STREET		
	7a Gross amount from sales of assets other than inventory	ties	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						AND DESCRIPTIONS
	d Net gain or (loss)						
une	8a Gross income from fundraising						
evel	events (not including \$	_					L BEST
æ	of contributions reported on line 1c).						
Other Revenue	See Part IV, line 18						
0	b Less: direct expenses	b [
	c Net income or (loss) from fundraising events	• •					
	9a Gross income from gaming activities. See Part IV, line 19						
	b Less: direct expenses	b [T_lale			
	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		▶				
	Miscellaneous Revenue		Business Code		BESTER STATE OF	NO DESCRIPTION OF	

738,304

d All other revenue e Total. Add lines 11a-11d

12 Total revenue. See instructions

27-0176563

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
8	Benefits paid to or for members				indial si
5	Compensation of current officers, directors, trustees, and key employees	94,500	61,425	33,075	
3	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		-		
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	197,206	166,267	24,806	6,133
3	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
)	Other employee benefits				
0	Payroll taxes	33,496	22,413	10,280	803
1	Fees for services (non-employees):				
a	Management				
b	Legal	1,746	256	1,490	
C	Accounting	6,927	2,115	4,812	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		CALL SETT SALE		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	V24.50.20.00.00.00.00.00.00.00.00.00.00.00.00	encestar.	Water and	
	(A) amount, list line 11g expenses on Schedule O.)	2,795	967	328	1,500
2	Advertising and promotion		727 233	11 (12	F 700
3	Office expenses	31,943	14,544	11,613	5,786
4	Information technology	3,282	2,015	1,267	
5	Royalties				
6	Occupancy				
7	Travel				
В	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	51		51	
9	Conferences, conventions, and meetings	31			
	Interest				
1	Payments to affiliates	1,695		1,695	
2	Insurance	7,067	2,913	4,154	
4	Other expenses. Itemize expenses not covered				T35-=165(0)
*	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	CONSTRUCTION MATERIALS	186,426	186,426		
b	BOOKS/LEARNING MATERIALS	30,389	30,000	389	
C	STUDENT SERVICES LEARNING	138,697	137,843	854	
d					
e	All other expenses	90,592	51,750	30,842	8,000
5	Total functional expenses. Add lines 1 through 24e .	826,812	678,934	125,656	22,222
26	Joint costs. Complete this line only if the				
15.0	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	100			

Page 11 27-0176563 Form 990 (2014) SCHOOL THE WORLD **Balance Sheet** Part X

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 111,243 119,231 Cash - non-interest-bearing 1 2 160 160 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 49,422 6,450 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 6,966 Prepaid expenses and deferred charges 48,602 Land, buildings, and equipment: cost or ... 10a other basis. Complete Part VI of Schedule D 6,371 4,605 10c 2,256 Less: accumulated depreciation 10b 4,115 b 11 Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 14 15 15 16 135,063 214,032 16 17 Accounts payable and accrued expenses 17 18 18 117,518 19 107,979 19 Deferred revenue 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 107,979 117,518 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 76,611 27 17,545 27 29,442 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 106,053 33 17,545 Total net assets or fund balances 33 34 135,063 214,032 34 Total liabilities and net assets/fund balances

orm	990 (2014) SCHOOL THE WORLD 27-0176563			age 12
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)		738,	304
2	Total expenses (must equal Part IX, column (A), line 25)		826,	812
3	Revenue less expenses. Subtract line 2 from line 1		(88,	508)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		106,	053
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			11
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		17,	545
Par	t XII Financial Statements and Reporting			745
	Check if Schedule O contains a response or note to any line in this Part XII			\Box
			Yes	No
1	Accounting method used to prepare the Form 990: Cash			1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	-		
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
-	If "Yes." check a box below to indicate whether the financial statements for the year were compiled or	(HE)		
	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	Х	
~	If "Yes." check a box below to indicate whether the financial statements for the year were audited on a		والمالية	5-13
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			isi
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in		7, 33	-
	Schedule O.			9
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
Ju	the Single Audit Act and OMB Circular A-133?	3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
EA	required about 9, about 9, organic any in contradic 5 with decorate any orage tentant 6 wines go seen about 9	Form	000	2014)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

2014

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 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 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing support (see other support (see (described on lines 1-9 instructions) above or IRC section document? instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Part II

27-0176563 Pa

	(Complete only if you che Part III. If the organization						under /
Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					- 1	
3	The value of services or facilities furnished by a governmental unit to the organization without charge					-	
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a	Man water	200				
	governmental unit or publicly					1 Just State of the state of th	
	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						
	ndar year (or fiscal year beginning in)	3.7	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for th organization, check this box and stop he	ere		th, or fifth tax year	as a section 501(c)(3)	
	tion C. Computation of Public S						
14	Public support percentage for 2014 (line 6,					14	%
15	Public support percentage from 2013 Sche						%
16a	33 1/3% support test - 2014. If the orga						. .
	box and stop here . The organization qua						· · · · · ·
b	33 1/3% support test - 2013. If the organ						N [
17-	check this box and stop here . The organ						
17a	10%-facts-and-circumstances test - 20						
	10% or more, and if the organization med					ın ın	
	Part VI how the organization meets the "fac- organization		•				▶ □
b	10%-facts-and-circumstances test - 20 15 is 10% or more, and if the organizatio	13. If the organiza	ation did not check a b	oox on line 13, 16a	a, 16b, or 17a, and		
	Explain in Part VI how the organization mee						
18							▶ □
	instructions	Hot ondon a box		,	Inc box and bot		▶ □

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

27-0176563

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	tion A. Public Support					SUMSHEAM	and the state of
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		247,054	398,093	506,258	738,277	1,889,682
	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						
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	738,277	1,889,682
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					\$P.14	
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						1,889,682
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6		247,054	398,093	506,258	738,277	1,889,682
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources • •			20	5	5	30
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b			20	5	5	30
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 VI.)				489	22	511
13	Total support. (Add lines 9, 10c, 11, and 12.)		0 247,054	398,113	506,752	738,304	1,890,223
14	First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's firs	t, second, third, fourth	, or fifth tax year a	as a section 501(c)	(3)	▶⊠
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2014 (line 8, col					15	%
16	Public support percentage for 2013 Schedul					16	%
	ction D. Computation of Investme						
17	Investment income percentage for 2014 (lin			olumn (f))		17	%
18	Investment income percentage from 2013 S					18	%
19a	33 1/3% support tests - 2014. If the organi 17 is not more than 33 1/3%, check this box	zation did not che and stop here.	eck the box on line 14 The organization qua	4, and line 15 is m difies as a publicly	supported organiz	zation	▶ □
b	33 1/3% support tests - 2013. If the organi line 18 is not more than 33 1/3%, check this	zation did not ch	eck a box on line 14 o	or line 19a, and lin qualifies as a pub	e 16 is more than olicly supported org	33 1/3%, and ganization	▶ □
20	Private foundation. If the organization did	not check a box	on line 14, 19a, or 19	b, check this box	and see instruction	s	▶ 🔲

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Employer identification number

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

SCHOOL THE WORLD		27-0176563					
Organization type (check	one):						
Filers of:	Section:						
Form 990 or 990-EZ	☑ 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ion					
	501(c)(3) taxable private foundation						
instructions. General Rule For an organization	c)(7), (8), or (10) organization can check boxes for both the General Rule are filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions for property) from any one contributor. Complete Parts I and II. See instructions for property.	s totaling \$5,000					
Special Rules							
regulations under se 13, 16a, or 16b, an	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 9 nd that received from any one contributor, during the year, total contribution of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1.	990-EZ), Part II, line his of the greater of (1)					
contributor, during the	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive the year, total contributions of more than \$1,000 exclusively for religious, charitational purposes, or for the prevention of cruelty to children or animals. Complete P	able, scientific,					
contributor, during the contributions totaled during the year for a	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive the year, contributions exclusively for religious, charitable, etc., purposes, but not more than \$1,000. If this box is checked, enter here the total contributions that an exclusively religious, charitable, etc., purpose. Do not complete any of the parties to this organization because it received nonexclusively religious, charitatione during the year	o such t were received arts unless the					

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).

Employer identification number

27-0176563

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
500	ERTO MUSALEM BORRERO O LOCH LOMOND DE	\$	Person X Payroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	BOURTON FOUNDATION HULFISH, SUITE 305,	\$	Person X Payroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		s	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person

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.

2014

OMB No. 1545-0047

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

Nam	e of the organization		Employer identification number
	HOOL THE WORLD		27-0176563
Pa	rt I Organizations Maintaining Donor Adv	rised Funds or Other Similar Funds or Acco	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 value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisor	rs in writing that the assets held in donor advised	
	funds are the organization's property, subject to the orga	anization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and do	nor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the	e 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 organ		
	Preservation of land for public use (e.g., recreation of		illy important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a complete lines 2a through 2d if the organization held 2d i	qualified conservation contribution in the form of a cons	ervation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic	ic structure included in (a)	2c
d	Number of conservation easements included in (c) acqui	ired after 8/17/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred	d, released, extinguished, or terminated by the organization	ation during the
	tax year 🕨		
4	Number of states where property subject to conservation	n easement is located	
5	Does the organization have a written policy regarding the		
	violations, and enforcement of the conservation easeme	and the contract of the contra	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecti		and the second s
7	Amount of expenses incurred in monitoring, inspecting, a	and enforcing conservation easements during the year	
	> \$		
8	Does each conservation easement reported on line 2(d)	above satisfy the requirements of section 170(h)(4)(B)((i)
	and agation 170/h\/4\/P\/ii\2		
9	In Part XIII, describe how the organization reports conse		
	balance sheet, and include, if applicable, the text of the for		
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collec	ctions of Art, Historical Treasures, or O	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	6 (ASC 958), not to report in its revenue statement and	balance sheet
	works of art, historical treasures, or other similar assets h	neld for public exhibition, education, or research in furth	erance of
	public service, provide, in Part XIII, the text of the footnot	te to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116	6 (ASC 958), to report in its revenue statement and bala	ance sheet
	works of art, historical treasures, or other similar assets h	neld for public exhibition, education, or research in further	erance of
	public service, provide the following amounts relating to t	these items:	
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		>s
2	If the organization received or held works of art, historical	al treasures, or other similar assets for financial gain, pro	ovide the
	following amounts required to be reported under SFAS 1		
а	Developed included in Fem. 2002 Developed		> \$
b	Assets included in Form 990, Part X) s

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		6,371	4,115	2,256
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal F	orm 990, Part X, column	(B), line 10c.)		2,256

Part VII	Investments - Other Securities.	vered "Yes" to Form 990, Part IV	/, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial de	(including name of security)	1000	
,	d equity interests		
	requity interests		30
3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
	must equal Form 990, Part X, col. (B) line 12.)	•	
Part VIII	Investments - Program Related		
	Complete if the organization answ	wered "Yes" to Form 990, Part I	V, line 11c. See Form 990, Part X, line 13.
		(b) Book value	(c) Method of valuation:
	(a) Description of investment	(b) book tales	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b)	must equal Form 990, Part X, col. (B) line 13.)	>	
Part IX	Other Assets.		14 1 0 - F 000 B-+ V line 1F
	Complete if the organization ans	wered "Yes" to Form 990, Part I	V, line 11d. See Form 990, Part X, line 15
		(a) Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		F- 45 \	
Part X	on (b) must equal Form 990, Part X, col. (B) Other Liabilities.	line 15.)	
raitA	Complete if the organization ans line 25.	wered "Yes" to Form 990, Part I	V, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	
TO STATE OF THE PARTY OF THE PA	income taxes		
(2)			
(3)			
(3)			
(4)			
(4) (5)			
(4)			
(4) (5) (6)			
(4) (5) (6) (7)			

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

Part XI Reconciliation of Revenue per Audited Financial Stat	ements With Re	venue per Return.	
Complete if the organization answered "Yes" to Form 990	D. Part IV. line 12	a.	
Total revenue, gains, and other support per audited financial statements		1	738,304
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
The state of the s	2a		
		2e	
e Add lines 2a through 2d		3	738,304
Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	738,304
Part XII Reconciliation of Expenses per Audited Financial S	tatements With	Expenses per Return	1.
Complete if the organization answered "Yes" to Form 99	90, Part IV, line 1	2a.	
			826,494
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b	12.5	
c Other losses	2c		
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	826,494
Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	826,494
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1b and 2b; Part	/, line 4; Part X, line	
; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional informati	on.	
		41-1	
01. Other expenses included on Form 990 (Pa	rt XII, li	ne 4b)	
01. Other expenses included on Form 990 (Pa	rt XII, li	ne 4b)	
AMOUNT OF DEPRECIATION EXPENSES INCLUDED ON FORM 990 AND NOT IN	THE AUDITED FIN	ANCIAL	
AMOUNT OF DEPRECIATION EXPENSES INCLUDED ON FORM 990 AND NOT IN	THE AUDITED FIN	ANCIAL	
MOUNT OF DEPRECIATION EXPENSES INCLUDED ON FORM 990 AND NOT IN	THE AUDITED FIN	ANCIAL	
MOUNT OF DEPRECIATION EXPENSES INCLUDED ON FORM 990 AND NOT IN	THE AUDITED FIN	ANCIAL	
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MOUNT OF DEPRECIATION EXPENSES INCLUDED ON FORM 990 AND NOT IN	THE AUDITED FIN	ANCIAL	
AMOUNT OF DEPRECIATION EXPENSES INCLUDED ON FORM 990 AND NOT IN	THE AUDITED FIN	ANCIAL	
AMOUNT OF DEPRECIATION EXPENSES INCLUDED ON FORM 990 AND NOT IN	THE AUDITED FIN	ANCIAL	
O1. Other expenses included on Form 990 (Pannount of Depreciation expenses included on form 990 and not in Statements. Difference Caused by the Different Depreciation metax return and the audited financial statements.	THE AUDITED FIN	ANCIAL	
AMOUNT OF DEPRECIATION EXPENSES INCLUDED ON FORM 990 AND NOT IN	THE AUDITED FIN	ANCIAL	
MOUNT OF DEPRECIATION EXPENSES INCLUDED ON FORM 990 AND NOT IN	THE AUDITED FIN	ANCIAL	
MOUNT OF DEPRECIATION EXPENSES INCLUDED ON FORM 990 AND NOT IN	THE AUDITED FIN	ANCIAL	
AMOUNT OF DEPRECIATION EXPENSES INCLUDED ON FORM 990 AND NOT IN	THE AUDITED FIN	ANCIAL	

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

2014 Open to Public

Department of the Treasury Internal Revenue Service
Name of the organization

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

Inspection

Indicate whether the organization raise	ed funds through a	any of the follo				
a Mail solicitations		е 📙		f non-government gran	nts	
b Internet and email solicitations		f 📙		f government grants		
c Phone solicitations		g 🗆	Special fund	raising events		
d In-person solicitations		ale e e e e e e e e e e	l (in alcostina	officers disasters to re	No. of the last of	
2a Did the organization have a written or						es 🗌 No
or key employees listed in Form 990, if b If "Yes," list the ten highest paid individ				THE ENGLISHED SHOOT STANDARD STANDARDS		es 🗆 No
compensated at least \$5,000 by the or		indraisors) pu	isuain to agre	cinents under when t	ic fulldialsel is to be	
componented at loads 40,000 by the of	ga nzadon.					
		(iii) Did fun	draiser have		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		or control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
or ormy (tandraisor)	3.0	contrib	outions?	noin deavity	col. (i)	organization
		Yes	No			
	N 20 11					
	100	1000				
			-7		411111	
			1 -			
tal			>			
3 List all states in which the organization i	s registered or lice	ensed to solici	t contributions	s or has been notified i	t is exempt from	
registration or licensing.						

P	art II		plete if the organization	n answered "Yes" to Forr	m 990, Part IV, line 18, o	or reported more
		than \$15,000 of fundraising	event contributions ar	nd gross income on Form	1 990-EZ, lines 1 and 6b	. List events with
_		gross receipts greater than	\$5,000. (a) Event #1	(b) Event #2	(a) Other quests	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
. 22			(event type)	(event type)	(total number)	col. (c))
enne		0				
Revenue	1	Gross receipts				
	2	Less: Contributions		F:		
	3	Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
S	6	Rent/facility costs				
Direct Expenses		Tronbradinty code			_	
Exp	7	Food and beverages				
irect		Entertainment				
	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add lines 4				
P	11	Net income summary. Subtract line 10 Gaming. Complete if the or	o from line 3, column (d)	Noellto Form 000 D 11		
		than \$15,000 on Form 990-	EZ, line 6a.	res to Form 990, Part I	v, line 19, or reported m	iore
e			(a) Bingo	(b) Pull tabs/instant	(a) Other gamine	(d) Total gaming (add
Revenue			(a) Dingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Ä	1 (Gross revenue				
SS	2 (Cash prizes				
Expenses	3 1	Noncash prizes				
EXP		Noticasii piizes				
Direct	4 F	Rent/facility costs				
			1:27			
-	5 (Other direct expenses	Yes %			
	6 \	Volunteer labor	☐ Yes % ☐ No	Yes %	☐ Yes % No	
					110	
	7 [Direct expense summary. Add lines 2	through 5 in column (d)		▶	
	8 1	Net gaming income summary. Subtract	t line 7 from line 1, column	(d)		
		tot gaming moonte sammary. Subtrac	time / from line 1, column	(d)		
9		r the state(s) in which the organization				
a Is the organization licensed to conduct gaming activities in each of these states? Yes b If "No," explain:						· · · · · Yes No
0a		any of the organization's gaming lice	nses revoked, suspended	or terminated during the tax ye	ear?	Yes No
b		es," explain:			98 VANO2 VOLTO / LAT	
	_					
	_					

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.

2014

2014

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

SCHOOL THE WORLD	27-0176563
01. 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	W. BOARD
	W. BOARD
MEMBERS HAVE THE OPPORTUNITY TO RAISE QUESTIONS WITH THE PREPARER OF THE RETURN.	
02. Conflict of interest policy compliance (Part VI, 1	line 12c)
BOARD MEMBERS ARE REQUIRED TO SUBMIT A SIGNED POLICY ON AN ANNUAL BASIS, WHICH IS	S REVIEWED
TO ENSURE THAT THERE ARE NO CONFILCTS.	
03. CEO, executive director, top management comp (Part	t VI, line 15a)
A COMPENSATION POLICY EXISTS THAT REQUIRES COMPENSATION TO BE DIRECTED BY BEST PROPERTY.	RACTICES
OF CHARITY EVALUATORS FOR FINANCIAL EFFICIENCY AND INDIVIDUAL EMPLOYEE PERFORMANCE	CE. THE
COMPENSATION COMMITTEE CONDUCTS A REVIEW OF NONPROFIT CEO/EXECUTIVE DIRECTOR SALE	ARIES TO
DETERMINE THE RANGE OF APPROPRIATE COMPENSATION.	
04. Other officer or key employee compensation (Part V	/I, line 15b
A COMPENSATION POLICY EXISTS THAT REQUIRES COMPENSATION TO BE DIRECTED BY BEST PR	RACTICES
OF CHARITY EVALUATORS FOR FINANCIAL EFFICIENCY, BENCHMARKING OF SALARIES OF SIMIL	LARLY
SITUATED	W. J. T. J.
ORGANIZATIONS AND INDIVIDUAL EMPLOYER PERFORMANCE.	4.
	All the Late
05. Governing documents, etc, available to public (Par	t VI, line 19)
GOVERNING DOCUMENTS AND POLICIES CAN BE MADE AVAILABLE UPON REQUEST.	
06. List of other expenses (Part IX, line 24e)	2
PROGRAM SERVICES:	

Name of the organization	Employer identification number
SCHOOL THE WORLD	27-0176563
PARENTING CLASSES \$ 1,704	
PRINTING AND COPYING 599	
SCHOOL FURNITURE 393	
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	
SOFTWARE 30	
TOTAL \$34,551	
	The second second second
MANAGEMENT AND GENERAL:	-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
WEB COMMUNICATIONS \$4,159	
PRINTING AND COPYING 2,969	
VOLUNTEER SUPPORT 2,774	
MISCELLANEOUS EXPENSES 424	
TELEPHONE/TELECOMMUNICATIONS 1,067	
POSTAGE AND MAILING SERVICES 652	50.5
PROFESSIONAL DEVELOPMENT 77	Elder De Miller de
BANK FEES 1,123	
BOOKS/LEARNING MATERIALS 862	
BOOKS/LEARNING MATERIALS 862 PAYROLL SERVICES 38	

Employer identification number
27-0176563

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

2014 Attach to your tax return. Department of the Treasury Attachment ▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562. Internal Revenue Service (99) Sequence No. 179 Name(s) shown on return Business or activity to which this form relates Identifying number SCHOOL THE WORLD FORM 990 - 1 27-0176563 Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 13 13

Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) 16 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III

17 MACRS deductions for assets placed in service in tax years beginning before 2014 If you are electing to group any assets placed in service during the tax year into one or more general 18 asset accounts, check here

Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery placed in (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction service only-see instructions) 3-year property 5-year property 7-year property d 10-year property e 15-year property 20-year property g 25-year property 25 yrs. S/I Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM SI Nonresidential real 39 yrs. MM S/L property MM Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20 a Class life S/L b 12-year 12 yrs. S/L C 40-year 40 yrs MM S/L Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28 1,695 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 1,695 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

OMB No. 1545-0172

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

(a) (b) Date placed in service Cost or other basis Cost or oth		Section A - De					See the	einstruc	tions for															
Type of property just of preserving in services in services and provided the services of the provided services and the services of the service	24a	Do you have evidence	to support the busi	iness/investment u	se claimed	i?			∐ No	24b If	"Yes," is	the evi	dence v	vritten?	☐ Ye	s L								
the tax year and used more than 50% in a qualified business use: Statement #50	Ту	pe of property (list	Date placed	Business/ investment use	Cost or			Basis for depreciatio (business/investmer		Recovery	Me	Method/ Depre		Depreciation		Depreciation		Depreciation		Depreciation		Depreciation		(i) section 1 ost
the tax year and used more than 50% in a qualified business use: Statement #50	25	Special depreciation	n allowance for	qualified listed	property	placed in	service	during		1						M. 164								
28 Property used more than 50% in a qualified business use: 1												. 25												
27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 21, page 1 20 Eaction B - Information on Use of Vehicles 20 Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles to your employees, and the section for the section for these vehicles. 30 Total business/investment miles driven during the year 20 Total other personal (noncommuting) miles of the vehicle 2 (vehicle 2) (vehicle 3) (vehicle 4) (vehicle 5) (vehicle 4) (vehicle 5) (vehicle 3) (vehicle 4) (vehicle 5) (vehicle 5) (vehicle 6) (vehi	26	Property used more	e than 50% in a	qualified busin	ess use:					100														
Property used 50% or less in a qualified business use:	Sta	tement #50		%									1.	695	1	_								
Property used 50% or less in a qualified business use:				%												777								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles by your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year (do not include commuting miles) 11 Total commuting miles driven during the year (do not include commuting miles) 13 Total miles driven during the year. Add lines 30 through 32 4 Was the vehicle available for personal use during off-duty hours? 56 Was the 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 note than 5% owners or related persons (see instructions). 77 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 80 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 90 Do you provide more than five vehicles to your employees as personal use? 10 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) 10 Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. 11 Amortization period or personal personal personal central to the information for this personal use of the vehicles and retain the information received? 12 Amortization personal persona				%																				
Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 Section B. Information on Use of Vehicles Section C. Ouestions for Employees Who Provide Vehicles for Use by Their Employees Section C. Ouestions for Employees Who Provide Vehicles for Use by Their Employees Section C. Ouestions for Employees Who Provide Vehicles for Use by Their Employees Section C. Ouestions for Employees Who Provide Vehicles for Use by Their Employees Section C. Ouestions for Employees Who Provide Vehicles for Use by Their Employees Section C. Ouestions for Employees Who Provide Vehicles for Use by Their Employees Section C. Ouestions for Employers Who Provide Vehicles for Use by Their Employees Section C. Ouestions for Employers Who Provide Vehicles for Use by Their Employees Section C. Ouestions for Employers Who Provide Vehicles for Use by Their Employees Section C. Ouestions for Employers Who Provide Vehicles for Use by Their Employees Section C. Ouestions for Employers Who Provide Vehicles for Use by Their Employees Section C. Ouestions for Employers Who Provide Vehicles for Use by Their Employees Section C. Ouestions for Employers Who Provide Vehicles for Use by Their Employees Section C. Ouestions for Employers Who Provide Vehicles for Use by Their Employees Section C. Ouestions for Employers Who Provide Vehicles for Use by Their Employees Section C. Ouestions for Employers Who Provide Vehicles for Use by Their Employees Section C. Ouestions for Employers Who Provide Vehicles for Use by Their Employees Section C. Ouestions for Employees Who Provide Vehicles for Use by Their Employees Section C. Ouestions for Employees Who Provide Vehicles for Use by Their Employees Section C. Ouestions for Employees Section C. Ouestions for Employees Section C. Ouestions for Vehicles used by Comporate officers, Girectors, or 1% or more owners Do you ure at all use of vehicles by employees as personal use? Do you meet the requirements concerning qualified authomobile demonstration use? (See instru	7	Property used 50%	or less in a qua	alified business	use:								_											
28 Add amounts in column (i), lines 25 through 27. Enter here and on line 21, page 1 Section B - Information on Use of Vehicles (a) (b) (c) (d) (e) Vehicle 1 (vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 5 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 3 Vehicle 5 Vehicle 3 Vehicle 5 Vehicle 4 Vehicle 5 Vehicle 3 Vehicle 5 Vehicle 5 Vehicle 5 Vehicle 6 Vehicle			1.1								S/L-				NEW P	123-0								
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8879-EO

IRS e-file Signature Authorization for an Exempt Organization

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For calendar year 2014, or fiscal year beginning

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2014

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service ▶ Do not send to the IRS. Keep for your records.
Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo

2014

Internal Revenue Service	▶ Information about Form 8879-E	O and its instructions is at www	irs.gov/form8	879eo.		
Name of exempt organization			E	mployer identific	cation number	
SCHOOL THE WORLD			2	7-0176563		
Name and title of officer						
MARY KATE CURRAN, H						
	Return and Return Information					
Check the box for the return	n for which you are using this Form 8879-E	O and enter the applicable amount	, if any, from the	return. If you		
check the box on line 1a,	2a, 3a, 4a, or 5a, below, and the amoun	t on that line for the return being f	iled with this fo	rm was blank	, then	
the applicable line below	or 5b , whichever is applicable, blank (do Do not complete more than 1 line in Pa	not enter -0-). But, if you entered	d -0- on the retu	urn, then enter	r -0- on	
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2a Form 990-EZ check he	ere b L b Total revenue, if any ((Form 990-EZ, line 9)		2	2b	
3a Form 1120-POL check	here b Total tax (Form 11	120-POL, line 22)		3	3b	
4a Form 990-PF check he	re 🕨 🗌 b Tax based on investr	ment income (Form 990-PF, Part	VI, line 5) .	4	\$b	
5a Form 8868 check here	▶ ☐ b Balance Due (Form 8868,	Part I, line 3c or Part II, line 8c)		5	5b	
	on and Signature Authorization I declare that I am an officer of the above of					
organization's electronic ret to send the organization's the transmission, (b) the rauthorize the U.S. Treasury financial institution account return, and the financial inst Agent at 1-888-353-4537 no involved in the processing cresolve issues related to the	elete. I further declare that the amount in Paturn. I consent to allow my intermediate ser return to the IRS and to receive from the reason for any delay in processing the rey and its designated Financial Agent to initial indicated in the tax preparation software for one later than 2 business days prior to the patent of the electronic payment of taxes to receive a payment. I have selected a personal identicable, the organization's consent to electronic box only	rvice provider, transmitter, or electroe IRS (a) an acknowledgement of turn or refund, and (c) the date of ate an electronic funds withdrawal (or payment of the organization's feder or evoke a payment, I must contact the confidential information necessary tification number (PIN) as my signa	nic return origin, receipt or reas any refund. If a direct debit) entreral taxes owed the U.S. Treasur orize the financi	son for rejection applicable, I ry to the on this ry Financial ial institutions siries and	in of	
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Officer's signature			Date ▶	08-16-2015		
Part III Certificat	tion and Authentication					
ERO's EFIN/PIN. Enter yo	our six-digit electronic filing identification					
	your five-digit self-selected PIN.		063354	01618		
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ndicated above. I confirm	eric entry is my PIN, which is my signature of that I am submitting this return in accord RS e-file Providers for Business Returns.	on the 2014 electronically filed retur ance with the requirements of Pu	n for the organia b. 4163, Model	zation rnized e-File (MeF)	
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Statement of Program Service Accomplishments

2014 01

Name(s) as shown on return

Your Social Security Number

SCHOOL THE WORLD

27-0176563

Form 990, Part III(a)

Program Service Code
Program Service Expenses \$257984
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 2014, WE CONTINUED TO WORK IN THESE MUNICIPALITIES: SANTA CRUZ DEL QUICHE, CHINIQUE, CHICHE, CHICHICASTENANGO, SAN CRISTOBAL AND SANTA CATARINA IXTAHUACAN. WE ALSO EXPANDED OUR OPERATIONS IN HONDURAS AND BEGAN WORK IN THE MUNICIPALITY OF OLANCHITO. IN GUATEMALA, WE COMPLETED THE CONSTRUCTION OF SCHOOLS IN THE FOLLOWING COMMUNITIES: ESCUELA OFICIAL RURAL MIXTA CHIVALAN-CUATRO CAMINOS, (CHOACAMAN IV), SANTA CRUZ DEL QUICHE. ESCUELA OFICIAL RURAL MIXTA DE CHOYOMCHE III, CHICHE. ESCUELA OFICIAL RURAL MIXTA COLONIA SAN JUAN, CHICHE. ESCUELA OFICIAL RURAL MIXTA EL DURAZNO, CHINIQUE. ESCUELA OFICIAL RURAL MIXTA CHOAXAN II, CHINIQUE. ESCUELA OFICIAL RURAL MIXTA CANTÓN XESIC IV, SANTA CRUZ DEL QUICHE ESCUELA OFICIAL RURAL MIXTA CANTÓN SIBACA I, SANTA CRUZ DEL QUICHE ESCUELA OFICIAL RURAL MIXTA SECTOR PIXTUP, CANTÓN PACAJA I, ALDEA LEMOA, SANTA CRUZ DEL QUICHE. WE ALSO ADDED A PLAYGROUND IN [PATZALAM] AND NEW BATHROOMS IN MACTZUL SEPTIMO. IN HONDURAS, WE COMPLETED CONSTRUCTION OF ONE SCHOOL: ESCUELA BRISAS DE OLANCHITO, OLANCHITO, YORO

Statement of Program Service Accomplishments

Name(s) as shown on return

01

2014

SCHOOL THE WORLD

Your Social Security Number

27-0176563

Form 990, Part III(b)

Program Service Code Program Service Expenses \$206262 Grants and allocations included in above expense \$0 Program Services Revenue \$0

Explanation

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. IN 2014, 64 STUDENTS FROM CONNECTICUT, MASSACHUSETTS, MARYLAND AND WASHINGTON, D.C. PARTICIPATED IN THIS PROGRAM.

Statement of Program Service Accomplishments 2014 01 Your Social Security Number SCHOOL THE WORLD 27-0176563

Form 990, Part III(c)

Program Service Code Program Service Expenses \$67431 Grants and allocations included in above expense \$0 Program Services Revenue \$0

Explanation

Name(s) as shown on return

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 2014, 17 TRAININGS FOR 1,596 PARENTS IN 22 SCHOOLS WERE CONDUCTED IN GUATEMALA. IN ADDITION, 9 TRAININGS FOR 175 PARENTS IN 3 SCHOOLS WERE CONDUCTED IN HONDURAS.

Statement of Program Service Accomplishments

2014 01

Your Social Security Number

27-0176563

Name(s) as shown on return

SCHOOL THE WORLD

Form 990, Part III(d)

Program Service Code
Program Service Expenses \$59969
Grants and allocations included in above expense \$0
Program Services Revenue \$0

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-INVESTMENTS FROM PARENTS EVERY YEAR FOR FIVE YEARS. IN 2013 WE CREATED 43 NEW CLASSROOM LIBRARIES WITH 1,354 BOOKS IN SIX SCHOOLS, BRINGING OUR TOTAL CLASSROOM LIBRARIES TO 167. THESE 167 CLASSROOM LIBRARIES NOW HOLD A TOTAL OF 6,205 BOOKS. IN 2014 SCHOOLS CONTINUE TO USE THESE 167 CLASSROOM LIBRARIES. THE 6,205 BOOKS ARE USED EVERY DAY FOR AN HOUR OF READING, WHICH IS MANDATORY IN GUATEMALAN SCHOOLS. OUR BOOKS HAVE BECOME AN ESSENTIAL TOOLS FOR TEACHERS TO ENHANCE THE CHILDRENYS READING COMPREHENSION.

990 Overflow Statement 2014 Page 1 Name(s) as shown on return FEIN SCHOOL THE WORLD 27-0176563

OTHER EXPENSES - PROGRAM SERVICES

Description		Amount
PROFESSIONAL DEVELOPMENT	\$	290
PRINTING AND COPYING		574
SUBSCRIPTIONS		465
TRAVEL		19,722
TELEPHONE/TELECOMMUNICATIONS		4,566
FOOD AND BEVERAGES	118	177
BANK FEES	120	1,778
WEB COMMUNICATIONS		5
MISCELLANEOUS EXPENSES		5,102
POSTAGE AND MAILING SERVICES		250
TRANSPORTATION		18,671
SOFTWARE		150
Total:	\$	51,750

OTHER EXPENSES - MANAGEMENT AND GENERAL

Description		Amount
WEB COMMUNICATIONS	\$	3,459
PRINTING AND COPYING		1,384
VOLUNTEER SUPPORT		744
MISCELLANEOUS EXPENSES	_	767
TELEPHONE/TELECOMMUNICATIONS		3,363
POSTAGE AND MAILING SERVICES		897
PROFESSIONAL DEVELOPMENT		1,920
BANK FEES		7,764
FOOD AND BEVERAGE		1,267
PAYROLL SERVICES		77
RECRUITMENT		180
SOFTWARE		654
SUBSCRIPTIONS		926
TRANSPORTATION		214
FUNDRAISING EXPENSES		634
TRAVEL		6,592
Total:	\$	30,842

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Name(s) as shown on return		FEIN
SCHOOL THE WORLD		27-0176563

OTHER EXPENSES - FUNDRAISING

Description	A	mount
TRAVEL	\$	1,499
SUBSCRIPTIONS		429
FUNDRAISING EXPENSES		4,604
TELEPHONE/TELECOMMUNICATIONS		152
MISCELLANEOUS EXPENSES		1
WEB COMMUNICATIONS		221
POSTAGE, MAILING SERVICES		715
PRINTING AND COPYING		379
Total:	\$	8,000