Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2019 Return of Organization Exempt From Income Tax

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

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

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



| АГ | or the | 2018 Calendar year, or tax year beginning and | enaing | | | | |
|-------------------|--------------------|--|-------------|--------------------------------------|-----------------------------|--|--|
| B c | heck if pplicable: | C Name of organization | | D Employer identified | cation number | | |
| | Address change | LITWORLD INTERNATIONAL, INC | | | | | |
| | Name change | Doing business as | | 13-4 | 367685 | | |
| | Initial | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | | | |
| | Final return/ | 222 BROADWAY, 19TH FLOOR | | 646-237-8959 | | | |
| | termin- ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ 1,245,104 | | | |
| | Amende return | d NEW YORK, NY 10038 | | H(a) Is this a group re | eturn | | |
| | Applica- | F Name and address of principal officer: DOROTHY LEE | | for subordinates? Yes X No | | | |
| | pending | SAME AS C ABOVE | | H(b) Are all subordinates included? | | | |
| 11 | ax-exer | npt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) | or 527 | If "No," attach a | list. (see instructions) | | |
| J١ | Vebsite | wWW.LITWORLD.ORG | | H(c) Group exemption | | | |
| κF | orm of o | rganization: X Corporation | L Year | | State of legal domicile: NY | | |
| | | Summary | | · · · · · · | | | |
| | 1 B | riefly describe the organization's mission or most significant activities: $	t LITW$ | ORLD I | NTERNATIONAI | J, INC. | | |
| ЭСe | | RUNS PROGRAMS TO HELP CHILDREN AND FAMILI | | | | | |
| Governance | 2 0 | Check this box 🕨 🔲 if the organization discontinued its operations or dispos | sed of more | than 25% of its net ass | ets. | | |
| ver | | | | 3 | 12 | | |
| | | lumber of independent voting members of the governing body (Part VI, line 1b) | | | 12 | | |
| Activities & | | otal number of individuals employed in calendar year 2018 (Part V, line 2a) | | | 14 | | |
| | | otal number of volunteers (estimate if necessary) | | | 40 | | |
| | | otal unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | |
| Ā | | let unrelated business taxable income from Form 990-T, line 38 | | | 4,082. | | |
| | | | | Prior Year | Current Year | | |
| | 8 C | Contributions and grants (Part VIII, line 1h) | | 1,297,862. | 813,420. | | |
| ň | 9 P | Program service revenue (Part VIII, line 2g) | | 250,174. | 381,418. | | |
| Revenue | 10 Ir | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 529. | 1,495. | | |
| č | 11 C | ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | -8,471. | -22,421. | | |
| | | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 1,540,094. | 1,173,912. | | |
| | 13 G | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 21,350. | 22,414. | | |
| | | enefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | |
| s | 15 S | alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 635,083. | 623,196. | | |
| Expenses | 16 a P | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | |
| be | b T | otal fundraising expenses (Part IX, column (D), line 25) > 290, 92 | | | | | |
| Ex | 17 C | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 716,448. | 642,245. | | |
| | 18 T | otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 1,372,881. | 1,287,855. | | |
| | | evenue less expenses. Subtract line 18 from line 12 | | 167,213. | -113,943. | | |
| or | | | | ginning of Current Year | End of Year | | |
| sets | 20 ⊤ | otal assets (Part X, line 16) | | 1,367,825. | 1,245,480. | | |
| Assets d Balan | 21 ⊤ | otal liabilities (Part X. line 26) | | 10,459. | 2,057. | | |
| Net | 22 N | let assets or fund balances. Subtract line 21 from line 20 | | 1,357,366. | 1,243,423. | | |
| Pa | art II | Signature Block | • | | | | |

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

| Sign | Signature of officer | | D | ate | | |
|---|--|----------------------|---------|----------------------------|--|--|
| Here | DONNA STEIN, TREASURER | | | | | |
| | Type or print name and title | | | | | |
| | Print/Type preparer's name | Preparer's signature | Date | Check PTIN | | |
| Paid | BRIDGET HARTNETT | | 09/25/3 | 19 self-employed P01429163 | | |
| Preparer | Firm's name 🕒 SOBEL & CO., LLC | CPA'S | Fi | irm's EIN ▶ 22-1430039 | | |
| Use Only | Use Only Firm's address 293 EISENHOWER PARKWAY | | | | | |
| | LIVINGSTON, NJ 0 | 7039-1711 | Р | hone no. 973-994-9494 | | |
| May the IRS discuss this return with the preparer shown above? (see instructions) | | | | | | |
| 832001 12-3 | I32001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) | | | | | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| rai | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III X |
|-----|--|
| 1 | Briefly describe the organization's mission: |
| | 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. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| 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 \$ 770,543. including grants of \$ 388,373.) (Revenue \$ 381,418. |
| та | THE ORGANIZATION WORKS WITH LOCALLY BASED, GRASSROOTS ORGANIZATIONS TO |
| | RUN AND EXPAND LITERACY-BASED PROGRAMS, BUILDING SUSTAINABLE OUTCOMES |
| | FOR YOUNG PEOPLE AND THEIR COMMUNITIES AROUND THE WORLD. THE |
| | ORGANIZATION'S PROGRAMS ARE DESIGNED AND WRITTEN BY STAFF MEMBERS WITH |
| | SUPPORT FROM CONSULTANTS WHERE NEEDED. LOCAL COMMUNITY LEADERS MANAGE |
| | AND LEAD THE PROGRAMS AFTER RECEIVING TRAINING AND ACCESS TO THE |
| | ORGANIZATION'S INNOVATIVE CURRICULA. |
| | |
| | THE ORGANIZATION CREATES PERMANENT POSITIVE CHANGE IN THE WORLD BY |
| | IMPLEMENTING THESE ON-THE-GROUND PROGRAMS TO ADDRESS THE HARD-TO-TACKLE |
| | CHALLENGE OF ILLITERACY WORLDWIDE. THE ORGANIZATION UNIQUELY COMBINES |
| | THE POWER OF CHILDREN'S OWN STORIES, ACCESS TO DIVERSE READING AND |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |
| 10 | HERSTORY IS AN INTERNATIONAL CAMPAIGN FOCUSED ON EMPOWERING WOMEN AND |
| | GIRLS THROUGH LITERACY. IT IS JOINTLY OPERATED BY LITWORLD AND GLOBAL |
| | G.L.O.W. , A CALIFORNIA-BASED. 501(C)(3) ORGANIZATION. DURING THE YEAR |
| | ENDED DECEMBER 31, 2018, GLOBAL G.L.O.W PAID \$728,928 IN SUPOPRT OF THE |
| | PROGRAM, WHICH IS CONSIDERED IN-KIND REVENUE. |
| | |
| | |
| | |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe in Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4 - | Total program service expenses ► 770, 543. |
| 4e | Form 990 (201) |

| - | ~ ~ ~ | (| |
|------|-------|--------|--|
| Form | 990 | (2018) | |

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 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| _ | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| _ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | <u> </u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | v |
| • | 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 | | | v |
| • | Schedule D, Part III | 8 | | X 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? | | | x |
| 10 | If "Yes," complete Schedule D, Part IV | 9 | | |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | 10 | | x |
| 44 | endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | | |
| 11 | as applicable. | | | |
| ~ | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| d | | 11a | х | |
| h | Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | 114 | | <u> </u> |
| D | 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 | 110 | | |
| Ū | 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 |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Х | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | 1 |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | 1 |
| | 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 | | <u> </u> |
| 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 | | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | 1 |
| | 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? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | v | 1 |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | X 990 | (2018) |
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| Form | 990 | (2018) | ١ |
|---------|-----|--------|---|
| 1 01111 | 330 | | , |

| | | | Yes | NO |
|--------|---|-------|-----|-----------|
| 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 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 | | | |
| | 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 |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| с | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | | 25b | | x |
| 26 | Schedule L, Part I 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? If "Yes." | | | |
| | | 06 | | x |
| 07 | complete Schedule L, Part II | 26 | | |
| 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 | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 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 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| ••• | | 34 | | x |
| 35a | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | - 550 | | <u> </u> |
| J | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 26 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 330 | | <u> </u> |
| 36 | | 0 | | x |
| 07 | If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | v |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | 37 | |
| Dar | Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | \square |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 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 | X | |
| 832004 | · 12-31-18 | Form | 990 | (2018) |
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| | 990 (2018) LITWORLD INTERNATIONAL, INC 13-4367 | 685 | P | age 5 |
|-----|---|-----|-----|----------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| | | | Yes | No |
| 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 14 | | | |
| 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 e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Х | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | Х | |
| | 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 |
| b | If "Yes," enter the name of the foreign country: ► | | | |
| | 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 |
| с | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | Х | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Х | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | L |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | | | v |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | <u> </u> |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | v |
| | excess parachute payment(s) during the year? | 15 | | X |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | v |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |

Form **990** (2018)

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If "Yes," complete Form 4720, Schedule O.

| NATIONAL, | INC |
|-----------|-----|

| Form 990 (2018) |
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LITWORLD INTERNATIONAL, INC

13-4367685 Page 6

....

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. .. X

| Check if Schedule O contains a response or note to any line in this Part VI | |
|---|--|
| Section A. Governing Body and Management | |

| | | <u> </u> | Yes | N |
|------------|--|------------|------------|-------|
| 1 a | | .2 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | 5 | .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 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | . 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | . 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | . 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | X |
| 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 | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| | Each committee with authority to act on behalf of the governing body? | | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes." provide the names and addresses in Schedule O | . 9 | | X |
| ec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | N |
| 0a | Did the organization have local chapters, branches, or affiliates? | 10a | | Σ |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 1a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | Х | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe | | | |
| - | in Schedule O how this was done | 12c | х | |
| 3 | Did the organization have a written whistleblower policy? | | Х | |
| 4 | Did the organization have a written document retention and destruction policy? | | Х | |
| 5 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| - | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | х | |
| | Other officers or key employees of the organization | 15b | X | |
| 5 | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 62 | 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 | | X |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | 100 | | |
| 2 | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| ec | tion C. Disclosure | | | |
| | List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$ | | | |
| 8 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(| | availat | ماد |
| 0 | for public inspection. Indicate how you made these available. Check all that apply. | 5)5 Only) | avanai | ЛС |
| | | | | |
| • | | ad financ | iol | |
| 9 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a | iu illiano | Idl | |
| ~ | statements available to the public during the tax year. | | | |
| 0 | State the name, address, and telephone number of the person who possesses the organization's books and records \blacktriangleright | | | |
| | <u>N. CHENG LLP - 212-785-0100</u> 40 WALL STREET, 32ND FLOOR, NEW YORK, NY 10005 | | | |
| | CUUUL IN , ANDL ANDL ANDL ANAL , ITTER CONTENTS | | 990 | 100 |
| | 12-31-18 | | | 1.111 |

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| Page | 1 |

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

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (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."

(**D**)

• 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.

 (\mathbf{C})

(D)

Т

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

| (A) | (B) | | | _ (0 | C) | | | (D) | (E) | (F) |
|----------------------------------|-------------------|--------------------------------|----------------------|----------|--------------|---------------------------------|--------|-----------------|-----------------|-----------------------------|
| Name and Title | Average | (do | | Pos | | ۱ than d | one | Reportable | Reportable | Estimated |
| | hours per | box | , unles | ss pei | rson i | s both | n an | compensation | compensation | amount of |
| | week | | cer an | | recio | or/trus | lee) | from | from related | other |
| | (list any | recto | | | | | | the | organizations | compensation |
| | hours for related | e or di | tee | | | sated | | organization | (W-2/1099-MISC) | from the |
| | organizations | rustee | trust | | ee | npens | | (W-2/1099-MISC) | | organization and related |
| | below | dual ti | ıtiona | | nploy | st cor | _ | | | organizations |
| | line) | Individual trustee or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | Former | | | o.gam_anono |
| (1) LIDZ PAUYO | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (2) LAUREN BLUM | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (3) CHRISTINE J. CHAO | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (4) DR. ERNEST MORRELL | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (5) SUSAN COHEN (THROUGH 8/2018) | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (6) AMY YATES CAPONE | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (7) QIAN GAO | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (8) CHERNOR BAH | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (9) SABRINA CONYERS | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (10) NICOLE NAKASHIAN | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (11) ELLEN FREDERICKS | 4.00 | | | | | | | | | |
| CHAIRPERSON | | Х | | X | | | | 0. | 0. | 0. |
| (12) DONNA DUSKIN STEIN | 1.00 | | | | | | | | | |
| TREASURER | | Х | | X | | | | 0. | 0. | 0. |
| (13) DOROTHY LEE | 40.00 | | | | | | | | | _ |
| EXECUTIVE DIRECTOR | | | | X | | | | 80,000. | 0. | 0. |
| (14) PAM ALLYN | 40.00 | | | | | | | | | |
| FOUNDER | | | | X | | | | 37,500. | 0. | 26,091. |
| | | - | | | | | | | | |
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Form 990 (2018)

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|-----|--|---|--------|-------------------|--------|------------------------------------|--|------|---|---|-------|------------------------------|---|----------------------------------|
| Par | t VII Section A. Officers, Directors, Trust | tees, Key Emp | ploy | ees, | and | l Hig | ghes | st C | ompensated Employee | s (continued) | | | | |
| | (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | box | not cl , unles | ss per | ition more rson is irecto | Highest compensated Light of the stand stand stand stand standard standar | tee) | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MIS | 5 | an com fr org an | (F) stimate nount other pensa rom th anizat d relat anizati | of ation le tion ted |
| | | | | | 0 | × | Ξw | ш | | | | | | |
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| | | | | | | | | | | | | | | |
| | Sub-total Total from continuation sheets to Part VII | | | | | | | | 117,500. 0. | | 0. | 2 | 6,0 | 91. 0. |
| | Total (add lines 1b and 1c) | | | | | | | | 117,500. | | 0. | 2 | 6,0 | 91. |
| 2 | Total number of individuals (including but no compensation from the organization | ot limited to th | ose | liste | d ab | ove |) wh | o re | eceived more than \$100, | 000 of reportable | | | | 0 |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, | - | | | | • | | | • | | | 0 | | x |
| 4 | line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su | | | | | | | | | | | 3 | | |
| | and related organizations greater than \$150 | | | | | | | | | | | 4 | | X |
| 5 | Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes." com</i> | | | | | | | | | | | 5 | | x |
| Sec | tion B. Independent Contractors | | 201 | <i>J</i> 30 | | 0013 | 011 . | | | | | - | | |
| 1 | Complete this table for your five highest cor the organization. Report compensation for t | • | • | | | | | | | • | ensat | ion fro | om | |
| | (A) Name and business | | | ONE | | | | | (B) Description of s | | С | (C ompe | | n |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (ir \$100,000 of compensation from the organiz | - | ot lin | nitec | d to f | thos (| | ted | above) who received mo | ore than | | | 000 | |

| Image: Second | orm | 990 | | | ERNATIONAL | , INC | | 13-4367 | 685 Page 9 |
|--|----------------------------|--------|------------------------------------|-----------------|-----------------------|-----------------------------|--|-----------------------|-----------------------|
| Total Revenue Construction Construction Proceeding on the second sec | Par | t VI | | nue | | | | | |
| Total revenue Related or sevenue Unrelated sevenue Province can building revenue 1 a Federation or sevenue 1a Image of sevenue Image o | | _ | Check if Schedule O cont | ains a response | e or note to any line | e in this Part VIII | <u> </u> | (0) | |
| Barbarship data 1b 1b 1c 1c <th1c< th=""> 1c 1c</th1c<> | | | | | | (A) Total revenue | Related or exempt function | Unrelated business | I from tax under |
| 2 a SERVICE INCOME Business Code b 611110 381,418. c | s t | 1 a | a Federated campaigns | 1a | | | | | |
| 2 a SERVICE INCOME Business Code b 611110 381,418. 381,418. c c c c c f All other program service revenue c c c g Total. Add lines 2a?t 381,418. c c g Total. Add lines 2a?t d c c c g Total. Add lines 2a?t c c c c c g Garos rents (0) Personal c c c c c c g Gross monts (0) Securities (0) Other c c c c c c c c c c c | | | | | | | | | |
| 2 a SERVICE INCOME Business Code b 611110 381,418. c | Å A B B C B | | | | 196,927. | | | | |
| 2 a SERVICE INCOME Business Code b 611110 381,418. c | ar l | | | | | | | | |
| gas SERVICE INCOME Business Code b 611110 381,418. 381,418. c | Sini's | | | | | | | | |
| Business Code Business Code 6 611110 381,418. 381,418. 6 611110 381,418. 381,418. 7 All other program service revenue 381,418. 1,464. 9 Total. Add lines 2a 2f 381,418. 1,464. 1,464. 1,464. 1,464. 4 income from investment of tax exempt bond proceeds 1 6 a Gross rents 0) Real 0) Personal 6 a Gross rents 0) Securities 0) Other a sasets other than inventory 8, 962. 1 1 9 Less: cost or other basis 8, 962. 31. 31 9 Gross income from fundraising events (not including 5 | | 1 | | | 616 402 | | | | |
| Business Code Business Code 0 6 611110 381,418. 381,418. 4 6 611110 381,418. 381,418. 5 Ford Addines 2a 2f 381,418. 381,418. 381,418. 3 Investment income (including dividends, interest, and other similar amounts) 1,464. 1,464. 4 income from investment of tax exempt bond proceeds 5 6 6 G ross rents 0 6 6 a Gross rents 0 8.962. 5 7 6 G ross amount from sales of assets other than inventory 8.962. 5 7 6 1.464. 31. 31 8 G ross income from fundraising events (not including s | e E E E E | | | | | | | | |
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| Operation b | Ð | 2: | a SERVICE INCOME | | | 381,418. | 381,418. | | |
| g Total. Add lines 22.27 381, 418. 3 Investment income (including dividends, interest, and other similar amounts) 1, 464. 4 Income from investment of tax exempt bond proceeds 1, 464. 5 Royatties 0. Real 0. Personal 6 a Gross rents 0. Real 0. Personal 6 a Gross rents 0. Real 0. Personal 7 a Gross amount from sales of assets other than inventory 0. Securities 0. Other 8 a Gross income from fundraising events (not including \$ 196,927. of contributions reported on line 10; See 31. 31. 9 a Gross income from fundraising events (not including \$ 196,927. of contributions reported on line 10; See a 39,840. 62,261. 9 a Gross income from gaming activities a 39,840. -22,421. -22,421. 9 a Gross sincome from gaming activities a b Less: direct expenses b b b b 9 a Gross sales of inventory, less returns and allowances a b Less: cost of igotos sold b b b b 11 a b b b b b c -22,421. -22,421. 9 a Gross sales of inventory. a b b c b b c c c c | N N | | | | | | | | |
| g Total. Add lines 22.27 381, 418. 3 Investment income (including dividends, interest, and other similar amounts) 1, 464. 4 Income from investment of tax exempt bond proceeds 1, 464. 5 Royatties 0. Real 0. Personal 6 a Gross rents 0. Real 0. Personal 6 a Gross rents 0. Real 0. Personal 7 a Gross amount from sales of assets other than inventory 0. Securities 0. Other 8 a Gross income from fundraising events (not including \$ 196,927. of contributions reported on line 10; See 31. 31. 9 a Gross income from fundraising events (not including \$ 196,927. of contributions reported on line 10; See a 39,840. 62,261. 9 a Gross income from gaming activities a 39,840. -22,421. -22,421. 9 a Gross sincome from gaming activities a b Less: direct expenses b b b b 9 a Gross sales of inventory, less returns and allowances a b Less: cost of igotos sold b b b b 11 a b b b b b c -22,421. -22,421. 9 a Gross sales of inventory. a b b c b b c c c c | | | | | | | | | |
| a 1 381,418. 3 Investment Income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royaties 6 a 6 a 7 a 7 a 7 a 7 a 7 a 7 a 7 a 7 a 7 a 7 a 7 a 8 a 9 a 10 b 10 a 11 a 12 Tatil revenus 11 a 12 Tatil revenus 11 a 12 Tatil revenus 11 a 12 a 13 a 14 b 15 a 16 a 17 a 18 a 19 a <td< td=""><td>eve</td><td>(</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<> | eve | (| | | | | | | |
| a 1 381,418. 3 Investment Income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royaties 6 a 6 a 7 a 7 a 7 a 7 a 7 a 7 a 7 a 7 a 7 a 7 a 7 a 8 a 9 a 10 b 10 a 11 a 12 Tatil revenus 11 a 12 Tatil revenus 11 a 12 Tatil revenus 11 a 12 a 13 a 14 b 15 a 16 a 17 a 18 a 19 a <td< td=""><td>P B G</td><td>e</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<> | P B G | e | | | | | | | |
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| a other similar amounts) income from investment of tax exempt bond proceeds Royalties a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) incuding s <li< td=""><td></td><td>ç</td><td>g Total. Add lines 2a-2f</td><td></td><td> ►</td><td>381,418.</td><td></td><td></td><td></td></li<> | | ç | g Total. Add lines 2a-2f | | ► | 381,418. | | | |
| 4 Income from investment of tax exempt bond proceeds 5 Royalties 6 a Gross rents 0) Real (ii) Personal 6 a Gross rents 0 Real 0 Net rental income or (loss) 0 Net gain or (loss) 31. 8, 962. 8, 962. 31. 8 31. 1 31. 31. 31. 32. 31. 33. 31. 33. 31. 33. 31. 33. 31. 33. 31. 33. 31. 33. 31. 33. 32. 1 32. | | 3 | | | | 1 4 6 4 | | | 1 4 6 4 |
| 5 Royalties 0) Real 0) Personal 6 a Gross rents 0) Real 0) Personal b Less: rental expenses 0) Real 0) Personal 7 a Gross amount from sales of assets other than inventory 0) Securities 0) Other 8 a Gross income from fundraising events (not including \$196, 927. of contributions reported on line 1c). See Part IV, line 18 31. 31. 9 Less: direct expenses b Less: direct expenses b Less: direct expenses -22, 421. 9 A Gross income from gaming activities. See Part IV, line 18 a 39, 840. 9 Less: direct expenses b -22, 421. -22, 421. 9 A Gross income from gaming activities. See Part IV, line 18 a b -22, 421. -22, 421. 9 Less: direct expenses b b -22, 421. -22, 421. -22, 421. 9 A Gross income from gaming activities. See Part IV, line 18 b b b b b 9 A B Less: direct expenses b b c b c -22, 421. -22, 421. 9 A B Less: direct expenses b c c c c -22, 421. -22, 421. -22, 421. | | | | | | 1,464. | | | 1,464. |
| 6 a Gross rents (i) Real (ii) Personal b Less: rental expenses (iii) Personal c Rental income or (loss) (i) Securities d Net rental income or (loss) (ii) Securities a Gross amount from sales of assets other than inventory (i) Securities b Less: cost or other basis and sales expenses (i) Securities a Gross income from fundraising events (not including \$196, 927. or con contributions reported on line 10: See Part IV, line 18 31. b Less: direct expenses (b) East income or (loss) from gaming activities. See Part IV, line 18 (b) Less: direct expenses 9 a Gross income from gaming activities. See Part IV, line 19 (b) Less: direct expenses (c) Less: direct expenses 10 a Gross sales of inventory, less returns and allowances (c) Less indirect expenses (c) Less indirect expenses (c) Less: cost of goods sold (c) Less indirect expenses (c) Less indirect expenses (c) Less indirect expenses (c) At income or (loss) from sales of inventory (c) Less indirect expenses (c) Less indirect expenses (c) Less indirect expenses (c) At income or (loss) from sales of inventory (c) Less indirect expenses (c) Less indirect expenses (c) Less indirect expenses (c) At income or (loss) from sales of inventory (c) Less in | | | | | ' F | | | | |
| 6 a Gross rents | | 5 | Royalties | | | | | | |
| b Less: rental expenses | | 6 | Cross ranta | | (II) Personal | | | | |
| c Rental income or (loss) ▲ d Net rental income or (loss) ▲ 7 a Gross amount from sales of assets other than inventory B 962. b Less: cost or other basis and sales expenses 8,962. ■ c Gain or (loss) 31. 31. 31. d Net gain or (loss) ▲ 31. 31. d Net gain or (loss) ▲ 31. 31. d Net gain or (loss) ▲ 39,840. 39,840. b Less: direct expenses b 62,261. -22,421. -22,421. c Net income or (loss) from fundraising events ▲ -22,421. -22,421. -22,421. 9 Gross income from gaming activities. See A A A A A 9 Gross sincome or (loss) from gaming activities. See A A A A A 10 Gross sales of inventory, less returns and allowances A A A A A A 11 A A B A A A A | | | | | | | | | |
| d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses and sales expenses 8, 962. c Gain or (loss) d Net gain or (loss) at Sa Gross income from fundraising events (not including \$196, 927. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: cost or other basis and sales of inventory, less returns and allowances and allowances d Miscellaneous Revenue Hiscellaneous Revenue Business Code 11 a c d All other revenue e Total. Add lines 11a.11d 12 Total revenue. See instructions 12 Total revenue. See instructions | | | | | | | | | |
| 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) as Gross income from fundraising events (not including \$196,927. of contributions reported on line 1c). See Part IV, line 18 b Less: circet expenses c Net income or (loss) from fundraising events b Less: circet expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: circet expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: circet expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: circet expenses c Net income or (loss) from gaming activities. See Come or (loss) from gaming activities. See Part IV, line 19 a Gross sales of inventory, less returns and allowances a Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory miscellaneous Revenue Business Code 11 a | | | () 11111 | - | | | | | |
| b Less: cost or other basis and sales expenses c Gain or (loss) a Gross income from fundraising events (not including \$196,927.of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b c Net income or (loss) from fundraising events a b Less: direct expenses b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Miscellaneous Revenue Business Code 11 a b c c d d lother revenue e total revenue. See instructions 12 Total revenue. See instructions | | | | | | | | | |
| and sales expenses 8,931. c Gain or (loss) d Net gain or (loss) a Gross income from fundraising events (not including \$196,927. or contributions reported on line 1c). See Part IV, line 18 39,840. b Less: direct expenses b c Net income or (loss) from fundraising events 9 9 Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a a Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a a Less: direct expenses b c c Net income or (loss) from sales of inventory Image: Code Part Part Part Part Part Part Part Part | | | assets other than inventory | | | | | | |
| c Gain or (loss) 31. 31. 31. d Net gain or (loss) 31. 31. 31. 8 a Gross income from fundraising events (not including \$196,927.or/ concontributions reported on line 1c). See Part IV, line 18 a 39,840. b Less: direct expenses b 62,261. -22,421. -22,421 9 a Gross income from gaming activities. See Part IV, line 19 a a -22,421. -22,421. 10 a Gross sales of inventory, less returns and allowances a a - - b Less: cost of goods sold b b - - - Miscellaneous Revenue Business Code - - - - - 11 a | | I | b Less: cost or other basis | | | | | | |
| d Net gain or (loss) 31. 31 8 a Gross income from fundraising events (not including \$ 196,927. of contributions reported on line 1c). See Part IV, line 18 39,840. b Less: direct expenses b 62,261. c Net income or (loss) from fundraising events -22,421. 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. a b Less: clirect expenses b c Net income or (loss) from sales of inventory a b Less: clirect expenses b c Net income or (loss) from sales of inventory b c Net income or (loss) from sales of inventory a d All other revenue Business Code 11 a | | | and sales expenses | | | | | | |
| 8 a Gross income from fundraising events (not including \$196,927.of contributions reported on line 1c). See Part IV, line 18 39,840.62,261. b Less: direct expensesb -22,421. c Net income or (loss) from fundraising events and allowancesand allowancesa a b Less: cost of goods soldb b c Net income or (loss) from sales of inventory, less returns and allowancesa a b Less: cost of goods soldb b c Net income or (loss) from sales of inventory, less returns and allowancesa a d All other revenue Miscellaneous Revenue d All other revenue 1,173,912. 381,418. 020,926 | | | | | _ | | | | |
| including \$196,927. of contributions reported on line 1c). See Part IV, line 18a 39,840. 62,261. b Less: direct expensesb -22,421. c Net income or (loss) from fundraising events part IV, line 19a -22,421. b Less: direct expensesb -22,421. c Net income or (loss) from gaming activities. See Part IV, line 19a c Net income or (loss) from gaming activitiesb | | | | | ··· | 31. | | | 31. |
| c Net income or (loss) from fundraising events -22,421. -22,421. 9 a Gross income from gaming activities. See a -22,421. b Less: direct expenses b -22,421. c Net income or (loss) from gaming activities a c Net income or (loss) from gaming activities b 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory b Miscellaneous Revenue Business Code | enne | 8 8 | including \$196,9 | 27. of | | | | | |
| c Net income or (loss) from fundraising events -22,421. -22,421. 9 a Gross income from gaming activities. See a -22,421. b Less: direct expenses b -22,421. c Net income or (loss) from gaming activities a c Net income or (loss) from gaming activities b 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory b Miscellaneous Revenue Business Code | Re | | | | 30 840 | | | | |
| c Net income or (loss) from fundraising events -22,421. -22,421. 9 a Gross income from gaming activities. See a -22,421. b Less: direct expenses b -22,421. c Net income or (loss) from gaming activities -22,421. -22,421. b Less: direct expenses b -22,421. c Net income or (loss) from gaming activities -22,421. 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory - Miscellaneous Revenue Business Code - 11 a - - - c - - - d All other revenue - - e Total revenue. See instructions 1,173,912. 381,418. 0. -20,926 | Jer | | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances and allowances a b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions | đ | | | | | -22.421. | | | -22,421. |
| Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b b Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total revenue. See instructions 1 / 173, 912. 381, 418. | | | | | | / | | | , |
| b Less: direct expenses b b b b b b b b b b b b b b b b b b | | | | | a | | | | |
| c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a | | I | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 10 a Gross sales of inventory, less returns | | | | | | | | | |
| b Less: cost of goods soldb | | 10 a | a Gross sales of inventory, less | returns | | | | | |
| c Net income or (loss) from sales of inventory ▶ Image: Construction of the second of the sec | | | and allowances | | a | | | | |
| Miscellaneous Revenue Business Code 11 a | | I | b Less: cost of goods sold | I | b | | | | |
| 11 a | _ | (| | | 🕨 | | | | |
| b | | | Miscellaneous Revenu | е | Business Code | | | | |
| c | | | | | | | | | |
| d All other revenue | | | | | | | | | |
| e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions ▶ 14 Total revenue. See instructions ▶ | | | | | | | | | |
| I2 Total revenue. See instructions ▶ 1,173,912. 381,418. 0. -20,926 | | | | | | | | | |
| | | | | | | 1 173 912 | 381 418 | 0 | -20 926 |
| FILL STATIO | 32000 | | | | ····· 🕨 | _,_,_,_, | JJI/ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 5. | Form 990 (2018 |

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LITWORLD INTERNATIONAL, INC

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2018.04030 LITWORLD INTERNATIONAL, I LITWORL1

13-4367685 Page 9

LITWORLD INTERNATIONAL, INC Part IX Statement of Functional Expenses

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

| | Check if Schedule O contains a respons | | | (0) | |
|----------|--|------------------------------|---|--|---------------------------------------|
| | ot include amounts reported on lines 6b, ßb, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 22,414. | 22,414. | | |
| 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, | 143,591. | 52 111 | 25,315. | 65,865 |
| 6 | trustees, and key employees | 145,591. | 52,411. | 23,313. | 00,000 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 421,916. | 216,593. | 89,877. | 115,446 |
| 8 | Pension plan accruals and contributions (include | | | | |
| - | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 17,983. | 8,554. | 3,663. | 5,766 |
| 10 | Payroll taxes | 39,706. | 18,887. | 8,088. | 12,731 |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| | Legal | | | | |
| с | Accounting | 52,249. | 13,163. | 31,644. | 7,442 |
| d | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | - | | |
| f | Investment management fees | 21. | 5. | 13. | 3 |
| g | Other. (If line 11g amount exceeds 10% of line 25, | 60.055 | 1 - 001 | 26.050 | |
| | column (A) amount, list line 11g expenses on Sch 0.) | 60,857. | 15,331. | 36,858. | 8,668 4,496 |
| 12 | Advertising and promotion | 7,534. | 2 2 2 1 | 3,038. | 4,496 |
| 13 | Office expenses | 21,382. | 2,221. | 890. | 18,271 |
| 14 | Information technology | | | | |
| 15 | Royalties | 88,896. | 41,481. | 15,037. | 32,378 |
| 16 17 | Occupancy | 26,624. | 7,712. | 6,781. | 12,131 |
| 17 18 | Travel Payments of travel or entertainment expenses | 20,024. | /,/12• | 0,701. | 12,131 |
| 10 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 5,494. | 4,858. | | 636 |
| 20 | Interest | 5,1511 | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | | | | |
| 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.) | | | | |
| а | PAYMENTS TO FOREIGN PAR | 365,959. | 365,959. | | |
| b | OTHER EXPENSES | 10,641. | 302. | 3,631. | 6,708, |
| c | INTERNS EXPENSES | 2,588. | 652. | 1,567. | 369 |
| d | All other evinences | | | | |
| е 25 | All other expenses | 1,287,855. | 770,543. | 226,402. | 290,910 |
| 25 26 | Joint costs. Complete this line only if the organization | 1,207,000 | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 250,510 |
| 20 | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here Fight and for the second s | | | | |

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832010 12-31-18

Form 990 (2018)

13340927 758553 LITWORLD

| Form 990 (| | INTERNATIONAL, | INC |
|------------|---------------|----------------|-----|
| Part X | Balance Sheet | | |

| | | Check if Schedule O contains a response or note | e to any line in thi | is Part X | | | |
|-----------------------------|----------|--|----------------------|----------------|---------------------------------|----------|---------------------------|
| | | | - | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 783,490. | 1 | 705,267. |
| | 2 | Savings and temporary cash investments | 339,763. | 2 | 341,227. | | |
| | 3 | Pledges and grants receivable, net | | 113,703. | 3 | 163,790. | |
| | 4 | Accounts receivable, net | | 4 | | | |
| | 5 | Loans and other receivables from current and for | | | | | |
| | | trustees, key employees, and highest compensation | ted employees. C | Complete | | | |
| | | Part II of Schedule L | | | | 5 | |
| | 6 | Loans and other receivables from other disqualif | | | | | |
| | | section 4958(f)(1)), persons described in section | 4958(c)(3)(B), and | d contributing | | | |
| | | employers and sponsoring organizations of secti | ion 501(c)(9) volu | ntary | | | |
| sts | | employees' beneficiary organizations (see instr). | | r | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | |
| ◄ | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 116,369. | 9 | 24,596. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | | 17,711. | 0 | | 0 |
| | | Less: accumulated depreciation | | 17,711. | 0. | 10c | 0. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 1 | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 1 | | | | 13 | |
| | 14 | Intangible assets | | ••••••• | 14,500. | 14 | 10,600. |
| | 15 | Other assets. See Part IV, line 11 | | | 1,367,825. | 15 | 1,245,480. |
| | 16 17 | Total assets. Add lines 1 through 15 (must equa | | | 10,459. | 16 17 | 2,057. |
| | 18 | Accounts payable and accrued expenses | | | 10,435. | 18 | 2,057. |
| | 19 | Grants payable Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete F | | | | 21 | |
| | 22 | Loans and other payables to current and former | | r | | | |
| Liabilities | | key employees, highest compensated employees | | | | | |
| ilidi | | Complete Part II of Schedule L | | | | 22 | |
| Lia | 23 | Secured mortgages and notes payable to unrela | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | | r | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | | Г | | | |
| | | parties, and other liabilities not included on lines | 17-24). Complete | e Part X of | | | |
| | | Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 10,459. | 26 | 2,057. |
| | | Organizations that follow SFAS 117 (ASC 958) |), check here 🕨 | X and | | | |
| Se | | complete lines 27 through 29, and lines 33 and | | | | | |
| nce | 27 | Unrestricted net assets | | | 1,095,053. | 27 | 1,059,073. |
| 3ale | 28 | | | | 262,313. | 28 | 184,350. |
| μ | 29 | | | | | 29 | |
| Fur | | Organizations that do not follow SFAS 117 (AS | SC 958), check h | nere 🕨 🗌 | | | |
| o | | and complete lines 30 through 34. | | | | | |
| Net Assets or Fund Balances | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| Ass | 31 | Paid-in or capital surplus, or land, building, or eq | | Г | | 31 | |
| let | 32 | Retained earnings, endowment, accumulated inc | | r | 1 257 266 | 32 | 1 2/2 /22 |
| ~ | 33 | Total net assets or fund balances | | | <u>1,357,366.</u> 1,367,825. | 33 | 1,243,423. |
| | 34 | Total liabilities and net assets/fund balances | | | 1,30/,043. | 34 | 1,245,480. |

1,245,480. Form **990** (2018)

| Form | 1990 (2018) LITWORLD INTERNATIONAL, INC | 13-436 | 57685 | Page | 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 | 1,173 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,287 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 3,943 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,357 | ',366 | 5. |
| 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 | 1,243 | 3,423 | 3. |
| Pa | rt XII Financial Statements and Reporting | | | _ | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | <u> </u>] | X |
| | | | | Yes N | 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 | 0. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | . 2a | 2 | <u>x</u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | . 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | 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 | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | dule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | 0 | | | |
| | Act and OMB Circular A-133? | | 3a | 2 | <u>X</u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | red audit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | . 3b | | |
| | | | E | 990 (20 | 10 |

Form **990** (2018)

832012 12-31-18

| SCHE | DUL | .E A |
|------|-----|------|
|------|-----|------|

Department of the Treasury Internal Revenue Service

| (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.

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

| OMB No. 1545-0047 |
|-------------------|
| 2018 |
| Open to Public |

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

| Nam | e ot i | the organization | | | ~ | | | | |
|-------|--------|--|------------------------|---|-------------------------------------|-----------------------------------|-----------------|---------------|----------------------------|
| Par | 41 | | | NATIONAL, INC | | · | | | 3-4367685 |
| | | Reason for Public (| | | | | e instructions | S. | |
| r | organ | ization is not a private found | | | | | | | |
| 1 | | A church, convention of ch | | | | • • • | l)(A)(i). | | |
| 2 | | A school described in section | | | | | | | |
| 3 | | A hospital or a cooperative | | | | | • | | |
| 4 | | A medical research organiza | ation operated in cor | njunction with a hospital | described | in sectio | n 170(b)(1)(A) |)(iii). Enter | the hospital's name, |
| | | city, and state: | | | | | | | |
| 5 | | An organization operated for | | llege or university owned | or operat | ed by a go | overnmental u | nit describe | ed in |
| - 1 | | section 170(b)(1)(A)(iv). (C | | | | | | | |
| 6 | 37 | A federal, state, or local gov | • | | | | ., | | |
| 7 | Χ | An organization that norma | | ntial part of its support fr | om a gove | ernmental | unit or from th | ne general p | oublic described in |
| - 1 | | section 170(b)(1)(A)(vi). (C | | | | | | | |
| 8 | | A community trust describe | | | | | | | |
| 9 | | An agricultural research org | | | | | | | |
| | | or university or a non-land-g | grant college of agric | ulture (see instructions). | Enter the i | name, city | , and state of | the college | or |
| | | university: | | | | | | | |
| 10 | | An organization that norma | | | | | | | |
| | | activities related to its exem | | | | | | | |
| | | income and unrelated busin | | (less section 511 tax) fro | m busines | sses acqui | red by the org | janization a | tter June 30, 1975. |
| | | See section 509(a)(2). (Con | | and the track for a shift of the | | | 0(-)(4) | | |
| 11 | | An organization organized a | • | | • | | | | |
| 12 | | An organization organized a | - | • | - | | | • | |
| | | more publicly supported or | | | | | | | neck the box in |
| _ | | lines 12a through 12d that | • • | | | - | | - | - i. i.e |
| а | | Type I. A supporting orga | | | • • • • | - | | | |
| | | the supported organization | | | majority d | or the direc | cors or trustee | es or the su | pporting |
| h | | organization. You must o | - | | ion with it | o ou poporto | dorgonizatio | n(a) by bay | ina |
| b | | Type II. A supporting org | - | | | | - | | - |
| | | control or management o | | | ame perso | ns that co | ntroi or manaç | ye me supp | onted |
| с | | organization(s). You mus Type III functionally inte | | | in connoct | tion with | and functional | ly intograto | d with |
| U | | its supported organization | | | | | | ly integrate | a wiai, |
| d | | Type III non-functionally | . , . | • | - | | | ted organiz | ration(s) |
| u | L | that is not functionally int | | • • | | | | - | |
| | | requirement (see instructi | | | • | | - | anatonav | |
| е | | Check this box if the orga | | | | | | II Type III | |
| Ŭ | | functionally integrated, or | | | | | iype i, iype | n, rype n | |
| f | Ente | er the number of supported of | | any meganea cappera | | | | | |
| a | | vide the following information | • | | | | | | |
| | | i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | anization listed ing document? | (v) Amount of | fmonetary | (vi) Amount of other |
| | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see ir | nstructions) | support (see instructions) |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| Total | | | | | | | | | |
| LHA | For F | Paperwork Reduction Act N | lotice, see the Instru | uctions for Form 990 or | 990-EZ. | 832021 10- | 11-18 Schee | dule A (For | m 990 or 990-EZ) 2018 |

13 13340927 758553 LITWORLD 2018.04030 LITWORLD INTERNATIONAL, I LITWORL1

Schedule A (Form 990 or 990-EZ) 2018 LITWORLD INTERNATIONAL, INC Part II Support Schedule for Organizations Described in Sections 170

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.)

| 260 | tion A. Public Support | | | | | | |
|------|--|---|------------------------|----------------------------------|----------------------|----------------------|-----------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 1319769. | 985,638. | 1455858. | 1297862. | 813,420. | 5872547. |
| 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 | 121050 | | 1455050 | 100000 | 010 400 | |
| | Total. Add lines 1 through 3 | 1319769. | 985,638. | 1455858. | 1297862. | 813,420. | 5872547. |
| 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, | | | | | | 222202 |
| _ | column (f) | | | | | | 2233683. |
| | Public support. Subtract line 5 from line 4. | | | | | | 3638864. |
| | | (a) 2014 | (h) 2015 | (a) 2016 | (4) 2017 | (a) 2018 | |
| | ndar year (or fiscal year beginning in) | (a) 2014 1319769. | (b) 2015 985,638. | (c) 2016 1455858. | (d) 2017 1297862. | (e) 2018 813,420. | (f) Total 5872547. |
| | Amounts from line 4 Gross income from interest, | 1315705. | 505,050. | 1400000 | 1297002. | 015,420. | 5072547. |
| 0 | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 179. | 1,040. | 481. | 477. | 1,464. | 3,641. |
| 9 | Net income from unrelated business | , <u></u> , <u>_</u> , <u>_</u> , <u>_</u> , <u>_</u> , <u>_</u> , <u>_</u> | 1,010. | | | 1,101. | 5,041. |
| 3 | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| 10 | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 7,205. | | | | | 7,205. |
| 11 | Total support. Add lines 7 through 10 | , | | | | | 5883393. |
| 12 | | etc. (see instructio | ons) | | • | 12 | 913,305. |
| | First five years. If the Form 990 is for | | , | | | | • |
| | organization, check this box and stop | • | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | | , <u> </u> |
| 14 | Public support percentage for 2018 (I | ine 6, column (f) di | vided by line 11, c | olumn (f)) | | 14 | 61.85 % |
| 15 | Public support percentage from 2017 | Schedule A, Part | II, line 14 | | | 15 | 63.98 % |
| 16a | 33 1/3% support test - 2018. If the o | organization did no | t check the box or | n line 13, and line [.] | 14 is 33 1/3% or m | ore, check this bo> | k and |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | X |
| b | 33 1/3% support test - 2017. If the o | organization did no | t check a box on I | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check thi | s box |
| | and stop here. The organization qual | lifies as a publicly s | supported organization | ation | | | |
| 17a | 10% -facts-and-circumstances test | - 2018. If the org | anization did not o | check a box on line | e 13, 16a, or 16b, a | and line 14 is 10% o | or more, |
| | and if the organization meets the "fac | | | - | - | - | |
| | meets the "facts-and-circumstances" | test. The organizat | ion qualifies as a p | oublicly supported | organization | | ▶∟] |
| b | 10% -facts-and-circumstances test | - 2017. If the org | anization did not o | check a box on line | e 13, 16a, 16b, or 1 | 7a, and line 15 is | 10% or |
| | more, and if the organization meets the | | | | | | ; |
| | organization meets the "facts-and-circ | | | | | | |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16a | a, 16b, 17a, or 17b | | | |
| | | | | | Sche | edule A (Form 990 | or 990-EZ) 2018 |

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Schedule A (Form 990 or 990-EZ) 2018 LITWORLD INTERNATIONAL, INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | 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 | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 Sec | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| | Amounts from line 6 | | (-) == · - | (-, | | | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| | 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 | r the organization' | s first, second, thi | rd, fourth, or fifth t | ax year as a sectio | n 501(c)(3) organiz | ation, |
| | | | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | rcentage | | | | |
| 15 | Public support percentage for 2018 (I | ine 8, column (f), c | divided by line 13, | column (f)) | | 15 | % |
| | Public support percentage from 2017 | | | | | 16 | % |
| Sec | ction D. Computation of Inves | stment Income | e Percentage | | | | |
| 17 | Investment income percentage for 20 |)18 (line 10c, colu | mn (f), divided by | line 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from | 2017 Schedule A, | Part III, line 17 | | | 18 | % |
| 19a | 33 1/3% support tests - 2018. If the | organization did r | | | | 33 1/3%, and line 1 | 7 is not |
| | more than 33 1/3%, check this box ar | nd stop here. The | organization qua | lifies as a publicly s | supported organiza | ation | |
| b | 33 1/3% support tests - 2017. 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%, a | and |
| | line 18 is not more than 33 1/3%, che | ck this box and s f | top here. The orga | anization qualifies | as a publicly supp | orted organization | |
| 20 | Private foundation. If the organization | n did not check a | box on line 14, 19 | 9a, or 19b, check t | his box and see in | structions | |
| 83202 | 23 10-11-18 | | 1 6 | | Sch | nedule A (Form 99 | 0 or 990-EZ) 2018 |

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Schedule A (Form 990 or 990-EZ) 2018 LITWORLD INTERNATIONAL, INC

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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")? // "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- 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.)

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Schedule A (Form 990 or 990-EZ) 2018

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3b

3c

4a

4b

4c

5a

5b

5c

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9a

9b

9c

10a

10b

Yes No

16

Schedule A (Form 990 or 990-EZ) 2018 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? | | | |
| | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | 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 | | |
| | 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 | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI 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. All Type III Supporting Organizations | | Y. | |
| | Did the superior time to each of its supervised annoticetions, by the last day of the fifth month of the | | 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 | - | | |
| 2 | 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 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i> | | | |
| с | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr | uctions) | · | |
| 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 | 01 | | |
| ~ | 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 tructors of each of the supported organizations? | 20 | | |
| h | trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | |
| U | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | 3b | | |
| | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. | 30 | | |

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|--------|-----------------------|-----------------|-------------------------|-----------------|
| Part V | Type III Non-Function | onally Integrat | ed 509(a)(3) Supporting | g Organizations |

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

| Sect | on 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 | | |
| | on 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 | | |
| | 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 | on 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 | ly intograto | d Type III supporting orga | nization (soo |

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

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| Schedule A (Form 990 or 990-EZ) 2018 | LITWORLD | INTERNATIONAL, | INC |
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| Pa | t V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations (continued) | |
|------|---|-------------------------------|--------------------------------|----------------------------------|
| Sect | ion D - Distributions | | | Current Year |
| _1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | |
| | organizations, in excess of income from activity | | | |
| _3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 8 | |
| 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 | ne organization is responsive | | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2018 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 Pre-2018 | Distributable Amount for 2018 |
| _1 | Distributable amount for 2018 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2018 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2018 | | | |
| a | From 2013 | | | |
| b | From 2014 | | | |
| C | From 2015 | | | |
| d | From 2016 | | | |
| e | From 2017 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2018 distributable amount | | | |
| i | Carryover from 2013 not applied (see instructions) | | | |
| i_ | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2018 from Section D, | | | |
| | line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2018 distributable amount | | | |
| C | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2018, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2018. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2019. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2014 | | | |
| b | Excess from 2015 | | | |
| с | Excess from 2016 | | | |
| | Excess from 2017 | | | |
| | Excess from 2018 | | | |

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| Schedule A | (Form 990 or 990-EZ) 2018 LITV | ORLD INTERN | ATIONAL, | INC | 13-4367685 _{Page} |
|-------------|--------------------------------------|--------------------------|--------------------|-----------------------|--|
| Part VI | Section D, lines 5, 6, and 8; and Pa | IG 3, Part IV, Section E | , iines rc, za, zo |), sa, and sd, Part v | II, line 17a or 17b; Part III, line 12; tion B, lines 1 and 2; Part IV, Section C, , line 1; Part V, Section B, line 1e; Part V, or any additional information. |
| | (See instructions.) | | | | |
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| 2028 10-11- | 18 | | 2.0 | | Schedule A (Form 990 or 990-EZ) 20 |
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| SCHEDULE [|) |
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Department of the Treasury

Internal Revenue Service

| (Form | 990) |
|-------|------|
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

| ►Go to www.irs.gov/Form990 for instructions and the latest information. |
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| LITWORLD INTERNATIONAL, INC 13-436 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete organization answered "Yes" on Form 990, Part IV, line 6. Complete organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other advised funds 2 Aggregate value of contributions to (during year) | if the |
|--|-----------------|
| organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other advised funds 1 Total number at end of year (a) Donor advised funds 2 Aggregate value of contributions to (during year) (a) Donor advised funds 3 Aggregate value of grants from (during year) (a) Donor advised funds 4 Aggregate value at end of year (b) Funds and other advised funds 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds | |
| (a) Donor advised funds (b) Funds and other advised funds 1 Total number at end of year (a) Donor advised funds 2 Aggregate value of contributions to (during year) (b) Funds and other advised funds 3 Aggregate value of grants from (during year) (b) Funds and other advised funds 4 Aggregate value at end of year (c) Funds and other advised funds 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds (c) Funds and other advised funds | counts |
| 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds | |
| 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds | |
| 3 Aggregate value of grants from (during year) | |
| 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds | |
| | |
| versities a superior tion to supervise the test to the association to supervise to a supervise to a supervise to the supervis | |
| are the organization's property, subject to the organization's exclusive legal control? | S No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only | |
| for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring | |
| impermissible private benefit? Ye Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. | No 🗌 No |
| | |
| 1 Purpose(s) of conservation easements held by the organization (check all that apply). | |
| Preservation of land for public use (e.g., recreation or education) | |
| Protection of natural habitat | |
| Preservation of open space | |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement | |
| day of the tax year. | of the Tax Year |
| a Total number of conservation easements | |
| b Total acreage restricted by conservation easements | |
| c Number of conservation easements on a certified historic structure included in (a) | |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure | |
| listed in the National Register 2d | |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax | |
| year 🕨 | |
| 4 Number of states where property subject to conservation easement is located ▶ | |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of | |
| violations, and enforcement of the conservation easements it holds? | ; 🛄 No |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the | e year |
| ▶ | |
| 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the ye | ar |
| ►\$ | |
| 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) | |
| and section 170(h)(4)(B)(ii)? Ye | 5 🗌 No |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance shee | t, and |
| include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting | for |
| conservation easements. | |
| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | |
| 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet work | of art, |
| historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide | in Part XIII, |
| the text of the footnote to its financial statements that describes these items. | |
| b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of | art, historical |
| treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the follow | ing amounts |
| relating to these items: | - |
| (i) Revenue included on Form 990, Part VIII, line 1 | |
| (ii) Assets included in Form 990, Part X | |
| If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide | |
| the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: | |
| a Revenue included on Form 990, Part VIII, line 1 | |
| b Assets included in Form 990, Part X b \$ | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18

| Schedule D (Form 990) 2018 |
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|---------|--|-----------------------------|-------------|-----------------|----------------|---------------|-------------------|------------------------|-------|--------------|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Histo | orical Tre | easures, or | r Other S | Similar Ass | ets _{(contin} | ued) | |
| 3 | Using the organization's acquisition, accession | on, and other record | ls, check | any of the | following that | are a sigr | nificant use of i | ts collection | items | |
| | (check all that apply): | | | | | | | | | |
| а | Public exhibition | (| | Loan or exc | hange progra | ams | | | | |
| b | Scholarly research | e | | | 0.0 | | | | | |
| с | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ellections and explai | n how th | ev further th | ne organizatio | n's exem | ot purpose in F | Part XIII. | | |
| 5 | During the year, did the organization solicit or | | | • | - | | | | | |
| - | to be sold to raise funds rather than to be ma | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arrang | | | | | | | | | |
| | reported an amount on Form 990, Par | | | or gan instance | | | eeee, . u | ,,, | | |
| | Is the organization an agent, trustee, custodia | | liary for o | contribution | s or other ass | sets not in | cluded | | | |
| iu | on Form 990, Part X? | | - | | | | | Yes | | No |
| h | If "Yes," explain the arrangement in Part XIII a | | | | | | | | L | |
| , N | | | nowing a | | | | | Amount | | |
| ~ | Reginning balance | | | | | | 1c | Amount | | |
| | Additions during the year | | | | | | 1d | | | |
| | Additions during the year | | | | | | 1e | | | |
| e f | Distributions during the year | | | | | | 1f | | | |
| 1 0- | Ending balance | | | | | | · | Yes | | No |
| | Did the organization include an amount on Fo | | | | | | | | |] |
| Par | If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in | | | | | | | | | 1 |
| 1 41 | | | | | | | | aalu (-) [aum | | |
| | Destination of events below a | (a) Current year | (D) P | rior year | (c) Two year | S DACK (C | d) Three years ba | ack (e) Four | years | Jack |
| | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| c | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | • | e (line 1g | , column (a |)) held as: | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| С | Temporarily restricted endowment | % | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c show | uld equal 100%. | | | | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organiza | ation that | t are held a | nd administer | ed for the | organization | r | | |
| | by: | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | 3a(i) | | |
| | (ii) related organizations | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organization | tions listed as requi | red on So | chedule R? | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | wment f | unds. | | | | | | |
| Par | t VI Land, Buildings, and Equipm | ent. | | | | | | | | |
| | Complete if the organization answered | d "Yes" on Form 990 |), Part IV | ', line 11a. S | See Form 990 | , Part X, lir | ne 10. | | | |
| | Description of property | (a) Cost or c | other | (b) Cost | t or other | (c) Acc | cumulated | (d) Book | value |) |
| | | basis (investr | ment) | basis | (other) | depr | reciation | | | |
| 1a | Land | | | | | | | | | |
| b | Buildings | | | | | | | | | |
| | Leasehold improvements | | | 1 | 7,711. | | 17,711. | | | 0. |
| | Equipment | | | | - | | | | | |
| | Other | | | | | | | | | |
| | . Add lines 1a through 1e. (Column (d) must en | | X colum | n (R) line 1 | 0c) | | | | | 0. |
| | | <u>quari onn 330, r'all</u> | | | <u></u> | | Scher | dule D (Form | 990) | - |
| | | | | | | | 5000 | | / | |

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| Dort VII Invootmont | Other Securities | | - |
|---------------------------|------------------|----------------|-----|
| Schedule D (Form 990) 201 | LITWORLD | INTERNATIONAL, | INC |

| | Complete if the organization answered "Yes" | | | | |
|--|--|---|------------------------------|----------------|------------------------|
|) Descrip | tion of security or category (including name of security) | (b) Book value | (c) Method of valuation | : Cost or end | l-of-year market value |
| Financia | al derivatives | | | | |
| Closely | -held equity interests | | | | |
| Other | | | | | |
| A) | | | | | |
| 3) | | | | | |
| C) | | | | | |
| D) | | | | | |
| E) | | | | | |
| =) | | | | | |
| G) | | | | | |
| <u>;</u> H) | | | | | |
| / | b) must equal Form 990, Part X, col. (B) line 12.) 🕨 | | | | |
| | Investments - Program Related. | | | | |
| | Complete if the organization answered "Yes" | on Form 990 Part IV line | 11c. See Form 990. Part X I | ine 13 | |
| | (a) Description of investment | (b) Book value | (c) Method of valuation | n: Cost or end | l-of-year market value |
| 1) | | | | | , |
| 1) 2) | | | | | |
| <u>-,</u> 3) | | | | | |
| 3) 4) | | | | | |
| +) 5) | | | | | |
| | | | | | |
| 6) | | | | | |
| | | | | | |
| 7) | | | | | |
| (7) (8) | | | | | |
| (7) (8) (9) II. (Col. () | b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. | | | | |
| (6) (7) (8) (9) II. (Col. (art IX | Other Assets. Complete if the organization answered "Yes" | on Form 990, Part IV, line Description | 11d. See Form 990, Part X, I | ine 15. | (b) Book value |
| 7) 8) 9) I. (Col. (Irt IX | Other Assets. Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, I | ine 15. | (b) Book value |
| (7) (8) (9) I. (Col. () art IX | Other Assets. Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, I | ine 15. | (b) Book value |
| (7) (8) (9) II. (Col. () | Other Assets. Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, I | ine 15. | (b) Book value |
| 7) (8) (9) I. (Col. (art IX (1) (1) (2) (3) | Other Assets. Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, I | ine 15. | (b) Book value |
| 7) 8) 9) I. (Col. (urt IX 1) 2) 3) 4) | Other Assets. Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, I | ine 15. | (b) Book value |
| 7) 8) 9) I. (Col. (nrt IX 1) 2) 3) 4) 5) | Other Assets. Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, I | ine 15. | (b) Book value |
| 7) 8) 9) I. (Col. (nrt IX 2) 3) 4) 5) 6) | Other Assets. Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, I | ine 15. | (b) Book value |
| 7) 8) 9) I. (Col. (Irt IX 1) 2) 3) 4) 5) 6) 7) | Other Assets. Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, I | line 15. | (b) Book value |
| 7) (8) (9) (1. (Col. (art IX) (1) (2) (3) (4) (5) (6) (7) (8) | Other Assets. Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, I | ine 15. | (b) Book value |
| 7) (8) (9) (1) (Col. (art IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Colu | Other Assets. Complete if the organization answered "Yes" | Description | 11d. See Form 990, Part X, I | ine 15. | (b) Book value |
| 7) 8) 9) 1. (Col. (irt IX 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Colu | Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (b) | Description 2 15.) on Form 990, Part IV, line | 11e or 11f. See Form 990, P | | |
| 7) 8) 9) 1. (Col. (irt IX 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Colu | Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. | Description 2 15.) on Form 990, Part IV, line | | | |
| 7) 8) 9) I. (Col. (Irt IX 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Colu Irt X | Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (b) | Description 2 15.) on Form 990, Part IV, line | 11e or 11f. See Form 990, P | | |
| 7) 8) 9) . (Col. (rt IX 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Colu rt X 1) Fed | Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability | Description 2 15.) on Form 990, Part IV, line | 11e or 11f. See Form 990, P | | |
| 7) 8) 9) 1. (Col. (rt IX 1) 2) 3) 4) 5) 6) 7) 8) 9) 9) 1. (Colu rt X 1) Fed 2) | Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability | Description 2 15.) on Form 990, Part IV, line | 11e or 11f. See Form 990, P | | |
| 7) 8) 9) 1. (Col. (irt IX 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Colu irt X 1) Fed 2) 3) | Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability | Description 2 15.) on Form 990, Part IV, line | 11e or 11f. See Form 990, P | | |
| (7) (8) (9) (1) (Col. (art IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Coll) (9) art X | Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability | Description 2 15.) on Form 990, Part IV, line | 11e or 11f. See Form 990, P | | |
| 7) 8) 9) 1. (Col. (art IX 2) (1) (2) (3) (4) (5) (6) (7) 8) (9) al. (Colu art X (1) Feed (2) (3) (4) (5) (4) (5) (4) (5) (4) (5) (4) (5) (4) (5) (6) (7) (6) (7) (7) (7) (7) (8) (7) (7) (8) (7) (7) (8) (7) (7) (8) (7) (8) (7) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (7) (8) (7) (8) (7) (7) (8) (7) (7) (8) (7) (7) (8) (7) (7) (7) (7) (8) (7) (7) (7) (7) (7) (7) (7) (7 | Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability | Description 2 15.) on Form 990, Part IV, line | 11e or 11f. See Form 990, P | | |
| 7) 8) 9) 1. (Col. (int IX 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Colu int X 1) Fect 2) 3) 4) 55 6) 7) 6) 7) 8) 9) 6) 7) 6) 7) 8) 9) 6) 7) 6) 7) 6) 7) 8) 9) 6) 7) 6) 7) 8) 9) 6) 7) 6) 7) 8) 9) 6) 7) 6) 7) 8) 9) 6) 7) 8) 9) 6) 7) 6) 7) 8) 9) 6) 7) 8) 9) 6) 7) 8) 9) 6) 7) 8) 9) 6) 7) 8) 9) 6) 7) 8) 9) 6) 7) 7) 8) 9) 8) 8) 9) 8) 9) 8) 8) 9) 8) 8) 9) 8) 8) 8) 9) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8 | Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability | Description 2 15.) on Form 990, Part IV, line | 11e or 11f. See Form 990, P | | |
| (7) (8) (9) (1. (Col. (art IX) (1) (2) (3) (4) (5) (6) (7) (6) (7) (6) (7) (8) (9) al. (Coll) (7) (8) (9) (1) Fec (2) (3) (4) | Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability | Description 2 15.) on Form 990, Part IV, line | 11e or 11f. See Form 990, P | | |
| 7) 8) 9) 1. (Col. (int IX 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Colu int X 5) 6) 7) 3) 4) 55 6) 7) 6) 7) 6) 7) | Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability | Description 2 15.) on Form 990, Part IV, line | 11e or 11f. See Form 990, P | | |

Schedule D (Form 990) 2018

832053 10-29-18

| _ | edule D (Form 990) 2018 LITWORLD INTERNATIONAL, II | | | | 4367685 Page 4 |
|---|--|---|----------------|--------------|--|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Statem | ents With | Revenue per Re | turn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | la. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 1,965,101. |
| 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 | 2 b | 728,928. | | |
| с | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 728,928. |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,236,173. |
| 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 | -62,261. | | |
| с | Add lines 4a and 4b | | | 4c | -62,261. 1,173,912. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 1,173,912. |
| Ť | | | | - | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Staten | nents With | Expenses per F | Retur | n. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | nents With | Expenses per F | Retur | n. |
| Pa 1 | rt XII Reconciliation of Expenses per Audited Financial Staten | nents With ^{2a.} | Expenses per F | Retur | n. 2,079,044. |
| | rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | nents With ^{2a.} | Expenses per F | | n. |
| 1 | rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements | nents With | Expenses per F | | n. |
| 1 2 | rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | nents With | Expenses per F | | n. |
| 1 2 | rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 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 | nents With 2a 2a 2b | 728,928. | | n. |
| 1 2 a b | rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 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 2a 2b 2c | Expenses per F | | n. 2,079,044. |
| 1 2 a b c | rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 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 | 728,928. | | n. 2,079,044. 791,189. |
| 1 2 b c d | rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 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 | 728,928. | 1 | n. 2,079,044. |
| 1 2 b c d e | rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 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 | 728,928. | 1 2e | n. 2,079,044. 791,189. |
| 1 2 b c d e 3 | rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 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 Dother definition 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: | 2a 2a 2b 2c 2d | 728,928. | 1 2e | n. 2,079,044. 791,189. |
| 1 2 b c d e 3 4 | rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 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 2d | 728,928. | 1 2e | n. 2,079,044. 791,189. 1,287,855. |
| 1 2 3 4 3 4 | rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 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 4b | 728,928. | 1 2e | n. 2,079,044. 791,189. 1,287,855. 0. |
| 1 2 d e 3 4 b c 5 | rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 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 2d | Expenses per F | 1 2e 3 | n. 2,079,044. 791,189. 1,287,855. |

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 | |
|-----------------|----------|-----|------------|------------|-----|-------------|--------------|------|
| 832054 10-29-18 | | | | | | Schedule [| D (Form 990) | 2018 |

29

| Schedule D (Form 990) 2018 LITWORLD INTERNATIONAL, INC Part XIII Supplemental Information (continued) | 13-4367685 Page 5 |
|--|------------------------------|
| | |
| INTEREST AND PENALTIES WERE RECORDED DURING YEARS ENDED DEC | |
| AND 2017. AT DECEMBER 31, 2018 AND 2017, THERE ARE NO SIGNI | FICANT INCOME |
| TAX UNCERTAINTIES THAT ARE EXPECTED TO HAVE A MATERIAL IMPA | CT ON THE |
| ORGANIZATIONS FINANCIAL STATEMENTS. | |
| | |
| PART XI, LINE 4B - OTHER ADJUSTMENTS: | |
| DIRECT FUNDRAISING EXPENSE | -62,261. |
| | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | |
| DIRECT FUNDRAISING EXPENSE | 62,261. |
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Schedule D (Form 990) 2018

832055 10-29-18

| INDIA, MADDIVES, | 2 | U | DITERACT CHOBS | WORKSHOLD LOK CHILDREN | 45,205. |
|---|-----------------------|-------------|--------------------|--------------------------|----------------|
| EAST ASIA AND THE | | | | | |
| PACIFIC - AUSTRALIA, | | | | | |
| BRUNEI, BURMA, | | | | LITERACY AND EMPOWERMENT | |
| CAMBODIA, | 3 | 0 | LITERACY CLUBS | WORKSHOPS FOR CHILDREN | 34,850. |
| 3 a Subtotal | 26 | 0 | | | 295,099. |
| b Total from continuation | | | | | |
| sheets to Part I | 5 | 0 | | | 50,762. |
| c Totals (add lines 3a | | | | | |
| and 3b) | 31 | 0 | | | 345,861. |
| LHA For Paperwork Reducti 832071 10-31-18 | ion Act Notice, see t | he Instruct | ions for Form 990. | Schedule F (I | Form 990) 2018 |
| 832071 10-31-18 | | | 31 | | |
| 40927 758553 LIT | WORLD | | | LITWORLD INTERNATIONAL, | I LITWO |
| | | | | | |

| HEDULE F | Statement of Activities Outside the United States |
|----------|--|
| orm 990) | Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. |
| | |

Attach to Form 990.

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

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and independent for and in the region gram services, investments, grants to describe specific type investments contractors of service(s) in the region recipients located in the region) in the region in the region SOUTH AMERICA -ARGENTINA, BOLIVIA, BRAZIL, CHILE, LITERACY AND EMPOWERMENT COLUMBIA, ECUADOR 4 0 LITERACY CLUBS VORKSHOPS FOR CHILDREN 52,524. CENTRAL AMERICA AND THE CARIBBEAN -ANTIGUA & BARBUDA, LITERACY AND EMPOWERMENT 5,700. ARUBA, BAHAMAS 0 LITERACY CLUBS WORKSHOPS FOR CHILDREN 1 CENTRAL AMERICA AND THE CARTBBEAN -ANTIGUA & BARBUDA, LITERACY AND EMPOWERMENT ARUBA, BAHAMAS 0 WORKSHOPS FOR CHILDREN 2 LITERACY CLUBS 25,293. SOUTH ASIA AFGHANISTAN, BANGLADESH, BHUTAN, LITERACY AND EMPOWERMENT INDIA, MALDIVES 5 0 LITERACY CLUBS WORKSHOPS FOR CHILDREN 32,053. SUB-SAHARAN AFRICA -ANGOLA, BENIN, BOTSWANA, BURKINA LITERACY AND EMPOWERMENT FASO 5 0 LITERACY CLUBS WORKSHOPS FOR CHILDREN 94,084. CENTRAL AMERICA AND THE CARIBBEAN -LITERACY AND EMPOWERMENT ANTIGUA & BARBUDA, ARUBA, BAHAMAS 4 0 LITERACY CLUBS WORKSHOPS FOR CHILDREN 7,390. SOUTH ASIA AFGHANISTAN. BANGLADESH, BHUTAN, LITERACY AND EMPOWERMENT 43 205. INDIA, MALDIVES ^ HODRAHODA HOD AUTLODEN EAST AS PACIFIC BRUNEI. CAMBODI 0. 9. 3 a Su b Tot she Tot С 1. and LHA For

Internal Revenue Service Name of the organization

| - | LD INTERNATIONAL, INC | 13-4367685 |
|--------|--|--|
| Part I | General Information on Activities Outside the United States. | Complete if the organization answered "Yes" on |
| | Form 990, Part IV, line 14b. | |

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes
- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States.

SC (Fc

Department of the Treasury

| | mopeou | |
|----------|----------------|--------|
| Employer | identification | number |

13-4367685



No

| Schedule F (Form 990) | | INTERNA | TIONAL,INC I- (Schedule F (Form 990), Part I, line 3 | 13-436768 | 5 Page 1 |
|--|---|---------|---|---|---|
| (a) Region | (b) Number of offices in the 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 |
| SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | 3 | 0 | LITERACY CLUBS | LITERACY AND EMPOWERMENT WORKSHOPS FOR CHILDREN | 11,483. |
| SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | 1 | 0 | LITERACY CLUBS | LITERACY AND EMPOWERMENT WORKSHOPS FOR CHILDREN | 11,364. |
| SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA | | | | LITERACY AND EMPOWERMENT | |
| FASO, | 1 | 0 | LITERACY CLUBS | WORKSHOPS FOR CHILDREN | 27,915. |
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| | | | | | |
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| Totals | 5 | | | | 50,762. |

832181 04-01-18

Schedule F (Form 990) 2018

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 noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|---|--------------------------|----------------------------------|---------------------------------|---------------------------------|--|---|--|
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| | | | ecognized as charities by the t | | | | 1 | ı |
| by the IRS, or for which | ch the grantee or cou | nsel has provided a sect | ion 501(c)(3) equivalency letter | | | | | |
| 3 Enter total number of | other organizations of | or entities | | | | | | |

Schedule F (Form 990) 2018

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 noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|--|---|---------------------------------------|---|
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Schedule F (Form 990) 2018

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | X No |
|---|--|-----|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i> | 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? <i>If</i> "Yes," <i>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)</i> | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i> | Yes | X No |

Schedule F (Form 990) 2018

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. See instructions.

| 832075 10-31-18 | 26 | Schedule F (Form 990) 2018 |
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| SCHEDULE G | Suppleme | ntal Information Regarding | Fund | raisi | ng or Gaming A | ctiv | ities | OMB No. 1545-0047 |
|--|--|---|---------------------------|--------|--------------------------------------|----------|------------------------------|-------------------------------------|
| (Form 990 or 990-EZ) | Complete if the | 2018 | | | | | | |
| Department of the Treasury | organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. | | | | | | | Open to Public |
| Internal Revenue Service | ► Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | | Inspection |
| Name of the organization | | D INTERNATIONAL, I | NC | | | | Employer id | lentification number |
| Part I Fundrais | | Complete if the organization answe | | es" or | Form 990, Part IV, I | line 1 | | |
| | complete this part | | | | | | | |
| | - | ed funds through any of the followin | - | | | | | |
| a Mail solicitat | email solicitations | | | • | overnment grants nment grants | | | |
| c Phone solici | | g 🛄 Special | | | | | | |
| d 🗌 In-person so | | | | | | | | |
| | | r oral agreement with any individual art VII) or entity in connection with p | | | | | or Ye | es No |
| | | viduals or entities (fundraisers) pursu | | | - | | | |
| compensated at le | ast \$5,000 by the | organization. | | 0 | | | | |
| | | | (iii) fundr | Did | (1) Q | (v) | Amount paid | (vi) Amount paid |
| (i) Name and addres or entity (fund | | (ii) Activity | fundr have c or con | ustody | (iv) Gross receipts from activity | | or retained by fundraiser | to (or retained by) organization |
| | - | | contrib | | | lis | ted in col. (i) | organization |
| | | | Yes | No | | | | |
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| List all states in whi or licensing. | ch the organizatio | n is registered or licensed to solicit o | contrib | utions | or has been notified | it is e | exempt from r | registration |
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| | | en en die bester in de Erre | | | | <u></u> | | 000 000 571 00 10 |
| LHA For Paperwork Re | eauction Act Noti | ce, see the Instructions for Form S | 990 or | 990-E | Z | Sche | aule G (Form | 990 or 990-EZ) 2018 |

832081 10-03-18

Schedule G (Form 990 or 990-EZ) 2018 LITWORLD INTERNATIONAL, INC

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

| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through |
|-----------------|---------------------------|--|---|---------------------------------------|------------------|---|
| | | | GALA (event type) | (event type) | (total number) | – col. (c)) |
| Peverine | 1 | Gross receipts | 236,767. | | | 236,767 |
| | 2 | Less: Contributions | 196,927. | | | 196,927 |
| | 3 | Gross income (line 1 minus line 2) | 39,840. | | | 39,840 |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| nirect Expenses | 6 | Rent/facility costs | 62,261. | | | 62,261 |
| Lecre | 7 | Food and beverages | | | | |
| 5 | 8 | Entertainment | _ | | | |
| | | Other direct expenses | | | | <u> </u> |
| | | Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from | | | 🕨 | 62,261 |
| | 1 | Gross revenue | | bingo/progressive bingo | | col. (a) through col. (a |
| | 1 2 | Gross revenue Cash prizes | | | | |
| nirect Expenses | | Noncash prizes | | | | |
| | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| -+ | 6 | Volunteer labor | └── Yes % └── No | └── Yes % └── No | Yes % No | |
| | | | | | | |
| | 7 | Direct expense summary. Add lines 2 throu | gh 5 in column (d) | | ····· | |
| | 7 8 | | | | | |
| | 8 | Net gaming income summary. Subtract line | 7 from line 1, column (d) | | | |
| а | 8 Ent | Net gaming income summary. Subtract line ter the state(s) in which the organization con- he organization licensed to conduct gaming | 7 from line 1, column (d) ducts gaming activities: activities in each of these s | states? | ► | YesN |
| a | 8 Ent | Net gaming income summary. Subtract line | 7 from line 1, column (d) ducts gaming activities: activities in each of these s | states? | ► | Yes N |
| a b)a | 8 Ent Is t If "I | Net gaming income summary. Subtract line ter the state(s) in which the organization com- he organization licensed to conduct gaming No," explain: | 7 from line 1, column (d) ducts gaming activities: activities in each of these s revoked, suspended, or te | states? rminated during the tax ye | > | |
| a b | 8 Ent Is t If "I | Net gaming income summary. Subtract line ter the state(s) in which the organization com- he organization licensed to conduct gaming No," explain: | 7 from line 1, column (d) ducts gaming activities: activities in each of these s revoked, suspended, or te | states? rminated during the tax ye | > | |

| Sch | nedule G (Form 990 or 990-EZ) 2018 LITWORLD INTERNATIONAL, INC 1 | L3-43 | 67685 | Page 3 |
|------|--|-------------|--------------|-----------|
| | Does the organization conduct gaming activities with nonmembers? | [| Yes | No |
| | 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? | E | Yes | No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| a | a The organization's facility | 1 | 3a | % |
| | o An outside facility | | 3b | % |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | | | | |
| | Name | | | |
| | | | | |
| | Address 🕨 | | | |
| | | _ | _ | |
| 15a | a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | L | Yes | No |
| | | | | |
| k | o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun | nt | | |
| | of gaming revenue retained by the third party \blacktriangleright \$ | | | |
| C | c If "Yes," enter name and address of the third party: | | | |
| | | | | |
| | Name | | | |
| | | | | |
| | Address 🕨 | | | |
| | | | | |
| 16 | Gaming manager information: | | | |
| | | | | |
| | Name | | | |
| | | | | |
| | Gaming manager compensation 🕨 \$ | | | |
| | | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| | | | | |
| 17 | Mandatory distributions: | | | |
| | a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| • | watering the state many line man 0 | Г | Yes | No No |
| ł | retain the state gaming license? a Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations or spent in the state law to be distributed to other exempt organizations. | | | |
| | organization's own exempt activities during the tax year > \$ | | | |
| Pa | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a | nd Part III | , lines 9, 9 | 9b, 10b, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | | |
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| 8320 | 83 10-03-18 Schedule G | i (Form 9 | 90 or 990 | -EZ) 2018 |
| | 39 | | | |

| Schedule G (Form 990 or 990-EZ) | LITWORLD | INTERNATIONAL, | INC |
|---------------------------------|----------|----------------|-----|
| Dart IV Supplemental Infor | mation | | |

| Part IV | Supplemental Information (continued) |
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| | Schedule G (Form 990 or 990-F |

Schedule G (Form 990 or 990-EZ)

| SCHEDULE I (Form 990) | G Go | arants and Oth vernments, ar | ner Assistan Individual | ce to Organ s in the Uni | izations, ted States | | OMB No. 1545-0047 |
|---|----------------------|------------------------------------|----------------------------|---|---|---------------------------------------|---|
| | | ete if the organizatio | | | | | 2018 |
| Department of the Treasury | | | Attach to For | m 990. | | | Open to Public |
| Internal Revenue Service | | Go to www.ir | rs.gov/Form990 fo | r the latest inforn | nation. | | Inspection |
| Name of the organization LITWORLD | INTERNATI | ONAL, INC | | | | | Employer identification number $13-4367685$ |
| Part I General Information on Grants a | nd Assistance | | | | | | |
| 1 Does the organization maintain records | to substantiate the | amount of the grants | or assistance, the | grantees' eligibility | for the grants or assis | stance, and the selecti | on |
| criteria used to award the grants or assis | stance? | | | | | | |
| 2 Describe in Part IV the organization's pro | ocedures for monit | oring the use of grant | funds in the United | States. | | | |
| Part II Grants and Other Assistance to | Domestic Organiz | zations and Domestic | Governments. C | Complete if the org | anization answered "Y | es" on Form 990, Parl | IV, line 21, for any |
| recipient that received more than | \$5,000. Part II can | | onal space is need | ed. | (f) Mathad of | 1 | 1 |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| SPRINGBOARD TO OPPORTUNITIES 3000 OLD CANTON ROAD, STE 470 JACKSON, MS 39216 | 46-1917760 | 501(C)(3) | 16,640. | 0. | FMV | | FUNDING FOR LITCLUBS |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization | - | | | | | | ↓ |

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

Part III can be duplicated if additional space is needed.

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

13-4367685

Page 2

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



LITWORLD INTERNATIONAL, INC

13-4367685

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ACHIEVEMENT, POSITIVE SENSE OF SELF AND FUTURE OUTLOOK, AND INCREASE

THEIR CIVIC ENGAGEMENT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WRITING EXPERIENCES, PEER-TO-PEER SUPPORT NETWORKS AND ADULT MENTOR

RELATIONSHIPS, WHICH LEADS TO PRODUCTIVE AND TRANSFORMATIONAL LITERACY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD WILL BE SENT A COPY OF THE 990 TO REVIEW. THE BOARD MEMBERS WILL

THEN HAVE THE OPPORTUNITY TO ASK QUESTIONS REGARDING THE RETURN BEFORE IT

IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS ANNUALLY REVIEWS ITS CONFLICT OF INTEREST POLICY FOR

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD DURING THE BUDGET APPROVAL PROCESS DETERMINES THE SALARY FOR THE

EXECUTIVE DIRECTOR AND OTHER EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 18:

FORM 1023 AND 990 ARE AVAILABLE UPON REQUEST.

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

GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND POLICY STATEMENTS ARE

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

 832211
 10-10-18

13340927 758553 LITWORLD

43

| Schedule O (Form 990 or 990-EZ) (2018) | Page 2 |
|--|---|
| Name of the organization LITWORLD INTERNATIONAL, INC | Employer identification number 13-4367685 |
| AVAILABLE UPON WRITTEN REQUEST. | |
| | |
| FORM 990, PART XII, LINE 2C: | |
| THE FINANCE COMMITTEE REVIEWS AND ASSUMES RESPONSIBILITY F | OR THE AUDIT |
| OVERSIGHT. | |
| | |
| | |
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| 832212 10-10-18 Scher | dule O (Form 990 or 990-EZ) (2018) |
| 44 40927 758553 LITWORLD 2018.04030 LITWORLD INTE | |

| =orm | 990-W | Income | e foi | on Unrelate | t Organizati | ons | | OMB No. 1545-0976 |
|------|--|---|----------------------------|---|--|--------------------------|-----|-------------------|
| | r ksheet) tment of the Treasury al Revenue Service | (and ► Go to www.irs | on Inv .gov/F | estment Income for P form990W for instruct ords. Do not send to t | rivate Foundations) []] ions and the latest in | FORM 990-' formation. | Т | 2019 |
| 1 | Unrelated business taxable | income expected in the tax y | ear | | | | 1 | |
| 2 | Tax on the amount on line | 1. See instructions for tax co | omputa | tion | | | 2 | |
| 3 | Alternative minimum tax fo | r trusts. See instructions | | | | | 3 | |
| 4 | Total. Add lines 2 and 3 \ldots | | | | | | 4 | |
| 5 | Estimated tax credits. See i | nstructions | | | | | 5 | |
| 6 | Subtract line 5 from line 4 | | | | | | 6 | |
| 7 | Other taxes. See instruction | | 7 | | | | | |
| 8 | Total. Add lines 6 and 7 \ldots | | | | | | 8 | |
| 9 | Credit for federal tax paid o | n fuels. See instructions | | | | | 9 | |
| 0 a | | Note: If less than \$500, the c ivate foundations, see instruc | - | | | | | |
| b | Enter the tax shown on the zero or the tax year was for | 2018 return. See instructions less than 12 months, skip th line 10a on line 10c | s. Cauti is line | on: If | | 857. | | |
| C | | the smaller of line 10a or line | e 10b. I | f the organization is requi | red to skip line 10b, enter | | 10c | 860 |
| | | | | (a) | (b) | (c) | 100 | (d) |
| 11 | Installment due dates. Se | e instructions | 11 | 09/16/19 | 12/16/19 | | | |
| 2 | Required installments. En columns (a) through (d). E the organization uses the a installment method, the ad | But see instructions if nnualized income | | | | | | |
| | installment method, or is a | | 12 | 430. | 430. | | | |
| 3 | 2018 Overpayment. See ir | structions | 13 | 210. | | | | |
| 14 | Payment due (Subtract lin | e 13 from line 12) | 14 | 220. | 430. | | | |

| ESTIMATED TAX | 860. |
|---------------------|------|
| OVERPAYMENT APPLIED | 210. |
| AMOUNT DUE | 650. |

| Form 990-T | Exempt Organization Business Income Tax Return | | | | | | | ∙ ⊢ | ОМВ | No. 1545-0687 |
|--|---|--|--------------------------|----------|-----------|------------------|--|----------|---------------------------|---|
| | (and proxy tax under section 6033(e)) | | | | | | | | 9 | 010 |
| | For calendar year 2018 or other tax year beginning, and ending | | | | | | | | | 2018 |
| Department of the Treasury Internal Revenue Service | Do not enter SSN humbers on this form as it may be made public if your organization is a 501(c)(3). | | | | | | | | | Public Inspection for Organizations Only |
| A Check box if address changed | | | | | | | | | | tification number ust, see |
| B Exempt under section | Print | LITWORLD IN | TERNATIONAL | , IN | IC | | | 1 | 3-43 | 367685 |
| X 501(c)(3) | or | Number, street, and room | | | structior | 18. | | | lated busi instructior | iness activity code ns.) |
| 408(e) 220(e) | Type | 222 BROADWA | Y, 19TH FLO | OR | | | | 4 | | |
| 408A 530(a) 529(a) | | City or town, state or prov NEW YORK, N | Y 10038 | • | • | code | | 900 | 099 | |
| C Book value of all assets | | F Group exemption numb | per (See instructions.) | | | | | | | |
| C Book value of all assets at end of year 1,245,4 H Enter the number of the e | 80. | G Check organization type | e 🕨 🚺 501(c) corp | ooration | | 501(c) trust | 401(a) |) trust | | Other trust |
| | | | | 1 | | Describe | the only (or first) un | related | | |
| trade or business here 🖡 | \rightarrow TR2 | ANSIT BENEFI | rs | | | If only one, | complete Parts I-V. | If more | e than or | ne, |
| describe the first in the b | lank spa | ace at the end of the previou | is sentence, complete Pa | rts I an | d II, com | plete a Schedule | M for each addition | al trade | ; or | |
| business, then complete | | | | | | | | | | |
| | | ooration a subsidiary in an a | | nt-subsi | diary cor | ntrolled group? | ► L | Ye | es 🗋 | X No |
| | | tifying number of the paren | t corporation. | | | Talanka | | 10 | 705 | 0100 |
| J The books are in care of Part I Unrelated | | de or Business Inc | ome | | |) Income | one number > 2 (B) Expenses | | 103- | (C) Net |
| 1a Gross receipts or sale | | | | | (/ | | | • | | (0) Net |
| b Less returns and allow | | | c Balance | 1c | | | | | | |
| | | A, line 7) | | 2 | | | | | | |
| | | rom line 1c | | 3 | | | | | | |
| | | ch Schedule D) | | 4a | | | | | | |
| | | Part II, line 17) (attach Form | | 4b | | | | | | |
| | | sts | | 4c | | | | | | |
| | | ship or an S corporation (at | | 5 | | | | | | |
| 6 Rent income (Schedu | | | | 6 | | | | | | |
| 7 Unrelated debt-financ | | me (Schedule E) | | 7 | | | | | | |
| | | nd rents from a controlled o | | 8 | | | | | | |
| 9 Investment income of | f a sectio | on 501(c)(7), (9), or (17) or | rganization (Schedule G) | 9 | | | | | | |
| | | ome (Schedule I) | | 10 | | | | | | |
| 11 Advertising income (S | Schedule | e J) | | 11 | | | | | | |
| | | ns; attach schedule)S1 | | 12 | | 5,082. | | | <u> </u> | 5,082. |
| 13 Total. Combine lines | 3 throu | gh 12 | | 13 | | 5,082. | | | | 5,082. |
| | | ot Taken Elsewher utions, deductions must | | | | | income) | | | |
| | | , | , | | | | , | | — | |
| | | rectors, and trustees (Sche | | | | | | 14 | | |
| | | | | | | | | 15 16 | | |
| | | | | | | | | 17 | | |
| 18 Interest (attach sche | dule) (s | ee instructions) | | | | | | 18 | | |
| | | | | | | | | 19 | | |
| 20 Charitable contribution | ons (See | e instructions for limitation | rules) | | | | | 20 | | |
| | | 562) | | | | | | | | |
| | | n Schedule A and elsewhere | | | | | | 22b | | |
| | | | | | | | | 23 | | |
| 24 Contributions to defe | erred co | mpensation plans | | | | | | 24 | | |
| | | | | | | | | 25 | | |
| 26 Excess exempt expe | nses (So | chedule I) | | | | | | 26 | | |
| 27 Excess readership co | osts (Sc | hedule J) | | | | | | 27 | \vdash | |
| 28 Other deductions (at | tach sch | nedule) | | | | | | 28 | ┝── | - |
| 29 Total deductions. A | dd lines | 14 through 28 | | | | | | 29 | — | 0. |
| | | ncome before net operating | | | | | | 30 | | 5,082. |
| | • | loss arising in tax years beg | | • | • | , | | 31 | | E 000 |
| | | ncome. Subtract line 31 fro | | | | | | 32 | <u> </u> | 5,082. |
| 823701 01-09-19 LHA Fo | or Paper | work Reduction Act Notice | e, see instructions. | | | | | | Forr | n 990-T (2018) |

| | (2018) LITWORLD INTERNATI | | | | 13-43 | 367685 | Page |
|---------------------|---|-----------------------------|-----------------------|----------------|------------------------|--|----------------------|
| Part I | | | | | | | |
| 33 | Total of unrelated business taxable income comput | ed from all unrelated trac | les or businesses (| see instructio | ns) | 33 | 5,082 |
| 34 | | | | | | | |
| 35 | Deduction for net operating loss arising in tax years | s beginning before Janua | ry 1, 2018 (see ins | tructions) . | | 35 | |
| 36 | Total of unrelated business taxable income before s | pecific deduction. Subtra | act line 35 from the | e sum of | | | |
| | lines 33 and 34 | | | | | | 5,082 |
| 37 | Specific deduction (Generally \$1,000, but see line 3 | | | | | . 37 | 1,000 |
| 38 | Unrelated business taxable income. Subtract line | 37 from line 36. If line 3 | 7 is greater than lir | ne 36, | | | |
| | | | | | | 38 | 4,082 |
| art I | V Tax Computation | | | | | | |
| 39 | $\label{eq:comparison} \textbf{Organizations Taxable as Corporations.} \ \ \textbf{Multiply}$ | | | | | ▶ 39 | 857 |
| 40 | Trusts Taxable at Trust Rates. See instructions fo | | | | | | |
| | Tax rate schedule or Schedule D (Fo | | | | | ▶ 40 | |
| 41 | Proxy tax. See instructions | | | | 🕨 | ▶ 41 | |
| 42 | Alternative minimum tax (trusts only) | | | | | 42 | |
| 43 | Tax on Noncompliant Facility Income. See instruct | tions | | | | | |
| 44 | Total. Add lines 41, 42, and 43 to line 39 or 40, wh | ichever applies | | | | . 44 | 857 |
| art V | | | | | | | |
| 45 a | Foreign tax credit (corporations attach Form 1118; | | | | | | |
| b | | | | | | | |
| C | General business credit. Attach Form 3800 | | | | | | |
| d | Credit for prior year minimum tax (attach Form 880 | | | | | | |
| е | Total credits. Add lines 45a through 45d | | | | | | |
| 46 | Subtract line 45e from line 44 | | | | | 46 | 857 |
| 47 | Other taxes. Check if from: Form 4255 | Form 8611 Form | 8697 Form | 8866 🛄 C |)ther (attach schedule | e) 47 | |
| 48 | Total tax. Add lines 46 and 47 (see instructions) \ldots | | | | | | 857 |
| 49 | 2018 net 965 tax liability paid from Form 965-A or | | | | | . 49 | 0 |
| | Payments: A 2017 overpayment credited to 2018 | | | | | | |
| | 2018 estimated tax payments | | | | 1,067 | <u>′ </u> | |
| C | Tax deposited with Form 8868 | | | 50c | | | |
| | Foreign organizations: Tax paid or withheld at sour | | | | | | |
| | Backup withholding (see instructions) | | | | | | |
| | Credit for small employer health insurance premiur | | | . 50f | | | |
| g | Other credits, adjustments, and payments: | | | | | | |
| | | ther | | | | | |
| 51 | Total payments. Add lines 50a through 50g | | | | | 51 | 1,067 |
| 52 | Estimated tax penalty (see instructions). Check if Fe | | | | | . 52 | |
| 53 | Tax due. If line 51 is less than the total of lines 48, | , , | | | 🕨 | ► <u>53</u> | |
| 54 | Overpayment. If line 51 is larger than the total of li | | amount overpaid | | 🕨 | ▶ 54 | 210 |
| 55 | Enter the amount of line 54 you want: Credited to | | • | 210. | Refunded | ► <u>55</u> | 0 |
| art V | _ • • | | | | , | | |
| 56 | At any time during the 2018 calendar year, did the | • | • | | | | Yes No |
| | over a financial account (bank, securities, or other) | | | - | | | |
| | FinCEN Form 114, Report of Foreign Bank and Fina | ncial Accounts. If "Yes," e | enter the name of th | ne foreign cou | intry | | |
| | here | | | | | | |
| 57 | During the tax year, did the organization receive a d | | it the grantor of, or | transferor to | , a foreign trust? | | |
| | If "Yes," see instructions for other forms the organi | | b b | | | | |
| 58 | Enter the amount of tax-exempt interest received of Under penalties of perjury, I declare that I have examined | | / | ototomonto and | to the best of my know | wladge and balief it | tio truo |
| ŋn | correct, and complete. Declaration of preparer (other than | | | | | wiedge and belief, h | .13 100, |
| re | | 1 | | מיקו מו | | - | uss this return with |
| | Signature of officer | Date | TREASU | KEK | | the preparer show instructions)? | |
| | | | - nuo - 1. | Data | Ohaal | | K Yes No |
| | Dulat/Tura a construction of | Preparer's signature | I' | Date | Check | if PTIN | |
| | Print/Type preparer's name | | | | self- employe | | |
| nid | | | | 0/05/1 | 0 | | 120162 |
| aid epa | rer BRIDGET HARTNETT | | C | 9/25/1 | | | 129163 |
| aid epa | rrer BRIDGET HARTNETT | | | 9/25/1 | Firm's EIN | | 129163 1430039 |
| aid repa | nrer BRIDGET HARTNETT Firm's name ► SOBEL & CO., 293 EISENH | OWER PARKWA | .Y | 9/25/1 | Firm's EIN | ▶ 22-1 | L430039 |
| aid repa se C | BRIDGET HARTNETT Firm's name ► SOBEL & CO., 293 EISENH Firm's address ► LIVINGSTON | OWER PARKWA | .Y | 9/25/1 | | ▶ 22-1 973-994 | L430039 |

13340927 758553 LITWORLD

^{2018.04030} LITWORLD INTERNATIONAL, I LITWORL1

| Schedule A - Cost of Goods | Sold. Enter | method of inven | itory valuation 🕨 N/A | | | | | |
|--|-------------------|--|---|------------|--|-------------------------------|---|---------|
| 1 Inventory at beginning of year | 1 | | 6 Inventory at end of yea | ır | | 6 | | |
| 2 Purchases | . 2 | | 7 Cost of goods sold. Su | ubtract li | ine 6 | | | |
| 3 Cost of labor | . 3 | | from line 5. Enter here and in Part I, | | | | | |
| 4a Additional section 263A costs | | | line 2 | | | | | |
| (attach schedule) | 4a | | 8 Do the rules of section | | | Yes | No | |
| b Other costs (attach schedule) | 4b | | property produced or a | acquired | for resale) apply to | | | |
| 5 Total. Add lines 1 through 4b | | | the organization? | | | | | |
| Schedule C - Rent Income (F (see instructions) | From Real | Property and | l Personal Property L | .eased | d With Real Prop | erty) | | |
| 1. Description of property | | | | | | | | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | 2. Rent receive | ed or accrued | | | | | | |
| (a) From personal property (if the percerection for personal property is more than 50%) | entage of han | ` of rent for p | and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income) | ge | 3(a) Deductions directly columns 2(a) ar | connected v nd 2(b) (attac | vith the income in h schedule) | I |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Total | 0. | Total | | 0. | | | | |
| (c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column | (A) | ► | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | ► | | 0. |
| Schedule E - Unrelated Debt | I-Financed | income (see | 2. Gross income from | | 3. Deductions directly cont to debt-finance | | or allocable | |
| 1. Description of debt-fina | anced property | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | (b) | Other deduction attach schedule) | s |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | adjusted basis allocable to nced property n schedule) | 6. Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | | Allocable deducti mn 6 x total of co 3(a) and 3(b)) | |
| (1) | | | % | | | | | |
| (2) | | | % | | | | | |
| (3) | | | % | | | | | |
| (4) | | | % | | | | | |
| | | | | | nter here and on page 1, Part I, line 7, column (A). | | here and on pag I, line 7, column (| |
| Totals | | | ► | | 0 | . | | 0. |
| Total dividends-received deductions inc | | | | · | | • | | 0. |
| | | | | | | 1 | | (00.10) |

Form **990-T** (2018)

823721 01-09-19

13340927 758553 LITWORLD

13-4367685

| Form 990-T (2018) LITWO | ORLD IN | ITERNA' | FIONA | L, IN | <u>C</u> | | | | <u>13-43</u> | <u>6768</u> | 5 Page |
|--------------------------------------|--|--|----------------------------------|--|--|---|---|-----------------------------------|--|--|--|
| Schedule F - Interes | t, Annuitie | es, Royal | ties, an | - | | | | tions | S (see ins | structior | าร) |
| | | | | Exempt | Controlled O | rganizati | ions | | | | |
| 1. Name of controlled organ | 1. Name of controlled organization 2. Employer identification number | | | | | | rt of column 4 led in the cont ation's gross | rolling | 6. Deductions directly connected with income in column 5 | | |
| (1) | | | | | | | | | | | |
| _(2) | | | | | | | | | | | |
| _(3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| Nonexempt Controlled Org | anizations | | | l | | I | | 1 | | | |
| 7. Taxable Income | 8. Net | unrelated incon (see instruction | | 9. Total | of specified pay made | ments | 10. Part of colur in the controlli gross | mn 9 tha ing organ s income | nization's | 11. De wit | eductions directly connected h income in column 10 |
| (1) | | | | | | | | | | | |
| _(2) | | | | | | | | | | | |
| _(3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | | | | | | | Add colun Enter here and line 8, c | | e 1, Part I, | | dd columns 6 and 11. here and on page 1, Part I, line 8, column (B). |
| Totals | | | | | | ► | | | 0. | | 0. |
| Schedule G - Investr | nent Inco | me of a S | Section | 501(c)(7 | 7), (9), or (| 17) Org | ganization | | | | |
| (see ii | nstructions) | | | | | | | | | | |
| 1. [| Description of inc | ome | | | 2. Amount of | income | 3. Deductions directly connected (attach schedule) 4. Set-asides (attach schedule) | | | Total deductions and set-asides (col. 3 plus col. 4) | |
| (1) | | | | | | | | · | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | | | | | Enter here and Part I, line 9, co | | | | | | Enter here and on page 1 Part I, line 9, column (B). |
| Totals | | | | ► | | 0. | | | | | 0. |
| Schedule I - Exploite | ed Exempt | t Activity | Incom | e, Other | Than Adv | | ng Income | | | | |
| | | | | | 4 | <i>a</i> \ | | | | | |
| 1. Description of exploited activity | unrelate incor | Gross d business ne from r business | directly of with pro of un | penses connected oduction related s income | 4. Net incor from unrelated business (co minus colum gain, comput through | d trade or olumn 2 in 3). If a e cols. 5 | Gross inco from activity t is not unrelat business inco | hat ed | attribut | penses table to mn 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | page | ere and on 1, Part I, 1, col. (A). | page | re and on 1, Part I, , col. (B). | | | | | | | Enter here and on page 1, Part II, line 26. |
| Totals | | 0. | | 0. | | | | | | | 0. |
| Schedule J - Advert | | | instruction | , | | | | | | | |
| Part I Income From | n Periodio | cals Rep | orted o | n a Con | solidated | Basis | | | | | |
| 1. Name of periodical | | 2. Gross advertising income | adv | 3. Direct ertising costs | or (loss) (c col. 3). If a g | tising gain ol. 2 minus ain, compu hrough 7. | te 5. Circulat | | 6. Read | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| <u> </u> | | | | | | | | | | | |

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823731 01-09-19

Totals (carry to Part II, line (5))

Form 990-T (2018) LITWORLD INTERNATIONAL, INC

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|---|--|--|--|-----------------------------------|---------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I 📃 🕨 🕨 | 0. | 0. | | | | 0. |
| | Enter here and on page 1, Part I, line 11, col. (A). | Enter here and on page 1, Part I, line 11, col. (B). | | | | Enter here and on page 1, Part II, line 27. |
| Totals, Part II (lines 1-5) | 0. | 0. | | | | 0. |
| Totals, Part II (lines 1-5)► Schedule K - Compensatior | n of Officers, D | Directors, and | Trustees (see ir | structions) | | |
| 1. Name | | | 2. Title | 3. Percer time devot busine | ed to 4. Con | npensation attributable unrelated business |
| (1) | | | | | % | |
| (2) | | | | | % | |
| (3) | | | | | % | |
| (4) | | | | | % | |

Total. Enter here and on page 1, Part II, line 14

Form 990-T (2018)

0.

13340927 758553 LITWORLD

13-4367685

| FORM 990-T | OTHER INCOME | STATEMENT 1 |
|---------------------------|--------------|-------------|
| DESCRIPTION | | AMOUNT |
| TRANSIT EXPENSES | | 5,082. |
| TOTAL TO FORM 990-T, PAGE | 1, LINE 12 | 5,082. |