SOBEL AND CO., LLC CPA'S 293 EISENHOWER PARKWAY LIVINGSTON, NJ 07039-1711

> LITWORLD INTERNATIONAL, INC 222 BROADWAY, 19TH FLOOR NEW YORK, NY 10038 ATTN: DOROTHY LEE I...IIII...II.I.I.I.I.I

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY



NOVEMBER 3, 2015

LITWORLD INTERNATIONAL, INC 222 BROADWAY, 19TH FLOOR NEW YORK, NY 10038

LITWORLD INTERNATIONAL, INC:

ENCLOSED ARE THE 2014 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2014 FORM 990

2014 NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

BRIDGET HARTNETT

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2014

| Prepared for | |
|--|---|
| | LITWORLD INTERNATIONAL, INC 222 BROADWAY, 19TH FLOOR NEW YORK, NY 10038 |
| Prepared by | SOBEL AND CO., LLC CPA'S 293 EISENHOWER PARKWAY LIVINGSTON, NJ 07039-1711 |
| Amount due or refund | NOT APPLICABLE |
| Make check payable to | NOT APPLICABLE |
| Mail tax return and check (if applicable) to | NOT APPLICABLE |
| Return must be mailed on or before | NOT APPLICABLE |
| Special Instructions | THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 16, 2015. |

Form 8879-FC

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

, 2014, and ending For calendar year 2014, or fiscal year beginning

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

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eg Name of exempt organization

Employer identification number

,20

LITWORLD INTERNATIONAL, INC 13-4367685

| TREASURER |
|---------------------------|
| DONNA STEIN |
| Name and title of officer |

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

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

| 1a | Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | 1,442,855. |
|----|---|----|------------|
| 2a | Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a | Form 1120-POL check here b Total tax (Form 1120-POL, line 22) | Зb | |
| 4a | Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | |
| 5a | Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) | 5b | |
| | | | |

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

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

| X lauthorize SOBEL AND CO., LLC CPAS | to enter my PIN 67685 |
|---|--|
| ERO firm name | Enter five numbers, bu do not enter all zeros |
| as my signature on the organization's tax year 2014 electronically filed return. If I hat is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State enter my PIN on the return's disclosure consent screen. | |
| As an officer of the organization, I will enter my PIN as my signature on the organization, I will enter my PIN as my signature on the organization indicated within this return that a copy of the return is being filed with a state agence program, I will enter my PIN on the return's disclosure consent screen. | , , , |
| Officer's signature | Date |
| Part III Certification and Authentication | |
| ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. | 22722594949 do not enter all zeros |
| I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronic confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , M <i>e-file</i> Providers for Business Returns. | 5 |
| ERO's signature SOBEL AND CO., LLC CPAS | Date 11/03/15 |
| ERO Must Retain This Form - See In Do Not Submit This Form To the IRS Unless R | |
| LHA For Paperwork Reduction Act Notice, see instructions. 423051 09-29-14 | Form 8879-EO (2014) |

15161103 758553 LITWORLD

2014.04020 LITWORLD INTERNATIONAL, INC LITWORL1

| | nn | n |
|------|----|---|
| Form | 33 | U |

EXTENDED TO NOVEMBER 16, 2015

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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. A For the 2014 calendar year, or tax year beginning and ending

| LITWORLD INTERNATIONAL, INC 13-4367685 Doing Dusiness as 13-4367685 Number and steet (or P.0. boxil mail is not delivered to street address) Room/suite E Telephone number 646-237-8959 City or town, state or province, county, and ZiP or foreign postal code G @conservectus 1, 514, 440. Memory FName and address of principal officer.PAM ALLYN H(a) Is this a group return SAME AS C ABOVE H(b) Are all adcreducedral Ves No I Tacexempt status: LX Sinfo(16) 3010(1) () (insert no.) 4947(a)(1) or SZZ N(b) Are all adcreducedral Ves No H(c) Group exemption number K form of arganization: IX Corporation Trust Association Other > L/Year of Insertance: 2007 M istate of legal domicle: NY Part I Summary I briefly describe the organization or most significant activities: LITWORLD INTERNATIONAL, INC. (''ORGANIZARTION'') IS A NOT-POR-PROFIT 5011(C) 3 ENTITY LOCATED IN NEW 2 Check this box > I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of indepined voting members of the governing body (Part V, line 1a) 4 122 4 Number of indepined voting members of the governing body (Part V, line 1a) 3 122 5 T | Β | Check if applicabl | C Name of organization | | D Employer identific | cation number |
|--|---------------|-----------------------|---|-------------|------------------------|---------------|
| □ Doing business as 13-4367685 □ Protect Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number □ 222 BROADWAY, 19TH FLOOR 6 Gross rocents \$ 1,514,440. □ Argender NEW YORK, NY 10038 F Amme and address of principal officer: PAM ALLYN □ SAME AS C ABOVE F Name and address of principal officer: PAM ALLYN Ho is this a group return for subordinates? Ves No I Tax-exemption status: [] Joint(x) 501(c) () ◀ (insert no.) 4947(a)(1) or [227] If No, "attach alist ic lee instructions J Website: ▶ WWW LITWORLD.ORG [[] (insert no.) 4947(a)(1) or [227] If We an and address of principal officer. Part I] Summary 1 Briefly describe the organization's mission or most significant activities: LITWORLD.INTERNATIONAL, INC. 2 Check this box. ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of volting members of the governing body (Part V, line 1a) 3 1.2 4 Number of volting members of the governing body (Part V, line 2a) 5 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 4 Inturber of individuals employed in calendar year 2014 (Part V, line 2a) 5 | | | | | | |
| Image: Second | | | | | 13-43 | 367685 |
| Image: Second Secon | | Initial | | Room/suite | | |
| Structure City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 1,514,440. New YORK, NY 10038 H(a) Is this a group return H(a) Is this a group return SAME AS C ABOVE H(a) Is this a group return H(b) Are al subordinates included? Yes X) No 1 Tax-exempt status: X 501(c)(3) 501(c)(.) 	 (inset no.) 4947(a)(1) or 507 H(c) Are al subordinates included? Yes X) No 1 Tax-exempt status: X 501(c)(X) _ 501(c)(.) 	 (inset no.) 4947(a)(1) or 507 H(c) Are al subordinates included? Yes X) No 1 Burfely describe the organization Trust _ Association _ 0 ther ▶ L Year of formation: 2007 M State of legal domicile: NY Part.1 Summary If the organization's mission or most significant activities: LITWORLD INTERNATIONAL, INC. ("ORGANIZATION") IS A NOT-FOR-PROFIT 501(C) 3 ENTITY LOCATED IN NEW 2 Ortek this box ▶ _ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of volting members of the governing body (Part V, line 1a) _ fa 1 1 2 4 Number of individuals employed in calendar year 2014 (Part V, line 2a) _ fa 5 5 Total number of voluting members of the governing body (Part V, line 2a) _ fa 5 6 Total number of voluting members of the governing body (Part V, line 2a) _ fa 1 1 2 total unrelated business revenue from Form 990-T, line 34 _ fo f | | Final | | 100m/Julio | | |
| Image: NEW YORK, NY 10038 Hails this a group return for subordinates? Prime and address of principal officer:PAM ALLYN Hails this a group return for subordinates? Yes X No SAME AS C ABOVE How and address of principal officer:PAM ALLYN How and subordnates include? Yes X No J Website: WWW. LITWORLD. ORG How and subordnates include? Yes X No Part I Summary I tracesempt status: X Corporation Trust Association Other I L Year of formation: Year of format | | termin | | | | |
| Image: Address of principal officer: PAM ALLYN for subordinates? Yes No I Tax-exempt status: IX 501(c)(3) 501(c)(3) (insert no.) 4947(a)(1) or 527 I Tax-exempt status: IX 501(c)(3) 501(c)(3) (insert no.) 4947(a)(1) or 527 I Briefly describe the organization: IX Corporation Trust Association Other INTERNATIONAL, INC. I Briefly describe the organization's mission or most significant activities: LITWORLD INTERNATIONAL, INC. I Cock this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voting members of the governing body (Part VI, line 1a) 3 12 4 Number of independent voting members of the governing body (Part VI, line 1a) 3 12 5 Total number of volunteers (estimate if necessary) 6 900 7 a Total numeter of volunteers (estimate if necessary) 6 910 7 a Total numeter or volunce (Part VIII, line 2g) 34, 5677. 33, 571. 9 Program service revenue (Part VIII, line 3, 4, and 7d) 0. 1. 1. 10 Investment income (Part VIII, line 2g) 0. 0. 0. 1. 9 Program service revenue (Part VIII, co | | Ameno | | | | |
| pending SAME AS C ABOVE 1 Taxexempt status: X 501(c)(3) _ 501(c) ((insert nc.) _ 4947(a)(1) or 577 1 Taxexempt status: X 501(c)(3) _ 501(c) ((insert nc.) _ 4947(a)(1) or 577 1 Briefly describe the organization: X Corporation _ Trust _ Association _ Other ▶ L Year of formation: 2007 M State of legal domicile: NY Part II Summary L Year of formation: 2007 M State of legal domicile: NY 2 Check this box ▶ | | | - | | - | |
| I Tax-exempt status: X 501(c)(3) 501(c) (((insert no.) 4947(a)(1) or 527 H(C) Group exemption number ▶ I Website: ▶ WWW.LITWORLD.ORG K Form of organization: X Corporation [X] Corporatin [X] Corporation [X] Corporatin [X] Corporation [X] Corporatin [X | | pendir | | | | |
| J Website: WWW LITWORLD.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L year of formation: 2007 [M State of legal domicile: NY Part I Bummary Image: Summary Image: Summary Image: Summary Image: Summary 2 Image: Summary Image: Summary Image: Summary Image: Summary Image: Summary 2 Check this box Image: Summary Image: Summary Image: Summary Image: Summary 2 Check this box Image: Summary Image: Summary Image: Summary Image: Summary 3 Number of voling members of the governing body (Part VI, line 1a) Image: Summary Image: Summary Image: Summary 4 Number of volunteers (estimate if necessary) Image: Summary Image: Summary <thimage: summary<="" th=""> <thimage: summary<="" th=""></thimage:></thimage:> | <u> </u> | Гах-ехе | | or 527 | • • • | |
| K Form of organization: X Corporation Trust Association Other ▶ L Year of formation: 2007 M State of legal domicile: NY Part II Summary I Briefly describe the organization's mission or most significant activities: LITWORLD INTERNATIONAL, INC. ("ORGANIZATION") IS A NOT-FOR-PROFIT 501 (C) 3 ENTITY LOCATED IN NEW 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 12 4 Number of independent voting members of the governing body (Part VI, line 1a) 4 12 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 8 6 700 7a 0. 7a 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7a 0. 9 Porgram service revenue (Part VIII, line 1b) 850, 878. 1, 319, 769. 34, 567. 33, 571. 10 Investment income (Part VIII, locumn (A), lines 3, 4, and 7d) 0. 0. 0. 0. 10 Investment income (Part VIII, nust equal Part VII, co | | | | | 1 | |
| Part I Summary 1 Briefly describe the organization's mission or most significant activities: ("ORGANIZATION") IS A NOT-FOR-PROFIT 501(C) 3 ENTITY LOCATED IN NEW 2 Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 122 5 5 6 Total number of independent voting members of the governing body (Part VI, line 1b) 6 14 7 Total number of olutherers (estimate if necessary) 7 6 7 Total unrelated business revenue from Part VIII, column (C), line 12 7 7 9 Program service revenue (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 4 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 5-10) 13 Grants and similar amounts paid (Part IX, column (A), lines 5-10) 14 Benefits paid to or or members (Part IX, column (A), lines 5-10) | | | | L Year | | - |
| OPECT ("ORGANIZATION") IS A NOT-FOR-PROFIT 501(C) 3 ENTITY LOCATED IN NEW 2 Check this box □ If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 12 4 Number of independent voting members of the governing body (Part VI, line 1a) 4 12 5 5 8 6 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 8 6 Total number of volunteers (estimate if necessary) 6 900 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7b 0. b Net unrelated business atxable income from Form 990-T, line 34 Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, ines 5, 6d, 8c, 9c, 10c, and 11e) -53, 622. 89, 336. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 13) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 13) 0. 0. 0. 15 Salaries, other compensation, employ | | | | | | |
| OPECT ("ORGANIZATION") IS A NOT-FOR-PROFIT 501(C) 3 ENTITY LOCATED IN NEW 2 Check this box □ If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 12 4 Number of independent voting members of the governing body (Part VI, line 1a) 4 12 5 5 8 6 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 8 6 Total number of volunteers (estimate if necessary) 6 900 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7b 0. b Net unrelated business atxable income from Form 990-T, line 34 Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, ines 5, 6d, 8c, 9c, 10c, and 11e) -53, 622. 89, 336. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 13) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 13) 0. 0. 0. 15 Salaries, other compensation, employ | _ | 1 | Briefly describe the organization's mission or most significant activities: LITW | ORLD I | NTERNATIONA | L, INC. |
| b Net unrelated business taxable income from Form 990-T, line 34 7b 0. 8 Contributions and grants (Part VIII, line 1h) 850, 878. 1,319,769. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 0. 179. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -53,622. 89,336. 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -53,622. 89,336. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 299,327. 324,943. 16a Professional fundraising expenses (Part IX, column (D), line 25) 72,638. - 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 581,486. 664,614. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 72,638. - 19 Revenue less expenses. Subtract line 18 from line 12 -48,990. 453,298. 19 | ů. | | ("ÓRGANIZATION") IS A NOT-FOR-PROFIT 501 | (C)3 E | NTITY LOCATI | ED IN NEW |
| b Net unrelated business taxable income from Form 990-T, line 34 7b 0. 8 Contributions and grants (Part VIII, line 1h) 850, 878. 1,319,769. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 0. 179. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -53,622. 89,336. 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -53,622. 89,336. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 299,327. 324,943. 16a Professional fundraising expenses (Part IX, column (D), line 25) 72,638. - 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 581,486. 664,614. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 72,638. - 19 Revenue less expenses. Subtract line 18 from line 12 -48,990. 453,298. 19 | rna | 2 | Check this box 🕨 🛄 if the organization discontinued its operations or dispo | sed of more | than 25% of its net as | sets. |
| b Net unrelated business taxable income from Form 990-T, line 34 7b 0. 8 Contributions and grants (Part VIII, line 1h) 850, 878. 1,319,769. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 0. 179. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -53,622. 89,336. 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -53,622. 89,336. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 299,327. 324,943. 16a Professional fundraising expenses (Part IX, column (D), line 25) 72,638. - 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 581,486. 664,614. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 72,638. - 19 Revenue less expenses. Subtract line 18 from line 12 -48,990. 453,298. 19 | ove | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | |
| b Net unrelated business taxable income from Form 990-T, line 34 7b 0. 8 Contributions and grants (Part VIII, line 1h) 850, 878. 1,319,769. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 0. 179. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -53,622. 89,336. 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -53,622. 89,336. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 299,327. 324,943. 16a Professional fundraising expenses (Part IX, column (D), line 25) 72,638. - 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 581,486. 664,614. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 72,638. - 19 Revenue less expenses. Subtract line 18 from line 12 -48,990. 453,298. 19 | Ō | | | | | |
| b Net unrelated business taxable income from Form 990-T, line 34 7b 0. 8 Contributions and grants (Part VIII, line 1h) 850, 878. 1,319,769. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 0. 179. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -53,622. 89,336. 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -53,622. 89,336. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 299,327. 324,943. 16a Professional fundraising expenses (Part IX, column (D), line 25) 72,638. - 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 581,486. 664,614. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 72,638. - 19 Revenue less expenses. Subtract line 18 from line 12 -48,990. 453,298. 19 | se | | | | | |
| b Net unrelated business taxable income from Form 990-T, line 34 7b 0. 8 Contributions and grants (Part VIII, line 1h) 850, 878. 1,319,769. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 0. 179. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -53,622. 89,336. 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -53,622. 89,336. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 299,327. 324,943. 16a Professional fundraising expenses (Part IX, column (D), line 25) 72,638. - 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 581,486. 664,614. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 72,638. - 19 Revenue less expenses. Subtract line 18 from line 12 -48,990. 453,298. 19 | viti | | | | | 90 |
| b Net unrelated business taxable income from Form 990-T, line 34 7b 0. 8 Contributions and grants (Part VIII, line 1h) 850, 878. 1,319,769. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 0. 179. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -53,622. 89,336. 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -53,622. 89,336. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 299,327. 324,943. 16a Professional fundraising expenses (Part IX, column (D), line 25) 72,638. - 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 581,486. 664,614. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 72,638. - 19 Revenue less expenses. Subtract line 18 from line 12 -48,990. 453,298. 19 | \ct i | | | | | |
| 8 Contributions and grants (Part VIII, line 1h) 850,878. 1,319,769. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 34,567. 33,571. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -53,622. 89,336. 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -53,622. 89,336. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 831,823. 1,442,855. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. 0. 0. 16a Professional fundraising expenses (Part IX, column (D), line 25) 72,638. 581,486. 664,614. 18 581,486. 664,614. 18 18 19,990. 453,298. 19,890. 453,298. 19,890. 1270,263. 716,506. 14,629. 7,574. 270,263. 71 | _ | b | Net unrelated business taxable income from Form 990-T, line 34 | | | 0. |
| 9 Program service revenue (Part VIII, line 2g) 34,567.33,571. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0.179. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -53,622.89,336. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 831,823.1,442,855. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.0.0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0.0.0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 299,327.324,943. 16a Professional fundraising fees (Part IX, column (D), line 25) 72,638. 17 Other expenses (Part IX, column (D), line 25) 72,638. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 581,486.6664,614. 18 Total expenses. Subtract line 18 from line 12 -48,990.453,298. 19 Revenue less expenses. Subtract line 18 from line 12 -48,990.453,298. 10 Total assets (Part X, line 16) 270,263.716,506. 21 Total liabilities (Part X, line 26) 14,629.7,574. 22 Net assets or fund balances. Subtract line 21 from li | | | | | | |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -53, 622. 89, 336. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 831, 823. 1, 442, 855. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 299, 327. 324, 943. 16a Professional fundraising expenses (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 72, 638. 72, 638. 0. 0. 17 Other expenses (Part IX, column (A), line 11e, 116, 11f-24e) 581, 486. 664, 614. 0. 0. 0. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 880, 813. 989, 557. 989. 453, 298. 19 Revenue less expenses. Subtract line 18 from line 12 -48, 990. 453, 298. 270, 263. 716, 506. 21 Total liabilities (Part X, line 16) 270, 263. 716, 506. 1 | ē | 8 | Contributions and grants (Part VIII, line 1h) | | | |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -53, 622. 89, 336. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 831, 823. 1, 442, 855. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 299, 327. 324, 943. 16a Professional fundraising expenses (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 72, 638. 72, 638. 0. 0. 17 Other expenses (Part IX, column (A), line 11e, 116, 11f-24e) 581, 486. 664, 614. 0. 0. 0. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 880, 813. 989, 557. 989. 453, 298. 19 Revenue less expenses. Subtract line 18 from line 12 -48, 990. 453, 298. 270, 263. 716, 506. 21 Total liabilities (Part X, line 16) 270, 263. 716, 506. 1 | enu | 9 | Program service revenue (Part VIII, line 2g) | | | - |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -53, 622. 89, 336. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 831, 823. 1, 442, 855. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 299, 327. 324, 943. 16a Professional fundraising expenses (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 72, 638. 72, 638. 0. 0. 17 Other expenses (Part IX, column (A), line 11e, 116, 11f-24e) 581, 486. 664, 614. 0. 0. 0. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 880, 813. 989, 557. 989. 453, 298. 19 Revenue less expenses. Subtract line 18 from line 12 -48, 990. 453, 298. 270, 263. 716, 506. 21 Total liabilities (Part X, line 16) 270, 263. 716, 506. 1 | sev. | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | ÷ - | |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 299, 327. 324, 943. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 72, 638. 581, 486. 664, 614. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 581, 486. 664, 614. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -48, 990. 453, 298. 19 Revenue less expenses. Subtract line 18 from line 12 -48, 990. 453, 298. 20 Total assets (Part X, line 16) 270, 263. 716, 506. 21 Total liabilities (Part X, line 26) 14, 629. 7, 574. 22 Net assets or fund balances. Subtract line 21 from line 20 255, 634. 708, 932. | | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 299, 327. 324, 943. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 72,638. 0. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 581,486. 664,614. 664,614. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 72,638. -48,990. 453,298. 19 Revenue less expenses. Subtract line 18 from line 12 -48,990. 453,298. 20 Total assets (Part X, line 16) 270,263. 716,506. 21 Total liabilities (Part X, line 26) 14,629. 7,574. 22 Net assets or fund balances. Subtract line 21 from line 20 255,634. 708,932. | | | | | | |
| 11 Definite paid to drive members (ratio, column (r), monor) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 19 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 | | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | • • | • • |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 72,638. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 581,486. 664,614. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 880,813. 989,557. 19 Revenue less expenses. Subtract line 18 from line 12 -48,990. 453,298. 20 Total assets (Part X, line 16) 270,263. 716,506. 21 Total liabilities (Part X, line 26) 14,629. 7,574. 22 Net assets or fund balances. Subtract line 21 from line 20 255,634. 708,932. | | | | | | - |
| 17 Other expenses (Part IX, column (A), lines T1a-T1d, T17-24e) 3017,400. 004,014. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 880,813. 989,557. 19 Revenue less expenses. Subtract line 18 from line 12 -48,990. 453,298. 20 Total assets (Part X, line 16) 270,263. 716,506. 21 Total liabilities (Part X, line 26) 14,629. 7,574. 22 Net assets or fund balances. Subtract line 21 from line 20 255,634. 708,932. | es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | | - |
| 17 Other expenses (Part IX, column (A), lines T1a-T1d, T17-24e) 3017,400. 004,014. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 880,813. 989,557. 19 Revenue less expenses. Subtract line 18 from line 12 -48,990. 453,298. 20 Total assets (Part X, line 16) 270,263. 716,506. 21 Total liabilities (Part X, line 26) 14,629. 7,574. 22 Net assets or fund balances. Subtract line 21 from line 20 255,634. 708,932. | ens | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| 17 Other expenses (Part IX, column (A), lines T1a-T1d, T17-24e) 3017,400. 004,014. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 880,813. 989,557. 19 Revenue less expenses. Subtract line 18 from line 12 -48,990. 453,298. 20 Total assets (Part X, line 16) 270,263. 716,506. 21 Total liabilities (Part X, line 26) 14,629. 7,574. 22 Net assets or fund balances. Subtract line 21 from line 20 255,634. 708,932. | ğ | | | | | |
| 19 Revenue less expenses. Subtract line 18 from line 12 -48,990. 453,298. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 270,263. 716,506. 21 Total liabilities (Part X, line 26) 14,629. 7,574. 22 Net assets or fund balances. Subtract line 21 from line 20 255,634. 708,932. | ш | | | | | |
| Beginning of Current YearEnd of Year20Total assets (Part X, line 16)270,263.716,506.21Total liabilities (Part X, line 26)14,629.7,574.22Net assets or fund balances. Subtract line 21 from line 20255,634.708,932. | | | | | | |
| | | | Revenue less expenses. Subtract line 18 from line 12 | | | |
| | s or | | | Be | | |
| | sset | 20 | | | | |
| | et A: nd F | 21 | | | | |
| | | | | | 255,63 4 . | 708,932. |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| Sign Here | Signature of officer DONNA STEIN, TREASURER Type or print name and title | | Date | | | | |
|--------------|--|------------------------------------|--|------------------|--|--|--|
| Paid | Print/Type preparer's name BRIDGET HARTNETT | Preparer's signature | Date Check PTIN 11/03/15 self-employed P01429 | 163 | | | |
| Preparer | Firm's name 🕨 SOBEL AND CO., L | | Firm's EIN 22-1430 | 039 | | | |
| Use Only | Firm's address 293 EISENHOWER P LIVINGSTON, NJ 0 | | Phone no. 973 - 994 - 94 | 94 | | | |
| May the II | May the IRS discuss this return with the preparer shown above? (see instructions) | | | | | | |
| 432001 11-0 | 7-14 LHA For Paperwork Reduction Act Notic | ce, see the separate instructions. | Form 9 | 90 (2014) | | | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| | 1990 (2014) LITWORLD INTERNATIONAL, INC 13-4367685 Page |
|-----------|--|
| Pa | 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: LITWORLD INTERNATIONAL, INC. ("ORGANIZATION") IS A NOT-FOR-PROFIT |
| | 501(C) 3 ENTITY LOCATED IN NEW YORK, NEW YORK. THE ORGANIZATION RUNS |
| | PROGRAMS TO HELP CHILDREN AND FAMILIES IMPROVE THEIR ACADEMIC |
| | ACHIEVEMENT, POSITIVE SENSE OF SELF AND FUTURE OUTLOOK, AND INCREASE |
| 2 | Did the organization undertake any significant program services during the year which were not listed on |
| | the prior Form 990 or 990-EZ?Yes X N |
| _ | If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| 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 \$797,597. including grants of \$) (Revenue \$33,571. |
| | THE ORGANIZATION WORKS WITH LOCALLY BASED, GRASSROOTS ORGANIZATIONS TO |
| | RUN AND EXPAND LITERACY-BASED PROGRAMS, BUILDING SUSTAINABLE OUTCOMES FOR YOUNG PEOPLE AND THEIR COMMUNITIES AROUND THE WORLD. THE |
| | ORGANIZATION'S PROGRAMS ARE DESIGNED AND WRITTEN BY STAFF MEMBERS WITH |
| | SUPPORT FROM CONSULTANTS WHERE NEEDED. LOCAL COMMUNITY LEADERS MANAGE |
| | AND LEAD THE PROGRAMS AFTER RECEIVING TRAINING AND ACCESS TO THE |
| | ORGANIZATION'S INNOVATIVE CURRICULA. |
| | |
| | THE ORGANIZATION CREATES PERMANENT POSITIVE CHANGE IN THE WORLD BY |
| | IMPLEMENTING THESE ON-THE-GROUND PROGRAMS TO ADDRESS THE HARD-TO-TACKLE CHALLENGE OF ILLITERACY WORLDWIDE. THE ORGANIZATION UNIQUELY COMBINES |
| | CHALLENGE OF ILLITERACY WORLDWIDE. THE ORGANIZATION UNIQUELY COMBINES THE POWER OF CHILDREN'S OWN STORES, ACCESS TO DIVERSE READING AND |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |
| 15 | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe in Schedule O.) |
| 4d | (Expenses \$ including grants of \$) (Revenue \$) |
| 4d 4e | (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 797,597. |
| 4e | (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 797,597. Form 990 (20) |
| 4e | (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 797,597. 2 Form 990 (2) |

| _ | | |
|------|-----|--------|
| Form | 990 | (2014) |

Part IV Checklist of Required Schedules

LITWORLD INTERNATIONAL, INC

| | | | 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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | x |
| - | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u> </u> |
| 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? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> | 5 | | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | 5 | | - 23 |
| 6 | 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, | 0 | | |
| ' | 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 | | | |
| Ū | Schedule D, Part III | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt 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 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| 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 | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 11e | | <u> </u> |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | х | |
| 10- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | <u> </u> |
| iza | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII | 100 | х | |
| h | Was the organization included in consolidated, independent audited financial statements for the tax year? | 12a | | <u> </u> |
| 5 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | x |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | x |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | х | |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| - | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | <u>-</u> - |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| ~~ | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> | 20a | | X |
| a | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

Form **990** (2014)

432003 11-07-14

15161103 758553 LITWORLD

| Pa | rt IV Checklist of Required Schedules (continued) | | | |
|------|--|------------|-----|----------|
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | х |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | x |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | x |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| - 14 | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25a | 24a | | x |
| h | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | <u> </u> |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 2-10 | | <u> </u> |
| v | | 24c | | |
| Ь | any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 240 24d | | <u> </u> |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 2-14 | | <u> </u> |
| Lou | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| h | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 200 | | <u> </u> |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | x |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | 200 | | |
| 20 | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes," | | | |
| | complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | Х |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |

Form **990** (2014)

432004 11-07-14

| Form | 990 (2014) LITWORLD INTERNATIONAL, INC 13-4367 | 685 | Р | age 5 |
|---------|---|------------|------|----------|
| Pa | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 18 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Х | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 8 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | 3b | | |
| | 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 | | x |
| h | If "Yes," enter the name of the foreign country: | 14 | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 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 | | X |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | 50 | | |
| Ua | | 6a | | x |
| h | any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | Ua | | |
| U | | 6b | | |
| 7 | were not tax deductible? Organizations that may receive deductible contributions under section 170(c). | 00 | | |
| | 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 | |
| a b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7a 7b | X | <u> </u> |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | 70 | - 23 | |
| С | | 7c | | x |
| Ь | If "Yes," indicate the number of Forms 8282 filed during the year 7d | 70 | | |
| 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? | 7e 7f | | X |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| g b | If the organization received a contribution of qualined intellectual property, did the organization life rorm 0039 as required f | 79 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 711 | | |
| 0 | | 8 | | |
| 9 | Sponsoring organization have excess business holdings at any time during the year? | | | |
| | | 9a | | |
| a b | Did the sponsoring organization make any taxable distributions under section 4966? | 9b | | <u> </u> |
| 10 | Section 501(c)(7) organizations. Enter: | 30 | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| '' a | Gross income from members or shareholders 11a | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| b | | | | |
| 120 | amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | | 120 | | |
| 12 | | | | |
| 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? | 138 | | |
| L. | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans | | | |
| - | | | | |
| | Enter the amount of reserves on hand 13c | 14- | | X |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a 14b | | <u> </u> |
| a | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | 000 | (2014) |

| Form | 990 | (2014) |
|------|-----|--------|
|------|-----|--------|

432005 11-07-14

| Form 990 (2 | 2014) |
|-------------|-------|
|-------------|-------|

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 this Part VI | | | _ |
|----------------------|---|--------------|-----|---|
| sec | tion A. Governing Body and Management | | Yes | _ |
| 1- | Enter the number of voting members of the governing body at the end of the tax year 1a 1 | .2 | 165 | - |
| Ia | If there are material differences in voting rights among members of the governing body at the end of the tax year in | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| h | | .2 | | |
| | 3 , , , 1 | - 2 | | |
| 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 | | _ |
| 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? | | | _ |
| | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | _ |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | L | _ |
| 6 | 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 one or | | | |
| | more members of the governing body? | . 7a | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| | The governing body? | 8a | X | |
| h | Each committee with authority to act on behalf of the governing body? | 8b | X | - |
| | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | . 00 | + | - |
| 5 | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | |
| Soci | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | . 9 | | - |
| | tion D. TOICIES (This Section D requests information about policies not required by the internal nevenue Code.) | | Vac | - |
| 0- | Did the exercise level checkers branches as efficience | 10- | Yes | _ |
| | Did the organization have local chapters, branches, or affiliates? | . 10a | | _ |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | _ |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| l2a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | . 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | . 12b | X | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this was done | 12c | X | |
| | Did the organization have a written whistleblower policy? | | | |
| 14 | Did the organization have a written document retention and destruction policy? | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| ~ | The organization's CEO, Executive Director, or top management official | 15a | | |
| | | | | - |
| b | Other officers or key employees of the organization | . 15b | | - |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| ioa | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | . 16a | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | | 16b | | _ |
| | exempt status with respect to such arrangements? | | | |
| | tion C. Disclosure | | | |
| | | | | |
| 17 | tion C. Disclosure | y) availal | ole | |
| 17 | tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ <u>NY</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply | y) availal | ole | |
| 17 | tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ <u>NY</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only | y) availal | ole | |
| 17 18 | tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ <u>NY</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply | | | |
| 17 18 | tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ <u>NY</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (<i>explain in Schedule O</i>) | | | |
| 17 18 19 | tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a statements available to the public during the tax year. | | | |
| 17 18 19 | tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a 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: ▶ | | | |
| 17 18 19 | tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a 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: ▶ | | | |
| 17 18 19 20 | tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a 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: ▶ | and finar | | |

| Part VII | Compensation of Officers, | Directors, | Trustees, | Key E | Employees, | Highest | Compensated |
|----------|---------------------------|------------|-----------|-------|------------|---------|-------------|
| | Employees, and Independe | ent Contra | ctors | | | | |

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 | ge Position (do not check more that box, unless person is b | | than | one h an | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of | | |
|-------------------------|--|---|-----------------------|----------|-------------|-----------------------------------|--|--|--|---|
| | week (list any hours for related organizations below line) | stee or director | Institutional trustee | Officer | | Highest compensated | | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) ELLEN FREDERICKS | 4.00 | x | | x | | | | 0. | 0. | 0. |
| CHAIR (2) CHERNOR BAH | 1.00 | <u>^</u> | | <u> </u> | | | | 0. | 0. | 0. |
| BOARD MEMBER | 1.00 | x | | | | | | 0. | 0. | 0. |
| (3) WENDY GOODRICH | 1.00 | | | - | | | | 0. | 0. | 0. |
| BOARD MEMBER | 1.00 | x | | | | | | 0. | 0. | 0. |
| (4) DONNA DUSKIN STEIN | 6.00 | | | | | | | | | |
| TREASURER | | x | | x | | | | 0. | 0. | 0. |
| (5) SABRINA CONYERS | 2.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. |
| (6) JEFF DAPUZZO | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (7) SUE ATKINS | 2.50 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (8) NICOLE NAKASHIAN | 1.00 | | | | | | | | | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (9) LAUREN BLUM | 1.00 | | | | | | | | | - |
| BOARD MEMBER | | х | | | | | | 0. | 0. | 0. |
| (10) CHRISTINE J. CHAO | 1.00 | | | | | | | | | |
| BOARD MEMBER | 1 00 | X | | | | | | 0. | 0. | 0. |
| (11) DR. ERNEST MORRELL | 1.00 | | | | | | | | | 0 |
| BOARD MEMBER | 1 0 0 | X | | | | | | 0. | 0. | 0. |
| (12) JULIE HIRSCHFELD | 1.00 | v | | | | | | 0 | 0 | 0 |
| BOARD MEMBER | 50.00 | X | | | | | | 0. | 0. | 0. |
| (13) PAM ALLYN | 50.00 | | | x | | | | 80,000. | 0. | 22,005. |
| EXECUTIVE DIRECTOR | | | | | | | | 00,000. | 0. | 22,005. |
| | | | | | | | | | | |
| | | | | - | | | | | | |
| | | | | | | | | | | |
| | | | - | - | - | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | | | | | | | | |
| 432007 11-07-14 | 1 | | - | - | | - | | I | I | Form 990 (2014) |

432007 11-07-14

15161103 758553 LITWORLD

7 2014.04020 LITWORLD INTERNATIONAL, INC LITWORL1

Form **990** (2014)

| Form 990 (2014) LITWORLD | INTERN | AT: | 101 | IAI | Ŀ, | 11 | 1C | | 13-4 | 367 | 685 | Pa | age 8 |
|--|--|--------------------------------|-----------------------|----------------------|---------------|---------------------------------|--------|--|---|----------------|-------------|-----------------------------------|---------------|
| Part VII Section A. Officers, Directors, Tru | stees, Key Em | ploy | vees | , an | d Hi | ighe | st C | Compensated Employe | es (continued) | | | | |
| (A) Name and title | (B) Average hours per week | | | Pos heck ss pe | more erson | than is bot pr/trus | h an | (D) Reportable compensation from | (E) Reportable compensatio from related | on d | an | (F) timate nount o other | of |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organization (W-2/1099-MI | | | | e on ed |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c) | /II, Section A | | | | | | | 80,000. 0. 80,000. | | 0. 0. 0. | | 2,00 2,00 | 0. |
| Total number of individuals (including but compensation from the organization | not limited to th | nose | liste | ed al | bove | e) wł | no r | eceived more than \$100 |),000 of reportab | le | | Yes | 0 No |
| 3 Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> 4 For any individual listed on line 1a, is the s | such individual sum of reportab | le co | omp | ensa | atior | n and | d ot | her compensation from | | | 3 | | x |
| and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con | accrue compe | nsat | ion f | rom | any | / unr | elat | ed organization or indiv | | ; | 4 5 | | x x |
| Section B. Independent Contractors 1 Complete this table for your five highest c | - | - | | | | | | | | npens | ation f | rom | |
| the organization. Report compensation fo (A) Name and busines | , | | endi DNH | | vith | or w | ithir | n the organization's tax (B) Description of s | , | С | (C compe | ;) nsatior | <u></u> า |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractors \$100,000 of compensation from the organ | | not li | mite | d to | | se li: 0 | stec | d above) who received n | nore than | | | 000 | |
| | | | | | | | | | | | Form | 990 (2 | 2014) |

| 432008 | |
|----------|--|
| 11-07-14 | |

| | | | RLD INTE | RNATIONA | L, INC | | 13-4367 | 685 Page |
|---|-------|---|-----------------|--------------------|-----------------------------|--|--|---|
| Pa | rt VI | III Statement of Reven | ue | | | | | |
| | | Check if Schedule O conta | ains a response | or note to any lir | e in this Part VIII | (B) | | |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | a Federated campaigns | 1a | | | | | |
| Gra | ł | b Membership dues | 1b | | | | | |
| Am (| C | c Fundraising events | 1c | 27,500. | | | | |
| iar İlar | C | d Related organizations | 1d | | | | | |
| Sin, | | e Government grants (contributio | | | | | | |
| er io | f | F All other contributions, gifts, grants | | | | | | |
| <u>i</u> E E E | | similar amounts not included abov | e 1f 1, | 292,269. | | | | |
| onti od C | ę | g Noncash contributions included in lines | | | | | | |
| δõ | ł | h Total. Add lines 1a-1f | | 1 | 1,319,769. | | | |
| | | | | Business Code | | | | |
| Program Service Revenue | 2 8 | a SERVICE INCOME | | 611110 | 33,571. | 33,571. | | |
| ue v | ł | b | | | | | | |
| n S Ven | | c | | | | | | |
| gra Re | | d | | | | | | |
| jo Lo | | | | | | | | |
| _ | I | f All other program service rever | | | 33,571. | | | |
| | 3 | g Total. Add lines 2a-2f | | | 55,571. | | | |
| | 3 | other similar amounts) | | | 179. | | | 179. |
| | 4 | Income from investment of tax | | | | | | |
| | 5 | Royalties | | | | | | |
| | • | | (i) Real | (ii) Personal | | | | |
| | 6 a | a Gross rents | () | (| | | | |
| | | b Less: rental expenses | | | | | | |
| | Ċ | c Rental income or (loss) | | | | | | |
| | c | d Net rental income or (loss) | | ► | | | | |
| | | a Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | | | | | | |
| | ł | b Less: cost or other basis | | | | | | |
| | | and sales expenses | | | | | | |
| | | c Gain or (loss) | | | | | | |
| | | d Net gain or (loss) | | . <u></u> | | | | |
| Other Revenue | 8 8 | a Gross income from fundraising including \$ 27,5 | 00. of | | | | | |
| Rev | | contributions reported on line | | 1 5 2 7 1 6 | | | | |
| Jer | | Part IV, line 18 | a | 71,585. | | | | |
| ₹∣ | | b Less: direct expenses | | /1,505. | 82,131. | | | 82,131 |
| | | c Net income or (loss) from fund | - | ····· > | 02,131. | | | 02,151 |
| | 98 | a Gross income from gaming act | | | | | | |
| | | Part IV, line 19 b Less: direct expenses | | | | | | |
| | | c Net income or (loss) from gami | | | | | | |
| | | a Gross sales of inventory, less r | | | | | | |
| | 10 0 | and allowances | | | | | | |
| | ł | b Less: cost of goods sold | | | | | | |
| | | c Net income or (loss) from sales | | | | | | |
| | | Miscellaneous Revenue | | Business Code | | | | |
| İ | 11 a | MISCELLANEOUS | | 900099 | 7,205. | | | 7,205 |
| | ł | b | | | | | | |
| | c | c | | | | | | |
| | | d All other revenue | | | | | | |
| | e | e Total. Add lines 11a-11d | | | 7,205. | | | |
| 12000 | 12 | Total revenue. See instructions. | | ► | 1,442,855. | 33,571. | 0. | |
| 43200 11-07- | 14 | | | | | | | Form 990 (2014 |

15161103 758553 LITWORLD

9 2014.04020 LITWORLD INTERNATIONAL, INC LITWORL1 Part IX Statement of Functional Expenses

LITWORLD INTERNATIONAL, INC

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 respons not include amounts reported on lines 6b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|----------|---|-----------------------|-------------------------------|-----------------------|---------------------------|
| 7b, | 8b, 9b, and 10b of Part VIII. | | expenses | general expenses | expenses |
| 1 | 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 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| _ | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 102,005. | 68,677. | 2 217 | 20 111 |
| | trustees, and key employees | 102,005. | 00,0//. | 3,217. | 30,111 |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section $4958(f)(1)$) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | 203,429. | 162,809. | 19,221. | 21,399 |
| 7 | Other salaries and wages | 203,423. | 102,009. | 13,441. | 41,399 |
| 8 | Pension plan accruals and contributions (include | | | | |
| ~ | section 401(k) and 403(b) employer contributions) | 4,524. | 3,429. | 332. | 763 |
| 9 | Other employee benefits | 14,985. | 11,357. | 1,101. | 2,527 |
| 10 | Payroll taxes | 14,905. | 11,337. | 1,101. | 4,541 |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | | | | |
| b | | 29,406. | | 29,406. | |
| | Accounting | 29,400. | | 29,400. | |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | 85,196. | 69,926. | 15,270. | |
| | column (A) amount, list line 11g expenses on Sch 0.) | 16,891. | 09,920. | 13,270. | 16,891 |
| 12 | Advertising and promotion | 17,957. | 13,020. | 4,937. | 10,091 |
| 13 | Office expenses | 5,009. | 950. | 4,059. | |
| 14 | Information technology | 5,005. | 930. | 4,059. | |
| 15 | Royalties | 58,829. | 47,063. | 11,766. | |
| 16 17 | | 1,806. | 1,707. | 99. | |
| 17 | Travel | 1,000. | 1,707• | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 10 | for any federal, state, or local public officials | | | | |
| 19 20 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 22 | Payments to affiliates | 4,135. | | 4,135. | |
| 22 22 | Depreciation, depletion, and amortization | 3,760. | | 3,760. | |
| 23 24 | Insurance | 5,100. | | 5,700• | |
| 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 0.) | 0.00 1.50 | 000 150 | | |
| а | FOREIGN PROGRAMS | 296,176. | 296,176. | | |
| b | HARLEM | 67,376. | 67,376. | | |
| С | LITCLUB | 22,160. | 22,160. | | |
| d | DETROIT | 12,253. | 12,253. | | |
| е | All other expenses | 43,660. | 20,694. | 22,019. | 947 |
| 25 | Total functional expenses. Add lines 1 through 24e | 989,557. | 797,597. | 119,322. | 72,638 |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

432010 11-07-14

15161103 758553 LITWORLD

10 2014.04020 LITWORLD INTERNATIONAL, INC LITWORL1

Form **990** (2014)

15161103 758553 LITWORLD

34

270,263.

34

| | basis. Complete Part VI of Schedule D | 10a | 17,711. | | | |
|----|--|---------|-----------------------|----------|-----|--|
| b | Less: accumulated depreciation | 10b | 15,178. | 6,668. | 10c | |
| 11 | Investments - publicly traded securities | | | | 11 | |
| 12 | Investments - other securities. See Part IV, line 1 | | | | 12 | |
| 13 | Investments - program-related. See Part IV, line | 11 | | | 13 | |
| 14 | Intangible assets | | | | 14 | |
| 15 | Other assets. See Part IV, line 11 | | | 8,850. | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equa | | | 270,263. | 16 | |
| 17 | Accounts payable and accrued expenses | | | 14,629. | 17 | |
| 18 | Grants payable | | | | 18 | |
| 19 | Deferred revenue | | | | 19 | |
| 20 | Tax-exempt bond liabilities | | | | 20 | |
| 21 | Escrow or custodial account liability. Complete F | Part IV | of Schedule D | | 21 | |
| 22 | Loans and other payables to current and former | | | | | |
| | key employees, highest compensated employee | | | | | |
| | Complete Part II of Schedule L | | 22 | | | |
| 23 | Secured mortgages and notes payable to unrela | | 23 | | | |
| 24 | Unsecured notes and loans payable to unrelated | d third | parties | | 24 | |
| 25 | Other liabilities (including federal income tax, pay | yables | to related third | | | |
| | parties, and other liabilities not included on lines | 17-24 |). Complete Part X of | | | |
| | Schedule D | | | | 25 | |
| 26 | Total liabilities. Add lines 17 through 25 | | | 14,629. | 26 | |
| | Organizations that follow SFAS 117 (ASC 958) |), cheo | ck here ► 🛛 🗴 and | | | |
| | complete lines 27 through 29, and lines 33 and | | | | | |
| 27 | Unrestricted net assets | | | 230,114. | 27 | |
| 28 | Temporarily restricted net assets | | | 25,520. | 28 | |
| 29 | - | | | | 29 | |
| | Organizations that do not follow SFAS 117 (As | SC 95 | 8), 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 eq | | | | 31 | |
| 32 | Retained earnings, endowment, accumulated inc | | | | 32 | |
| 33 | Total net assets or fund balances | | | 255,634. | 33 | |

LITWORLD INTERNATIONAL, INC Part X Balance Sheet

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Part II of Schedule L 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 instr). Complete Part II of Sch L

Notes and loans receivable, net

Inventories for sale or use

5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete

Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other

Total liabilities and net assets/fund balances

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

13-4367685 Page 11

(B)

End of year

562,096.

70,492.

50,000.

20,000.

2,533.

11,385.

7,574

7,574.

499,332.

209,600.

708,932.

716,506.

Form 990 (2014)

716,506.

1

2

3

4

5

6

7

8

9

(A)

Beginning of year

211,603.

20,692.

22,450.

Form 990 (2014)

1

2

3

4

6

7

8

9

Assets

_iabilities

Net Assets or Fund Balances

| Form | 1 990 (2014) LITWORLD INTERNATIONAL, INC | 13-436 | 7685 | Pag | ge 12 |
|------|--|------------|-------|--------------|--------------|
| Pa | rt 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) | | 1,442 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 57. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 98. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 255 | 5,6 | 34. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 708 | 3,9 | 32. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d 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 separat | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e 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 Sch | edule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit | | | |
| | Act and OMB Circular A-133? | | . 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired audit | T | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| | | | Form | 990 (| 2014) |

15161103 758553 LITWORLD

| 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.

| | 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. |

| | 2014 |
|----------|------------------------------|
| rm990. | Open to Public Inspection |
| Employer | identification number |

OMB No. 1545-0047

| Department of the freasury | |
|----------------------------|--|
| Internal Revenue Service | |

| Name of the organization | Employer identification num |
|--|------------------------------------|
| LITWORLD INTERNATIONAL, INC | 13-4367685 |
| Part I Reason for Public Charity Status (All organizations must complete this part.) See instruction | S. |
| The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) | |
| 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). | |
| 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). | |
| 4 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: | |
| 5 An organization operated for the benefit of a college or university owned or operated by a governmental | unit described in |
| section 170(b)(1)(A)(iv). (Complete Part II.) | |

6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8

| 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). 10

11 | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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.

J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

| f Enter the number of supported organizations | |
|---|--|
|---|--|

| g Provide the following information | n about the supporte | ed organization(s). | _ | | | |
|-------------------------------------|----------------------|-------------------------|--|--------|--------------|---|
| (i) Name of supported organization | (ii) EIN | (described on lines 1-9 | (iv) Is the o listed i governing o Yes | n your | support (see | (vi) Amount of other support (see Instructions) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

13

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

15161103 758553 LITWORLD

2014.04020 LITWORLD INTERNATIONAL, INC LITWORL1

Schedule A (Form 990 or 990-EZ) 2014 LITWORLD INTERNATIONAL, INC Part II Support Schedule for Organizations Described in Sections 17

13-4367685 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| See | ction A. Public Support | | | | | | |
|----------|--|-----------------------------|------------------------|---------------------------|---------------------------------|---------------------|------------------------|
| Cale | 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.") | 227,319. | 529,335. | 779,529. | 850,878. | 1319769. | 3706830. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge \dots | | | | | | |
| 4 | Total. Add lines 1 through 3 | 227,319. | 529,335. | 779,529. | 850,878. | 1319769. | 3706830. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 752,879. |
| | Public support. Subtract line 5 from line 4. | | | | | | 2953951. |
| | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2010 227,319. | (b) 2011 529,335. | (c) 2012 779,529. | (d) 2013 | (e)2014 1319769. | (f) Total 3706830 • |
| - | Amounts from line 4 | 227,319. | 529,335. | 119,529. | 850,878. | 1319/09. | 3700030. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | 170 | 170 |
| _ | and income from similar sources | | | | | 179. | 179. |
| 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 | | | | 34,567. | 7,205. | 41,772. |
| | assets (Explain in Part VI.) | | | | 54,507. | 7,205. | 3748781. |
| 11 12 | | ota (soo instructi | one) | | | 12 | 33,571. |
| 13 | First five years. If the Form 990 is for | | | d fourth or fifth to | x vear as a sectio | | 5575710 |
| 10 | organization, check this box and stor | • | | | 5 | | |
| Sec | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| | Public support percentage for 2014 (| | | olumn (f)) | | 14 | 78.80 % |
| | Public support percentage from 2013 | | | | | 15 | 98.68 % |
| | 33 1/3% support test - 2014. If the o | | | | | nore, check this bo | ox and |
| | stop here. The organization qualifies | as a publicly supp | orted organization | I | | | ►X |
| b | 33 1/3% support test - 2013. If the o | organization did no | t check a box on l | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check th | nis box |
| | and stop here. The organization qual | lifies as a publicly s | supported organization | ation | | | |
| 17a | 10% -facts-and-circumstances tes | t - 2014. If the org | anization did not o | check a box on line | e 13, 16a, or 16b, a | and line 14 is 10% | or more, |
| | and if the organization meets the "fac | cts-and-circumstan | ces" test, check th | nis box and stop h | ere. Explain in Pa | rt VI how the orgar | nization |
| | meets the "facts-and-circumstances" | - | | | | | |
| b | 10% -facts-and-circumstances tes | t - 2013. If the org | anization did not o | check a box on line | e 13, 16a, 16b, or ⁻ | 17a, and line 15 is | 10% or |
| | more, and if the organization meets the | | | | | | ; |
| | organization meets the "facts-and-cire | | | | | | |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | | | |
| | | | | | Sche | dule A (Form 990 | or 990-EZ) 2014 |

432022 09-17-14

15161103 758553 LITWORLD

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 | 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.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| | Total. Add lines 1 through 5 | | | | | | |
| | 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.) | | | | | | |
| | tion B. Total Support | | 1 | 1 | | 1 | 1 |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 10a | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income | | | | | | |
| J | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b 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.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for | the organization's | s first, second, thi | ird, fourth, or fifth t | ax year as a section | on 501(c)(3) organi | zation, |
| | | | | | | | |
| | tion C. Computation of Publi | | | | | | |
| 15 | Public support percentage for 2014 (li | ine 8, column (f) d | livided by line 13 , | column (f)) | | 15 | % |
| | Public support percentage from 2013 | | | | | 16 | % |
| | tion D. Computation of Inves | | | | | | |
| | Investment income percentage for 20 | | | | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | % |
| 19a | 33 1/3% support tests - 2014. If the | organization did r | not check the box | on line 14, and lin | e 15 is more than a | 33 1/3% , and line ⁻ | 17 is not |
| | more than 33 $1/3\%,$ check this box ar | nd stop here. The | e organization qua | alifies as a publicly | supported organiz | ation | ► |
| b | 33 1/3% support tests - 2013. If the | organization did r | not check a box o | n line 14 or line 19 | a, and line 16 is m | ore than 33 1/3%, | and |
| | line 18 is not more than 33 1/3%, che | ck this box and s | top here. The org | anization qualifies | as a publicly supp | orted organization | ▶∐ |
| 20 | Private foundation. If the organization | <u>n did not check a</u> | box on line 14, 19 | 9a, or 19b, check t | | | |
| 43202 | 23 09-17-14 | | | 4 - | Scł | nedule A (Form 99 | 0 or 990-EZ) 201 |
| | | | | 15 | | | |
| -61 | .103 758553 LITWORLE |) 201 | 14.04020 | LITWORLD | INTERNATI | ONAL, INC | LITWORL1 |

15161103 758553 LITWORLD

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

432024 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

15161103 758553 LITWORLD

2014.04020 LITWORLD INTERNATIONAL, INC LITWORL1

16

Schedule A (Form 990 or 990-EZ) 2014 LITWORLD INTERNATIONAL, INC Part IV Supporting Organizations (continued)

| | | | Yes | No |
|----------|---|----------|----------------|------|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | 100 | |
| | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| a | | 110 | | |
| | below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | 103 | 110 |
| • | | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in <i>Part VI</i> how control or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | | | | |
| <u> </u> | the supported organization(s). | 1 | | |
| Sec | tion D. Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally-Integrated Supporting Organizations | - | 1 | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions): | | | |
| ' a | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst | ructions | 1 | |
| c o | | uctions | | No |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in $P_{art YI}$ the role played by the organization in this regard. | 3b | | |
| 43202 | 5 09-17-14 Schedule A (Form 9 | | 0-F7) | 2014 |
| | 17 | | · _ - / | |

15161103 758553 LITWORLD

^{2014.04020} LITWORLD INTERNATIONAL, INC LITWORL1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|------|--|------------|----------------------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | lv-integra | ted Type III supporting or | anization (see |

7 L___ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014

432026 09-17-14

1

| Pa | Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations (continued) | |
|----------|---|-------------------------------|------------------------|-----------------|
| Sect | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemption | ot purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | S | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsive | 9 | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2014 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | | (i) | (ii) | (iii) |
| Sect | ion E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions | Distributable |
| | | | Pre-2014 | Amount for 2014 |
| _1 | Distributable amount for 2014 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2014 | | | |
| | (reasonable cause required-see instructions) | | | |
| 3 | Excess distributions carryover, if any, to 2014: | | | |
| <u>a</u> | | | | |
| b | | | | |
| <u> </u> | | | | |
| d | | | | |
| • | From 2013 | | | |
| - | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2014 distributable amount | | | |
| | Carryover from 2009 not applied (see instructions) | | | |
| 4 | Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2014 from Section D, | | | |
| 4 | line 7: \$ | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2014 distributions of phot years | | | |
| | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2014, if | | | |
| Ŭ | any. Subtract lines 3g and 4a from line 2 (if amount | | | |
| | greater than zero, see instructions). | | | |
| 6 | Remaining underdistributions for 2014. Subtract lines 3h | | | |
| v | and 4b from line 1 (if amount greater than zero, see | | | |
| | instructions). | | | |
| 7 | Excess distributions carryover to 2015. Add lines 3j | | | |
| - | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | Excess from 2013 | | | |
| - | Excess from 2014 | | | |
| _ | | | | |

Schedule A (Form 990 or 990-EZ) 2014

432027 09-17-14

15161103 758553 LITWORLD

| I | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. |
|---|---|
| | Also complete this part for any additional information. (See instructions). |

| 2028 09-17-14 | 20 | Schedule A (Form 990 or 990-E2 |
|---------------|----|--------------------------------|

Schedule A

423171 05-01-14

Identification of Excess Contributions Included on Part II, Line 5

13-4367685

** Do Not File ** *** Not Open to Public Inspection ***

| Contributor's Name | Total Contributions | Excess Contributions |
|---|------------------------|-------------------------|
| GLOBAL G.L.O.W | 300,000. | 225,024. |
| PWC CHARITABLE FOUNDATION | 235,115. | 160,139. |
| SCHOLASTIC, INC. | 127,500. | 52,524. |
| THE FRED E KASSNER FAMILY FOUNDATION | 95,000. | 20,024. |
| THE HARMAN FAMILY FOUNDATION | 100,000. | 25,024. |
| THE AGNES VARIS TRUST | 110,000. | 35,024. |
| THE MORTON K. & JANE BLAUSTEIN FOUNDATION | 100,000. | 25,024. |
| THE JEANNE BLAUSTEIN & PETER BOKOR FUND | 165,000. | 90,024. |
| PEARSON PENGUIN GROUP | 150,000. | 75,024. |
| GLOBAL GIRLS RISING | 100,000. | 25,024. |
| APS TRUST | 95,000. | 20,024. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Excess Contributions to Schedule A, Part II, Line 5 | | 752,879. |

| Schedule B (Form 990, 990-EZ, or 990-PF) | |
|--|--|
| Department of the Treasury Internal Revenue Service | |

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

| 3-4 | 3 | 67 | 6 | 8 | 5 |
|-----|---|----|---|---|---|
|-----|---|----|---|---|---|

| Name | of the | organization |
|------|--------|--------------|

| | LITWORLD INTERNATIONAL, INC | 13-436/685 |
|---------------------------|--|------------|
| Organization type (chec | ck one): | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |
| Check if your organizatio | on 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

L For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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

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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

LITWORLD INTERNATIONAL, INC

Employer identification number

13-4367685

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 LAUREN AND PAUL BLUM X Person Payroll 28,956. 142 HIGH STREET Noncash \$ (Complete Part II for HASTINGS ON HUDSON, NY 10706 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 CHRISTINA CHAO & JOS SHAVER X Person Payroll **64 WILLOWMERE CIRCLE** 26,176. Noncash (Complete Part II for RIVERSIDE, CT 06878 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X GLOBAL G.L.O.W. Person Payroll 668 NORTH PACIFIC COAST HIGHWAY, #1121 300,000. Noncash (Complete Part II for LAGUNA BEACH, CA 92651 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 PWC CHARITABLE FOUNDATION Х Person Payroll 101 HUDSON STREET 235,115. Noncash (Complete Part II for JERSEY CITY, NJ 07302 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 SCHOLASTIC, INC. X Person Payroll 557 BROADWAY 27,500. Noncash (Complete Part II for NEW YORK, NY 10012 noncash contributions.) (c) (d) (a) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 THE FRED E. KASSNER FAMILY FOUNDATION X Person Pavroll 190 RIVER ROAD, 2ND FLOOR 95,000. Noncash (Complete Part II for SUMMIT, NJ 07901 noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2014) 423452 11-05-14 22

15161103 758553 LITWORLD

2014.04020 LITWORLD INTERNATIONAL, INC LITWORL1

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

| Page | 2 |
|------|---|
|------|---|

Employer identification number

13-4367685

LITWORLD INTERNATIONAL, INC

Name of organization

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additiona | l space is needed. | |
|-------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | THE HARMAN FAMILY FOUNDATION 397 SOUTH STREET NEEDHAM, MA 02492 | \$ <u>50,000.</u> | PersonXPayrollNoncash(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | THE AGNES VARIS TRUST 112 EAST 19TH STREET, 12F NEW YORK, NY 10003 | \$ <u>110,000.</u> | PersonXPayrollNoncash(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | THE MORTON K. & JANE BLAUSTEIN FOUNDATION 10 EAST BALTIMORE STREET, SUITE 1111 BALTIMORE, MD 21202 | \$50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 10 | APS FOUNDATION C/O US TRUST, 114 WEST 47TH STREET, 10TH FLOOR NEW YORK, NY 10036 | \$ <u>95,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll On Complete Part II for noncash contributions.) |
| 423452 11-0 | 5-14 | Schedule B (Form | 990, 990-EZ, or 990-PF) (2014) |

15161103 758553 LITWORLD

23

2014.04020 LITWORLD INTERNATIONAL, INC LITWORL1

Employer identification number

13-4367685

LITWORLD INTERNATIONAL, INC

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

15161103 758553 LITWORLD

2014.04020 LITWORLD INTERNATIONAL, INC LITWORL1

Page **3**

| Name of orga | nization | | | Employer identification number | |
|---------------------------|--|---|---|--------------------------------------|--|
| LITWOR | LD INTERNATIONAL, INC | | | 13-4367685 | |
| Part III | Exclusively religious, charitable, etc., co the year from any one contributor. Complet | ntributions to organizations described e columns (a) through (e) and the follov | in section 501(c)(7), (8), or (ving line entry. For organizations | 10) that total more than \$1,000 for | |
| | completing Part III, enter the total of exclusively religi Use duplicate copies of Part III if addition | | less for the year. (Enter this info. once.) | ►\$ | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Descr | iption of how gift is held | |
| · | | | | | |
| - | | (e) Transfer of gift | | | |
| - | Transferee's name, address, | and ZIP + 4 | Relationship of tran | sferor to transferee | |
| | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Descr | iption of how gift is held | |
| · | | | | | |
| - | | e) Transfer of gifl | | | |
| - | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | | |
| | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Descr | iption of how gift is held | |
| · - | | (e) Transfer of gift | | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | | |
| | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Descr | iption of how gift is held | |
| · | | | | | |
| | | | | | |
| - | Transferee's name, address, | and ZIP + 4 | Relationship of tran | sferor to transferee | |
| | | | | | |
| 423454 11-05-1 | 14 | 25 | Schedule B | (Form 990, 990-EZ, or 990-PF) (2014 | |

15161103 758553 LITWORLD 2014.04020 LITWORLD INTERNATIONAL, INC LITWORL1

| | | | | | | OMB No. 1545-0047 |
|--------|---|--|--|---|----------------|----------------------------------|
| | | | | al Statements | | 201/ |
| (Forn | n 990) | Part IV, line 6, 7, 8, 9, 10 |), 11a, 11b, 11c, 1 | red "Yes" to Form 990, 1d, 11e, 11f, 12a, or 12b. | | |
| | ment of the Treasury I Revenue Service | Information about Schedule D (Fo | Attach to Form 9 rm 990) and its in | 990. Istructions is at www.irs.gov/f | orm00 | Open to Public Inspection |
| | e of the organizati | ion | | - | | ployer identification number |
| | | LITWORLD INTERNATI | | | | 13-4367685 |
| Par | | ations Maintaining Donor Advise | | ther Similar Funds or A | ccol | Ints. Complete if the |
| | organizatio | n answered "Yes" to Form 990, Part IV, lin | | advised funds | b) Fun | ids and other accounts |
| 4 | Total number at o | nd of year | | | ., i ui | |
| 1 2 | | nd of year of contributions to (during year) | | | | |
| 3 | | of grants from (during year) | | | | |
| 4 | | at end of year | | | | |
| 5 | | on inform all donors and donor advisors in | | sets held in donor advised fun | ds | |
| | are the organization | on's property, subject to the organization's | exclusive legal co | ontrol? | | Yes No |
| 6 | ÷ | on inform all grantees, donors, and donor a | • | 0 | | |
| | for charitable purp | poses and not for the benefit of the donor | or donor advisor, o | or for any other purpose confer | ring | |
| | | rate benefit? | | | | |
| Par | | ration Easements. Complete if the or | 0 | | line 7. | |
| 1 | | servation easements held by the organizat | ` _ | | | text level even |
| | | n of land for public use (e.g., recreation or of natural habitat | education) | Preservation of a historically Preservation of a certified historically | • | |
| | | n of open space | | | SLONG | Siluciule |
| 2 | | through 2d if the organization held a qual | ified conservation | contribution in the form of a co | nserv | ation easement on the last |
| _ | day of the tax yea | • • | | | | |
| | | | | | | Held at the End of the Tax Year |
| а | Total number of c | onservation easements | | | 2a | |
| | | ricted by conservation easements | | | 2b | |
| с | Number of conser | vation easements on a certified historic st | ructure included in | n (a) | 2c | |
| d | | vation easements included in (c) acquired | | | | |
| | | nal Register | | | 2d | |
| 3 | | vation easements modified, transferred, re | eleased, extinguist | ned, or terminated by the orgar | nizatio | n during the tax |
| | year | | | | | |
| 4 5 | | where property subject to conservation ea tion have a written policy regarding the pe | | | | |
| 5 | - | forcement of the conservation easements | - | inspection, narioling of | | Yes No |
| 6 | , | er hours devoted to monitoring, inspecting | | nservation easements during t | he vea | |
| 7 | | ses incurred in monitoring, inspecting, and | - | - | - | |
| 8 | | vation easement reported on line 2(d) abo | | | | |
| | and section 170(h | ı)(4)(B)(ii)? | | | | Yes No |
| 9 | | be how the organization reports conservat | | | | |
| | include, if applical | ble, the text of the footnote to the organiza | tion's financial sta | atements that describes the org | ganiza | tion's accounting for |
| Des | conservation ease | | | | 0: | |
| Par | | ations Maintaining Collections of f the organization answered "Yes" to Form | - | | Simii | ar Assets. |
| 10 | | elected, as permitted under SFAS 116 (A | | | ad bal | anaa abaat warka of art |
| Id | • | s, or other similar assets held for public ex | | | | |
| | | tnote to its financial statements that descr | | | public | |
| b | | elected, as permitted under SFAS 116 (A | | in its revenue statement and b | alance | e sheet works of art, historical |
| | - | r similar assets held for public exhibition, e | | | | |
| | relating to these it | | | • | | - |
| | (i) Revenue inclu | Ided in Form 990, Part VIII, line 1 | | | | \$ |
| | | ed in Form 990, Part X | | | | |
| 2 | | received or held works of art, historical tre | | | provic | le |
| | - | unts required to be reported under SFAS 1 | | - | • | ^ |
| a h | | l in Form 990, Part VIII, line 1 | | | | \$ |
| a | Assets included in | 1 Form 990, Part X | | | | φ |
| LHA | For Paperwork R | eduction Act Notice, see the Instruction | is for Form 990 | | | Schedule D (Form 990) 2014 |
| 43205 | 1 | | | | | - (|

15161103 758553 LITWORLD

26 2014.04020 LITWORLD INTERNATIONAL, INC LITWORL1

| | | D INTERNAT | | | | | | | 6768 | | age 2 |
|-----|--|----------------------------|-----------------|---------------|----------------|-------------|--------------|-----------|-------------------|---------|--------------|
| Par | t III Organizations Maintaining C | Collections of A | rt, Histo | orical Tr | easures, o | or Othe | er Simila | r Asse | ts (contin | ued) | |
| 3 | Using the organization's acquisition, accessi (check all that apply): | ion, and other record | ls, check a | any of the | following that | at are a si | ignificant u | se of its | collectior | n item | S |
| а | | d | | an or exc | hange progra | ams | | | | | |
| b | Scholarly research | e | | | | | | | | | |
| c | Preservation for future generations | - | | | | | | | | | |
| 4 | Provide a description of the organization's c | ollections and explai | n how the | v further t | he organizati | on's exe | mot purpo | se in Par | t XIII. | | |
| 5 | During the year, did the organization solicit of | | | | | | | | | | |
| | to be sold to raise funds rather than to be m | | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | | | | | | | ine 9, or | | |
| | reported an amount on Form 990, Pa | - | | 0 | | | , | , | , | | |
| 1a | Is the organization an agent, trustee, custod | ian or other intermed | diary for co | ontribution | ns or other as | sets not | included | | | | |
| | on Form 990, Part X? | | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | | | |
| | | | | | | | | | Amount | | |
| с | Beginning balance | | | | | | . 1c | | | | |
| | Additions during the year | | | | | | | | | | |
| | Distributions during the year | | | | | | | | | | |
| f | Ending balance | | | | | | | | | | - |
| 2a | Did the organization include an amount on F | orm 990, Part X, line | 21, for es | crow or c | ustodial acco | ount liabil | lity? | L | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | | |
| Par | t V Endowment Funds. Complete i | if the organization an | swered " | /es" to Fo | 1 | | | | | | |
| | | (a) Current year | (b) Prio | or year | (c) Two yea | rs back | (d) Three ye | ars back | (e) Four | years | back |
| | Beginning of year balance | | | | | | | | | | |
| | Contributions | | | | | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | | | |
| | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| | Administrative expenses | | | | | | | | | | |
| - | End of year balance | | | | <u> </u> | | | | | | |
| 2 | Provide the estimated percentage of the cur | • | | column (a | a)) held as: | | | | | | |
| a | Board designated or quasi-endowment | | _% | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| с | Temporarily restricted endowment | | | | | | | | | | |
| • | The percentages in lines 2a, 2b, and 2c should be the second seco | | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organization | ation that | are neid a | ind administe | erea for ti | ne organiza | ation | г | Vaa | |
| | by: | | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | | |
| h | (ii) related organizations If "Yes" to 3a(ii), are the related organizations | a listed on required a | n Sobodu | | | | | | 3a(ii) 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | 30 | | |
| | t VI Land, Buildings, and Equipm | | | nus. | | | | | | | |
| . a | Complete if the organization answere | |) Part IV I | ine 11a S | ee Form 990 | Part X | line 10 | | | | |
| | Description of property | (a) Cost or o | - | | or other | | ccumulated | 4 | (d) Bool | value | |
| | Description of property | basis (investr | | • • | (other) | | preciation | | | , value | - |
| 1a | Land | · · · · · | | | · / | | | | | | |
| | Buildings | | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | | |
| | Equipment | | | 1 | 7,711. | | 15,17 | 8. | | 2,5 | 33. |
| | Other | | | | | | • • | | | | |
| | Add lines 1a through 1e. (Column (d) must e | | X, column | n (B). line 1 | 10c.) | | | | | 2,5 | 33. |
| | J | | , | | , | | | | | | |

Schedule D (Form 990) 2014

432052 10-01-14

| Complete if the organization answered "Yes" | to Form 990, Part IV, line ⁻ | 11b. See Form 990, Part X, line 12. |
|--|---|---|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | |
| Part VIII Investments - Program Related. | | |
| Complete if the organization answered "Yes" | to Form 990, Part IV, line | 11c. See Form 990, Part X, line 13. |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| | | |

| (1) | |
|--|--|
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | |

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. | (a) Description of liability | (b) Book value |
|--------|---|----------------|
| (1) | Federal income taxes | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. | (Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨 | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

432053 10-01-14

Schedule D (Form 990) 2014

| Sche | edule D (Form 990) 2014 LITWORLD INTERNATIONAL, IN | | | 13- | 4367685 _{Page} 4 |
|---|--|---|----------------|--------------|---|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Statem | ents With | Revenue per R | eturr | ۱. |
| | 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 | 1,514,440. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | . 2a | | | |
| b | Donated services and use of facilities | . 2b | | | |
| С | Recoveries of prior year grants | . 2c | | | |
| d | Other (Describe in Part XIII.) | . 2d | 71,585. | | |
| е | Add lines 2a through 2d | | | 2e | 71,585. |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,442,855. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | . 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | _ |
| С | | | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 1,442,855. |
| | | | | | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Staten | nents With | | Retu | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" to Form 990, Part IV, line 12a | nents With | n Expenses per | | irn. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Staten | nents With | n Expenses per | Retu | |
| | rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | nents With | n Expenses per | | irn. |
| 1 | Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements | nents With | n Expenses per | | irn. |
| 1 2 | rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | nents With | n Expenses per | | irn. |
| 1 2 a | rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | 2a 2b | n Expenses per | | irn. |
| 1 2 a b | rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses | 2a 2b 2c | n Expenses per | | rn. |
| 1 2 a b c | rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses | 2a 2b 2c 2d | n Expenses per | | rn. <u>1,061,142.</u> 71,585. |
| 1 2 b c d | rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a 2b 2c 2d | n Expenses per | 1 | rn. |
| 1 2 b c d e | rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2a 2b 2c 2d | n Expenses per | 1 2e | rn. <u>1,061,142.</u> 71,585. |
| 1 2 b c d e 3 | rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 | 2a 2b 2c 2d | n Expenses per | 1 2e | rn. <u>1,061,142.</u> 71,585. |
| 1 2 6 6 8 3 4 | rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2b 2c 2d 4a | n Expenses per | 1 2e | rn. <u>1,061,142.</u> 71,585. 989,557. |
| 1 2 a b c d e 3 4 a | rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b | 2a 2b 2c 2d 4a 4b | n Expenses per | 1 2e | rn. <u>1,061,142.</u> <u>71,585.</u> <u>989,557.</u> 0. |
| 1 2 d e 3 4 b c 3 4 5 | rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2a 2b 2c 2d 4a 4b | n Expenses per | 1 2e 3 | rn. <u>1,061,142.</u> 71,585. 989,557. |

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 V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM

INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND,

ACCORDINGLY, IS NOT LIABLE FOR FEDERAL AND STATE INCOME TAXES.

THE ORGANIZATION FOLLOWS ACCOUNTING STANDARDS THAT PROVIDE CLARIFICATION

ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE

ORGANIZATIONS FINANCIAL STATEMENTS. THE GUIDANCE PRESCRIBES A RECOGNITION

THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT

RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE

TAKEN IN A TAX RETURN, AND ALSO PROVIDES GUIDANCE ON DERECOGNITION,

CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE AND TRANSITION. NO 432054
10-01-14
Schedule D (Form 990) 2014
29

15161103 758553 LITWORLD 2014.04020 LITWORLD INTERNATIONAL, INC LITWORL1

| Schedule D (Form 990) 2014 LITWORLD INTERNATIONAL, INC 13-430 Part XIII Supplemental Information (continued) | 67685 Page 5 |
|---|-------------------|
| INTEREST AND PENALTIES WERE RECORDED DURING YEARS ENDED DECEMBER | 31, 2014 |
| AND 2013. THE TAX YEARS SUBJECT TO AUDIT BY FEDERAL AND STATE | |
| JURISDICTIONS ARE THE YEARS ENDED DECEMBER 31, 2011 AND FORWARD. | АТ |
| DECEMBER 31, 2014 AND 2013, THERE ARE NO SIGNIFICANT INCOME TAX | |
| UNCERTAINTIES THAT ARE EXPECTED TO HAVE A MATERIAL IMPACT ON THE | |
| ORGANIZATIONS FINANCIAL STATEMENTS. | |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | |
| DIRECT FUNDRAISING EXPENSE | 71,585. |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | |
| DIRECT FUNDRAISING EXPENSE | 71,585. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 432055 10-01-14 Schedule | D (Form 990) 2014 |

15161103 758553 LITWORLD 2014.04020 LITWORLD INTERNATIONAL, INC LITWORL1

| SCHEDULE F | Stateme | ates 🖵 | OMB No. 1545-0047 | | | |
|--|---|---|--|--|---|--|
| | Complete if | | 2014 | | | |
| | P C C C C C C C C C C | | Open to Public | | | |
| Department of the Treasury Internal Revenue Service | Information ab | out Schedule F | (Form 990) and its instructions is a | ^t www.irs.gov/f | orm990. | Inspection |
| Name of the organization | | | | | | ification number |
| LITWORLD INTERN | ATIONAL, | INC | | | 13-43676 | 85 |
| Part I General Info | rmation on A | Activities Ou | tside the United States. Comp | lete if the orgar | nization answered | "Yes" on |
| Form 990, Part IV | /, line 14b. | | | | | |
| - | • | | ds to substantiate the amount of its g the selection criteria used to award th | | · | Yes No |
| 2 For grantmakers. Desc United States. | ribe in Part V the | e organization's | procedures for monitoring the use of i | ts grants and c | ther assistance ou | utside the |
| 3 Activities per Region. (T | he following Par | t I, line 3 table c | an be duplicated if additional space is | needed.) | | |
| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | is a pro describ | vity listed in (d) gram service, e specific type ce(s) in region | (f) Total expenditures for and investments in region |
| GHANA | 2 | . 0 | LITERACY CLUBS | LITERACY AJ WEEKLY WORJ CHILDREN | ND EMPOWERMENT KSHOPS FOR | 39,707. |
| | | | | LITERACY AN WEEKLY WORN | ND EMPOWERMENT KSHOPS FOR | |
| KENYA | 4 | . 0 | LITERACY CLUBS | CHILDREN | | 105,047. |
| PERU | 1 | . 0 | LITERACY CLUBS | LITERACY A WEEKLY WOR CHILDREN | ND EMPOWERMENT KSHOPS FOR | |
| FERO | | . 0 | | CHILDREN | | 5,432. |
| PHILIPPINES | 1 | . 0 | LITERACY CLUBS | LITERACY AJ WEEKLY WORJ CHILDREN | ND EMPOWERMENT KSHOPS FOR | 33,744. |
| LIBERIA | 1 | . 0 | LITERACY CLUBS | | ND EMPOWERMENT FOR CHILDREN | 1,270. |
| | | | | | | |
| HAITI | 2 | 0 | LITERACY CLUBS | | ND EMPOWERMENT FOR CHILDREN | 42,121. |
| INDIA | 1 | . 0 | LITERACY CLUBS | | ND EMPOWERMENT FOR CHILDREN | 15,752. |
| | | | | | | |
| | _ | _ | | | ND EMPOWERMENT | |
| JORDAN | 2 | 0 | LITERACY CLUBS | WORKSHOPS | FOR CHILDREN | 30,657. |
| 3 a Sub-total b Total from continuation | 14 | U | | | | 273,730. |
| sheets to Part I | 5 | 0 | | | | 22,426. |
| c Totals (add lines 3a | | | | | | , , |

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

19

0

Schedule F (Form 990) 2014

296,156.

432071 09-24-14

and 3b)

| Schedule F (Form 990) LITWORLD INTERNATIONAL, INC 13-4367685 Page 1 | | | | | | | | |
|---|---|--|---|---|---|--|--|--|
| Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3) | | | | | | | | |
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region | | | |
| COLOMBIA | 2 | 0 | | LITERACY AND EMPOWERMENT WORKSHOPS FOR CHILDREN | 5,838. | | | |
| PAKISTAN | 1 | 0 | | LITERACY AND EMPOWERMENT WORKSHOPS FOR CHILDREN | 3,722. | | | |
| UGANDA | 2 | 0 | | LITERACY AND EMPOWERMENT WORKSHOPS FOR CHILDREN | 12,866. | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Totolo | 5 | | | | 22 426 | | | |
| Totals | ن ا | | | | 22,426. | | | |

432181 05-01-14 Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) | |
|-------------------------------|--|------------|--------------------------------|---------------------------------|--|--|---|---|--|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | recognized as charities by the | | | | 1 | <u>I</u> | |
| | the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter | | | | | | | | |

Schedule F (Form 990) 2014

13-4367685

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|-------------------|--------------------------|--------------------------|--|---|--|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Schedule F (Form 990) 2014

Page 3

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | X No |
|---|---|-----|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i> | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) | Yes | X No |

Schedule F (Form 990) 2014

15161103 758553 LITWORLD

Part V Supplemental Information

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

| | | |
|---|--------|--------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 122075 00 04 14 | | chedule F (Form 990) |
| 432075 09-24-14 .61103 758553 LITWORLI | 36 | |

| (Form 990 or 990-EZ) Department of the Treasury Letranel Revenue Service | ental Information Regarding e organization answered "Yes" to organization entered more than \$1 Attach to Form 990 bout Schedule G (Form 990 or 990-EZ) | Form 9 5,000) or Fo | 990, P on Fo rm 99 | art IV, lines 17, 18, c rm 990-EZ, line 6a. 0-EZ. | or 19 |), or if the | OMB No. 1545-0047 |
|---|---|--|---|---|---------|--|------------------------|
| Name of the organization | D INTERNATIONAL, 1 | | | | | Employer i | dentification number |
| | Complete if the organization answe | | 'es" to |) Form 990, Part IV, li | ine 1 | | |
| Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, F b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the | e Solicita f Solicita g Special por oral agreement with any individua Part VII) or entity in connection with p ividuals or entities (fundraisers) pure | tion of tion of fundra l (inclue profess | non-g gover aising ding o ional 1 | overnment grants nment grants events fficers, directors, trus fundraising services? | stees | <u> </u> | 'es No to be |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have c or cor contrib | trol of | (iv) Gross receipts from activity | tò (e | Amount paid or retained b fundraiser ted in col. (i) | y) to (or retained by) |
| | | Yes | No | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total | | | | | | | |
| 3 List all states in which the organization or licensing. | on is registered or licensed to solicit | contrik | oution | s or has been notified | d it is | exempt fror | n registration |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| LHA For Paperwork Reduction Act Not | ice, see the Instructions for Form | 990 or | 990- | EZ. S | che | dule G (Forn | n 990 or 990-EZ) 2014 |

432081 08-28-14

 Schedule G (Form 990 or 990-EZ) 2014
 LITWORLD
 INTERNATIONAL,
 INC
 13-4367685
 Page

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

| | | | (a) Event #1 | (b) Event #2 | (c) Other events NONE | (d) Total events (add col. (a) through |
|------------------|---------------------------------|--|--|--|--------------------------|---|
| ų | | | (event type) | (event type) | (total number) | col. (c)) |
| | 1 | Gross receipts | 181,216. | | | 181,216 |
| | 2 | Less: Contributions | 27,500. | | | 27,500 |
| _ | 3 | Gross income (line 1 minus line 2) | 153,716. | | | 153,716 |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| 2 | 6 | Rent/facility costs | 44,114. | | | 44,114 |
| חוופרו באחפוואפא | 7 | Food and beverages | | | | |
| Ē | | | | | | |
| | 8 | Entertainment Other direct expenses | | | | 27,471 |
| | 10 | | | | | 71,585 |
| | | Net income summary. Subtract line 10 from | | | | 82,131 |
| | irt | III Gaming. Complete if the organization | | | | |
| _ | | \$15,000 on Form 990-EZ, line 6a. | | | | |
| 0000000 | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (d |
| | | | | | | |
| ┥ | 1 | Gross revenue | | | | |
| | 2 | Cash prizes | | | | |
| | - | | | | | |
| | 3 | Noncash prizes | | | | |
| : 1 | | | | | | |
| 5 | 4 | Rent/facility costs | | | | |
| בֿ | 4 5 | | | | | |
| בֿע | 4 5 6 | Other direct expenses | └── Yes% └── No | └── Yes % └── No | └── Yes% └── No | |
| בופר | | Other direct expenses | └── Yes % └── No | No | No | |
| | 6 | Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug | Yes% No | No No | □ No ► | |
| | 6 7 | Other direct expenses | Yes% No | No No | □ No ► | |
|) | 6 7 8 En | Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line | yh 5 in column (d) 7 from line 1, column (d) | No No | No ► | |
| a | 6 7 8 En | Other direct expenses | yh 5 in column (d) 7 from line 1, column (d) lucts gaming activities: _ activities in each of these | No No states? | No ► | |
| a | 6 7 8 En | Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line | yh 5 in column (d) 7 from line 1, column (d) lucts gaming activities: _ activities in each of these | No No states? | No ► | |
|) a | 6 7 8 En | Other direct expenses | yh 5 in column (d) 7 from line 1, column (d) lucts gaming activities: _ activities in each of these | No No states? | No ► | |
| a b | 6 7 8 1 Is 1 9 If " | Other direct expenses | yh 5 in column (d) 7 from line 1, column (d) lucts gaming activities: activities in each of these | states? | No | YesN |
| a b | 6 7 8 1 Is 1 9 If " | Other direct expenses | yh 5 in column (d) 7 from line 1, column (d) lucts gaming activities: activities in each of these | states? | No | YesN |
| ab | 6 7 8 1 Is 1 9 If " | Other direct expenses | yh 5 in column (d) 7 from line 1, column (d) lucts gaming activities: activities in each of these | states? | No | YesN |

| <u>Sch</u> | edule G (Form 990 or 990-EZ) 2014 LITWORLD INTERNATIONAL, INC 13 | -4367685 | Page 3 |
|------------|--|-------------------|------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes | No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed | | |
| | to administer charitable gaming? | 🗌 Yes | No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| а | I The organization's facility | . 13 a | % |
| b | An outside facility | . 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| | | | |
| | Name | | |
| | | | |
| | Address | | |
| | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | L Yes | └── No |
| | | | |
| b | o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount | | |
| | of gaming revenue retained by the third party \triangleright \$ | | |
| C | If "Yes," enter name and address of the third party: | | |
| | Nama | | |
| | | | |
| | | | |
| | Address | | |
| 16 | Gaming manager information: | | |
| 10 | | | |
| | Name | | |
| | | | |
| | Gaming manager compensation 🕨 💲 | | |
| | | | |
| | Description of services provided 🕨 | | |
| | | | |
| | | | |
| | | | |
| | Director/officer Employee Independent contractor | | |
| | | | |
| 17 | Mandatory distributions: | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | Yes | └── No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | • | |
| | organization's own exempt activities during the tax year > \$ | | |
| Ра | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part II | I, lines 9, 9b, 1 | 0b, 15b, |
| | 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| _ | | | |
| | | | |
| | | | |
| 4320 | 83 08-28-14 Schedule G (Fo | orm 990 or 990 |)-EZ) 2014 |
| 1 ~ - | 39 | | |

15161103 758553 LITWORLD

| Schedule G | i (Form 990 or 990-EZ) | LITWORLD | INTERNATIONAL, | INC |
|------------|------------------------|----------------------|----------------|-----|
| Part IV | Supplemental Ir | nformation (continue | ed) | |

| 40 2014.04020 LITWORLD INTERNATIONAL, INC LITWORL1 |
|---|
| Schedule G (Form 990 or 990-EZ |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

| SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service | Supplemental Information to Form 990 or 990. 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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/fit | ZU14 Open to Public |
|--|---|---|
| Name of the organization | LITWORLD INTERNATIONAL, INC | Employer identification number 13-4367685 |
| FORM 990, PA | RT I, LINE 1, DESCRIPTION OF ORGANIZATION MIS | SION: |
| YORK, NEW YO | RK. THE ORGANIZATION RUNS PROGRAMS TO HELP C | HILDREN AND |
| · · · | ROVE THEIR ACADEMIC ACHIEVEMENT, POSITIVE SENS | |
| | OK, AND INCREASE THEIR CIVIC ENGAGEMENT. | |
| | | |
| | RT III, LINE 1, DESCRIPTION OF ORGANIZATION M | ISSION |
| THEIR CIVIC | | |
| | | |
| FORM 990, PA | RT III, LINE 4A, PROGRAM SERVICE ACCOMPLISHME | NTS: |
| | RIENCES, PEER-TO-PEER SUPPORT NETWORKS AND ADD | |
| | S, WHICH LEADS TO PRODUCTIVE AND TRANSFORMATIC | |
| KEDAI IONSHIP | 5, WHICH LEADS IN FRODUCTIVE AND TRANSFORMATIC | JNAL LITERACI. |
| FORM 990, PA | RT VI, SECTION B, LINE 11: | |
| | | BOARD MEMBERS WILL |
| | E OPPORTUNITY TO ASK QUESTIONS REGARDING THE I | |
| IS FILED. | | |
| | | |
| FORM 990, PA | RT VI, SECTION B, LINE 12C: | |
| THE BOARD OF | DIRECTORS ANNUALLY REVIEWS ITS CONFLICT OF I | NTEREST POLICY FOR |
| COMPLIANCE. | | |
| | | |
| FORM 990, PA | RT VI, SECTION C, LINE 18: | |
| FORM 1023 AN | D 990 ARE AVAILABLE UPON REQUEST. | |
| | | |
| FORM 990, PA | RT VI, SECTION C, LINE 19: | |
| GOVERNING DO | CUMENTS, FINANCIAL STATEMENTS AND POLICY STAT | EMENTS ARE |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14 Schedule O (Form 990 or 990-EZ) (2014) 41

2014.04020 LITWORLD INTERNATIONAL, INC LITWORL1

| Schedule O (| Form 990 | or 990-EZ) | (2014) | 1 |
|--------------|----------|------------|--------|---|
|--------------|----------|------------|--------|---|

Name of the organization

LITWORLD INTERNATIONAL, INC

AVAILABLE UPON WRITTEN REQUEST.

FORM 990, PART XII, LINE 2C

THE OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

432212 08-27-14 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

| Part II | Additional (Not Automatic) 3-Month Extension of Time. Only file the original statement of the or | nal (no copies needed). |
|---------------|--|--|
| | Enter filer' | s identifying number, see instructions |
| Type or | Name of exempt organization or other filer, see instructions. | Employer identification number (EIN) or |
| due date for | LITWORLD INTERNATIONAL, INC Number, street, and room or suite no. If a P.O. box, see instructions. | 13-4367685 Social security number (SSN) |
| rotarin ooo | 222 BROADWAY, 19TH FLOOR | |
| instructions. | City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10038 | |

| Enter the Return code for the return that this application is for (file a separate application for each return) | |
|---|--|
|---|--|

| Application | Return | Application | | | Return |
|--|---------------|--------------------------------------|----------|----------------------|----------|
| Is For | Code | Is For | | | Code |
| Form 990 or Form 990-EZ | 01 | | | | |
| Form 990-BL | 02 | Form 1041-A | | | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | | | 09 |
| Form 990-PF | 04 | Form 5227 | | | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | | | 12 |
| STOP! Do not complete Part II if you were not already gran | ited an autor | natic 3-month extension on a previou | sly file | ed Form 8868. | - |
| • The books are in the care of ► 2758 PARK ROY | | | 217 | 8 | |
| Telephone No. $407 - 325 - 0270$ | | | | | |
| If the organization does not have an office or place of busin | _ | Fax No. | | | |
| | | | | | |
| If this is for a Group Return, enter the organization's four dibox ▶ □ . If it is for part of the group, check this box | | | | | |
| | | BER 15, 2015 | amemo | ers the extension is | IOr. |
| 4 I request an additional 3-month extension of time until 5 For calendar year 2014 , or other tax year beginning | | · | | | |
| 6 If the tax year entered in line 5 is for less than 12 month | - | on: Initial return | Final r | oturo | <u> </u> |
| Change in accounting period | s, check reas | | Final r | etum | |
| 7 State in detail why you need the extension | | | | | |
| INFORMATION FROM THIRD PARTI | ES HAS | YET TO BE RECEIVED. | Т | HIS | |
| INFORMATION IS REQUIRED IN C | DRDER T | O FILE A COMPLETE A | ND | ACCURATE | |
| RETURN. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 8a If this application is for Forms 990-BL, 990-PF, 990-T, 47 | 720, or 6069, | enter the tentative tax, less any | | | |
| nonrefundable credits. See instructions. | | | 8a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6 | 069, enter an | y refundable credits and estimated | | | |
| tax payments made. Include any prior year overpaymen | | | | | |

Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief,

EFTPS (Electronic Federal Tax Payment System). See instructions.

it is true, correct, and complete, and that I am authorized to prepare this form.

Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using

Title 🕨 CPA

423842 09-15-14

С

Signature

8b | \$

8c | \$

Date 🕨

15161103 758553 LITWORLD

previously with Form 8868.

Form 8868 (Rev. 1-2014)

0.

Ο.

X

01

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

DECEMBER 31, 2014

| LITWORLD INTERNATIONAL, INC 222 BROADWAY, 19TH FLOOR NEW YORK, NY 10038 |
|---|
| SOBEL AND CO., LLC CPA'S 293 EISENHOWER PARKWAY LIVINGSTON, NJ 07039-1711 |
| NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271 |
| PLEASE MAIL AS SOON AS POSSIBLE. |
| NEW YORK FORM CHAR500 MUST BE SIGNED AND DATED BY BOTH OF THE AUTHORIZED INDIVIDUALS. ALSO BE SURE THAT THE ATTACHED COPY OF FEDERAL FORM 990 HAS BEEN PROPERLY SIGNED AND DATED. ENCLOSE A CHECK FOR \$125 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER ON THE REMITTANCE. |
| |

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

2014.04020 LITWORLD INTERNATIONAL, INC LITWORL1

Open to Public Inspection

| 1.General Informat | ion | | | | |
|--|------------------------------------|--|-------------------------------|--|---|
| For Fiscal Year Beginning | g (mm/dd/yyy | y) 01/01/1 | 2014 and Ending |) (mm/dd/yyyy) 12/31/2 | 2014 |
| Check if Applicable: Address Change | Name of Org LITWOR | | NATIONAL, IN | с | $\begin{array}{c} \mbox{Employer Identification Number (EIN):} \\ 13-4367685 \end{array}$ |
| Name Change | Mailing Addr 222 BR | | 19TH FLOOR | | NY Registration Number: $41 - 75 - 64$ |
| Final Filing | City / State / NEW YC | | 10038 | | Telephone: 212 706-0702 |
| Reg ID Pending | Website: WWW • L I | TWORLD.O | RG | | Email: DOROTHYLEE@LITWORLD |
| Check your organization's registration category: | s 🗌 7A on | | only X DUAL (7A | | ind your registration category in the harities Registry at <u>www.CharitiesNYS.com</u> |
| 2. Certification | | | | | |
| See instructions for certif | ication require | ements. Improper | r certification is a violatio | on of law that may be subject | to penalties. |
| , i i i i i i i i i i i i i i i i i i i | | | • • | ws of the State of New York ap | best of our knowledge and belief, oplicable to this report. |
| President or Authorized | Officer: | | | PAM ALLYN EXECUTIVE I | DIRECTOR |
| Chief Financial Officer or | | Signature | | Print Name DONNA STEIN TREASURER | |
| | | Signature | | Print Name | and Title Date |
| 3. Annual Reporting | g Exemptio | on | | | |
| categories (DUAL filers) | that apply to y are required. I | your registration, f you cannot clair | complete only parts 1, 2 | 2, and 3, and submit the certif | egory (7A and EPTL only filers) or both ied Char500. No fee, schedules, or ne exemption, you must file applicable |
| exceed \$2 | 25,000 <u>and</u> the | e organization dic | l not engage a professio | | overnment agencies, etc, did not raising counsel (FRC) to solicit e instructions). |
| | filing exemption fiscal year. | on: Gross receipt | s did not exceed \$25,00 | 0 and the market value of ass | sets did not exceed \$25,000 at any time |
| 4. Schedules and A | ttachment | ts | | | |
| See the following page for a checklist of schedules and attachments to complete your filing. | | for fund ra | aising activity in NY Stat | rofessional fund raiser, fund ra e? If yes, complete Schedule overnment grants? If yes, co | |
| 5. Fee | | | | | |
| See the checklist on the next page to calculate yo fee(s). Indicate fee(s) you are submitting here: | | g fee: 25. | EPTL filing fee: \$100. | Total fee: | Make a single-check or money order payable to: <u>"Department of Law"</u> |
| | | | | · | |

⁴⁶⁸⁴⁵¹ 12-29-14 1019 CHAR500 Annual Filing for Charitable Organizations (Updated December 2014) 2

LITWORLD INTERNATIONAL, INC

| | Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF: |
|-------------------------|---|
| CHAR500 | - Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3. |
| Annual Filing Checklist | - Your organization is registered as EPTL only and marked the EPTL filing exemption in Part 3. |
| Annual I ling Checkist | - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3. |

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- X All additional IRS Form 990 Schedules including Schedule B (Schedule of Contributors).
- IRS Form 990-T if applicable

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$500,000.
- X Audit Report if you received total revenue and support greater than \$500,000

l No Review Report or Audit Report is required because total revenue and support is less than \$250,000

Note: The Audit and Review requirements are set to change in 2017 and 2021 in accordance with the Non Profit Revitalization Act of 2013. For more details, visit www.CharitiesNYS.com.

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you marked the 7A exemption in Part 3a
- X \$25, if you did not mark the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

| \$0, if you marked the EPTL exemption in Part 3b |
|--|
| \$25, if the NET WORTH is less than \$50,000 |
| 50, if the NET WORTH is \$50,000 or more but less than \$250,000 |
| \fbox \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 |
| \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 |
| 50,000,000 or more but less than \$50,000,000 or more but less than \$50,000,000 |
| \$1500, if the NET WORTH is \$50,000,000 or more |

Send Your Filing

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

NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271 Is my organization a 7A, EPTL or DUAL filer?

- 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
- EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
- DUAL filers are registered under both 7A and EPTL.

Check your registration category and learn more about NY law at www.charitiesNYS.com

Where do I find my organization's NET WORTH?

- NET WORTH for fee purposes is calculated on:
- IRS From 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between
- Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

⁴⁶⁸⁴⁶¹ ¹²⁻²⁹⁻¹⁴ 1019 CHAR500 Annual Filing for Charitable Organizations (Updated December 2014)

2014.04020 LITWORLD INTERNATIONAL, INC LITWORL1

3

LITWORLD INTERNATIONAL, INC.

FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

LITWORLD INTERNATIONAL, INC.

DECEMBER 31, 2014 AND 2013

CONTENTS

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



293 Eisenhower Parkway Livingston, NJ 07039-1711 Office: 973.994.9494 Fax: 973.994.1571 www.sobel-cpa.com

INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We have audited the accompanying financial statements of LitWorld International, Inc. ("Organization"), which comprise the statements of financial position as of December 31, 2014 and 2013, and the related statements of activities and changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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



Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of LitWorld International, Inc. as of December 31, 2014 and 2013, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Sopel x Co, UC

Certified Public Accountants

Livingston, New Jersey September 17, 2015



LITWORLD INTERNATIONAL, INC. STATEMENTS OF FINANCIAL POSITION

| | Decen | ıber | 31, |
|---|------------------------------------|------|---|
| | 2014 | | 2013 |
| ASSETS | | | |
| Cash and cash equivalents | \$ 632,588 | \$ | 232,295 |
| Accounts receivable | 50,000 | | - |
| Prepaid expenses | 20,000 | | 22,450 |
| Security deposit and other assets | 11,385 | | 8,850 |
| Total current assets | 713,973 | | 263,595 |
| Property and equipment, net | 2,533 | | 6,668 |
| | \$ 716,506 | \$ | 270,263 |
| LIABILITIES AND NET ASSETS | | | |
| | | - | |
| CURRENT LIABILITIES: | \$ | \$ | |
| | 4,796 2,778 | | 5,996 8,633 |
| CURRENT LIABILITIES: Accounts payable | 4,796 | | 5,996 |
| CURRENT LIABILITIES: Accounts payable | 4,796 2,778 | | 5,996 8,633 |
| CURRENT LIABILITIES: Accounts payable Accrued expenses | 4,796 2,778 | | 5,996 8,633 |
| CURRENT LIABILITIES: Accounts payable Accrued expenses NET ASSETS: | 4,796 2,778 7,574 | | 5,996 8,633 14,629 191,664 63,970 |
| CURRENT LIABILITIES: Accounts payable Accrued expenses NET ASSETS: Unrestricted | 4,796 2,778 7,574 499,332 | | 5,996 8,633 14,629 191,664 |

LITWORLD INTERNATIONAL, INC. STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS

| | | Year End | Year Ended December 31, 2014 | oer 31, | 2014 | | Year Ended December 31. 2013 | led Decel | mber 3 | 31. 2 0 | 5 |
|---|-----|------------------------|------------------------------|------------|-----------|------------|------------------------------|-------------------|----------------------|----------------|-----------|
| | | | Temporarily | ily | | | | Temporarily | arily | | |
| | Cur | restricted | Restricted | P | Totals | Unres | Unrestricted | Restricted | ted | L | Totals |
| KEVENUE: Donotions and contributions | 6 | 1 200 210 | | | | | | | | | |
| Donations and Contributions Service income | 9 | ۲۱, ۲۷۵۲, ۱ 22 57 1 | € 1/1,150 | 20 | 1,480,869 | S A | 665,438 24 272 | \$ 195 | 195,440 | 54 | 860,878 |
| Net assets released from restriction | | 110,00 | - | 201 | 1/5,55 | - | 34,567 | сс г , | | | 34,567 |
| Total Revenue | | 1,368,810 | 145,630 | 30 | 1,514,440 | | 833.349 | () | (++c,cc1) (96) (9 | | - 805 445 |
| | | | | | | | | ; | 2005 | | 1110/0 |
| EXPENSES: | | | | | | | | | | | |
| Programming | | 519,532 | I | | 519,532 | | 398,912 | | ı | | 308 017 |
| Fundraising | | 89,423 | ı | | 89,423 | | 113.843 | | r | | 113 843 |
| Salaries and wages | | 283,430 | ı | | 283,430 | | 251.542 | | ı | | 05150 |
| General and administrative | | 127,244 | E | | 127,244 | | 132.352 | | ı | | 137 357 |
| Payroll taxes and employee benefits | | 41,513 | I | | 41,513 | | 47,786 | | | | 47,786 |
| Total Expenses | | 1,061,142 | 1 | | 1,061,142 | | 944,435 | | | | 944,435 |
| CHANGES IN NET ASSETS | | 307,668 | 145,630 | 30 | 453,298 | C | (111,086) | 62 | 62,096 | | (48,990) |
| Net Assets, Beginning of year | | 191,664 | 63,970 | 70 | 255,634 | | 302,750 | - | 1,874 | | 304,624 |
| Net Assets, End of year | \$ | 499,332 | \$ 209,60 | 209,600 \$ | 708,932 | \$ | 191,664 \$ | | 63,970 | \$ | 255,634 |
| | | | | | | | | | 5 | | |

The accompanying notes are an integral part of these financial statements.

4

LITWORLD INTERNATIONAL, INC. STATEMENTS OF CASH FLOWS

| | Year Ended December 31, | | | ember 31, |
|--|-------------------------|----------|----|-----------|
| | | 2014 | | 2013 |
| CASH FLOWS PROVIDED BY (USED FOR): | | | | |
| OPERATING ACTIVITIES: | | | | |
| Changes in net assets | \$ | 453,298 | S | (48,990) |
| Adjustments to reconcile changes in net assets | | | | |
| to net cash provided by operating activities: | | | | |
| Depreciation | | 4,135 | | 4,959 |
| Changes in certain assets and liabilities: | | | | |
| Accounts receivable | | (50,000) | | - |
| Prepaid expenses | | 2,450 | | 10,091 |
| Security deposit and other assets | | (2,535) | | (8,850) |
| Accounts payable | | (1,200) | | 3,942 |
| Accrued expenses | | (5,855) | | 609 |
| Net Cash Provided by (Used for) Operating Activities | | 400,293 | | (38,239) |
| INVESTING ACTIVITIES: | | | | |
| Purchase of property and equipment | | - | | (1,499) |
| NET INCREASE (DECREASE) IN CASH | | 400,293 | | (39,738) |
| CASH: | | | | |
| Beginning of year | <u> </u> | 232,295 | | 272,033 |
| End of year | \$ | 632,588 | \$ | 232,295 |

LITWORLD INTERNATIONAL, INC. NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2014 AND 2013

NOTE 1 - NATURE OF ORGANIZATION:

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

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

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting:

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

Financial Statement Presentation:

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

Unrestricted Net Assets

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

Temporarily Restricted Net Assets

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

Permanently Restricted Net Assets

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

The Organization does not have any permanently restricted net assets.

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

Cash and Cash Equivalents:

Cash and cash equivalents consist of cash in bank accounts and money market funds.

Accounts Receivable:

Accounts receivable are stated at the amount management expects to collect from outstanding balances. The Organization charges uncollectible receivables to operations when determined to be uncollectible. The allowance for uncollectible receivables has been reviewed by management and it has been determined that no allowance is necessary based on historical collection trends.

Contributions:

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

Income Taxes:

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

The Organization follows accounting standards that provide clarification on accounting for uncertainty in income taxes recognized in the Organization's financial statements. The guidance prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return, and also provides guidance on derecognition, classification, interest and penalties, disclosure and transition. No interest and penalties were recorded during the years ended December 31, 2014 and 2013. The tax years subject to audit by federal and state jurisdictions are the years ended December 31, 2011, and forward. At December 31, 2014 and 2013, there are no significant income tax uncertainties that are expected to have a material impact on the Organization's financial statements.

Property and Equipment:

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

LITWORLD INTERNATIONAL, INC. NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2014 AND 2013

.

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

Use of Estimates:

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

Reclassifications:

Certain 2013 amounts have been reclassified to conform to the 2014 presentation.

Subsequent Events:

The Organization has evaluated events subsequent to the statement of financial position date as of December 31, 2014 through September 17, 2015, the date that the financial statements were available to be issued.

NOTE 3 - PROPERTY AND EQUIPMENT:

Property and equipment consist of the following:

| | December 31, | |
|--------------------------------|--------------|-----------|
| | 2014 | 2013 |
| Computers | \$ 16,196 | \$ 16,196 |
| Furnishings and equipment | 1,515 | 1,515 |
| Less: Accumulated depreciation | (15,178) | (11,043) |
| Property and Equipment, Net | \$ 2,533 | \$ 6,668 |

NOTE 4 - CONCENTRATIONS OF RISK:

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

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

LITWORLD INTERNATIONAL, INC. NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2014 AND 2013

NOTE 5 - TEMPORARILY RESTRICTED NET ASSETS:

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

| | December 31, | |
|--|--------------|-----------|
| | 2014 | 2013 |
| Platform development and GOAL programs | \$ 10,000 | \$ 16,745 |
| Story21 Broadway House | 50,000 | 8,775 |
| Lit! Lantern Solar Project | 39,600 | 38,450 |
| Program at Harlem Polo Grounds | 110,000 | - |
| - | \$209,600 | \$ 63,970 |

Net assets released from time-and-use restrictions for the years ended December 31, 2014 and 2013, amounted to \$25,520, and \$133,344, respectively.