

## Schools for the Children of the World Form 990

Form 990 is the U. S. federal tax return for Organizations Exempt from Income Tax in the United States. This form reports the revenue and expenditures of Non-Profit Organizations to determine their compliance with the Federal Revenue Code for 501.c and similar non-profit organizations. However, it does not document the financial impact organizations like SCW have on the communities they serve.

When SCW completes school projects in developing countries, we partner with other organizations to leverage your contributions whenever possible. We also believe that the local community should actively participate in the planning and design for their new facilities and should provide some level of financial or “in-kind” support for the project. We strongly object to supporting a handout mentality. Their continued support of the project is essential to assuring its sustainability.

For example. When we undertake a project in Honduras, SCW contributes about 50% of the value of resources dedicated to the project by providing planning, design, and engineering services, construction materials and construction oversight. The local municipio (government) hires and pays the contractor and skilled labor (that we jointly agree to hire) required to complete the work, provides site preparation and security for the project. The local community provides volunteer labor, locally available construction materials such as sand and gravel, construction material storage facilities on the site, and a 24-hour watchman to control the use of construction materials and provide site security. The SCW portion of the funds typically will appear in our 990 but the portion paid by the local government and local community does not. In other words, your contributions to SCW toward projects in Honduras are typically multiplied by 2X or more. Projects that are completed with Rotary International Matching Grants are multiplied by 7X!

Another example: Following the earthquake in Haiti, SCW became involved in 12 larger school projects which ranged in cost from \$300K to over \$3m. SCW partnered with various organization such as the Spanish Red Cross, the Univeristy of Notre Dame, and private foundations. Funds from these partnering organizations did not run through SCW's accounts and were paid directly to the projects in Haiti. As a result, these funds did not show up on the SCW's 990. However, your contribution to SCW toward projects in Haiti after the earthquake had an impact of well over 10X!!

Our process of partnering with other organizations and distributing responsibilities for specific tasks and related funding needed to complete a project results in little if any funding transfer of funds between organizations. Each organization provides the funding for the services they are responsible for. As a result, there is little opportunity for corruption or misuse of funds. Also, if any organization fails to complete a task they have committed to, the failure quickly becomes clear. Normally, the other partners get together and figure out how to fill the gap, so the project can be completed. After completing over 100 projects, not a single project has failed to be completed once started. Most are complete within or under SCW's project budget.

SCW is very proud of our non-profit affiliated organizations in SCW-Canada, SCW-Germany, SCW-Honduras and soon to be established SCW-Haiti. Each organization is governed by their respective federal laws and is responsible for their own accounting. Only the revenues and expenditures that pass through the SCW-USA books are accounted for in the Form 990 attached.

SCW USA has minimal staff. There is no office overhead (we operate virtually), and we maximize our work with volunteer assistance. SCW board members are not compensated. All are volunteers that volunteer their time and talents toward our mission and are typically also significant donors. Only in rare situations where we

receive designated funds for a specific project do SCW board members or staff receive funds for services required by those specific projects and always with the approval of the donor.

Bottom line. Form 990 shows the actual revenue and expenditures that are expended by SCW-USA but does not reflect the full impact of those funds toward improving the lives of those we serve.

With Sincere gratitude to all of our donors and supporters.

Co-Founders  
William DeJong  
Chuck Newman

**Return of Organization Exempt From Income Tax**

**2013**

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.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2013 calendar year, or tax year beginning** , 2013, and ending , 20

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization Schools for the Children of the World  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
 PO Box 2351  
 City or town, state or province, country, and ZIP or foreign postal code  
 Mission, KS 66201

**D** Employer identification number  
56-2358076

**E** Telephone number  
800-783-1918

**F** Name and address of principal officer: Charles Newman  
1730 Park Street, STE 115 Naperville, IL 60563

**G** Gross receipts \$

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ [www.schoolsforchildren.org](http://www.schoolsforchildren.org)

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 2003

**M** State of legal domicile: OH

**Part I Summary**

|                                                                         |                                                                                                                                                                                                            |                           |              |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------|
| <b>Activities &amp; Governance</b>                                      | <b>1</b> Briefly describe the organization's mission or most significant activities:<br>Schools for the Children of the World provides services to improve educational facilities in developing countries. |                           |              |
|                                                                         | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                                           |                           |              |
|                                                                         | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)                                                                                                                                 | <b>3</b>                  | 9            |
|                                                                         | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                                     | <b>4</b>                  | 8            |
|                                                                         | <b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)                                                                                                                      | <b>5</b>                  | 0            |
|                                                                         | <b>6</b> Total number of volunteers (estimate if necessary)                                                                                                                                                | <b>6</b>                  | 40           |
|                                                                         | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12                                                                                                                             | <b>7a</b>                 | 0            |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b>                                                                                                                                                                                                  | 0                         |              |
| <b>Revenue</b>                                                          | <b>8</b> Contributions and grants (Part VIII, line 1h)                                                                                                                                                     | Prior Year                | Current Year |
|                                                                         | <b>9</b> Program service revenue (Part VIII, line 2g)                                                                                                                                                      | 109,786                   | 80,601       |
|                                                                         | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                                    | 0                         | 0            |
|                                                                         | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                         | 0                         | 0            |
|                                                                         | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                                 | 296,948                   | 286,958      |
| <b>Expenses</b>                                                         | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)                                                                                                                                 | 166,777                   | 153,149      |
|                                                                         | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                                    | 0                         | 0            |
|                                                                         | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                                                                                                                | 0                         | 0            |
|                                                                         | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                                   | 0                         | 0            |
|                                                                         | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,974                                                                                                                                 |                           |              |
|                                                                         | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                                                                                                                                     | 308,957                   | 168,258      |
|                                                                         | <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)                                                                                                                        | 475,734                   | 321,407      |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12          | -178,786                                                                                                                                                                                                   | -34,449                   |              |
| <b>Net Assets or Fund Balances</b>                                      | <b>20</b> Total assets (Part X, line 16)                                                                                                                                                                   | Beginning of Current Year | End of Year  |
|                                                                         | <b>21</b> Total liabilities (Part X, line 26)                                                                                                                                                              | 121,991                   | 87,542       |
|                                                                         | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20                                                                                                                                       | 0                         | 0            |
|                                                                         |                                                                                                                                                                                                            | 121,991                   | 87,542       |

**Part 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 Here**

Signature of officer: *Charles R. Newman* Date: June 4, 2014

Type or print name and title: Charles R. Newman, President

**Paid Preparer Use Only**

Print/Type preparer's name: Preparer's signature: Date: Check  if self-employed PTIN:

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no.:

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:

Schools for the Children of the World is committed to improving educational opportunity in under-developed countries with quality school facilities.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 33,769 including grants of \$ ) (Revenue \$ 28,900)

Semi-annual educational team trips to Honduras and Haiti - volunteers consist of architects and planners that lend their knowledge in planning, design, assessing, constructing new schools and renovating existing schools.

**4b** (Code: ) (Expenses \$ 59,251 including grants of \$ ) (Revenue \$ 57,589)

Designed and built a community learning center and library in Gbarnga, Liberia

**4c** (Code: ) (Expenses \$ 135,779 including grants of \$ ) (Revenue \$ 60,770)

The continued implementation of a country wide facilities master plan for Honduras. It includes the repairing and building of new schools throughout the country based on the outlined master plan schedule.

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 40,683 including grants of \$ ) (Revenue \$ 139,699)

**4e** Total program service expenses **▶** 269,482

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                                    | Yes                                 | No                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>                                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>6</b> 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? <i>If "Yes," complete Schedule D, Part I . . . . .</i>                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>                                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>                                                                                                                                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.                                                                                                                                                                          |                                     |                                     |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>                                                                                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>                                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>                                                                                                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>                                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>                                                                                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .                                                                                                                                                                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV. . . . .</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV. . . . .</i>                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>17</b> 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? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>                                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>                                                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>                                                                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>                                                                                                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .                                                                                                                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**Part IV Checklist of Required Schedules** *(continued)*

|                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                                                                      |     | ✓  |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                                                            |     | ✓  |
| <b>23</b> 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? <i>If "Yes," complete Schedule J</i> . . . . .                                                      |     | ✓  |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                           |     | ✓  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                                                 |     | ✓  |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                        |     | ✓  |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                                                           |     | ✓  |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                                                     |     | ✓  |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                        |     | ✓  |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II . . . . .                                           |     | ✓  |
| <b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> . . . . . |     | ✓  |
| <b>28</b> 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):                                                                                                                              |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                    |     | ✓  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                 | ✓   |    |
| <b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                     | ✓   |    |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                                                  |     | ✓  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                  |     | ✓  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                        |     | ✓  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                                                      |     | ✓  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                                                      |     | ✓  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                  |     | ✓  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                                                         |     | ✓  |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                          |     | ✓  |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                           |     | ✓  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .                                                                             |     | ✓  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                              | ✓   |    |

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance**

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

|                                                                                                                            |                                                                                                                                                                                                                                                                                        | Yes                      | No                                  |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| <b>1a</b>                                                                                                                  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>1b</b>                                                                                                                  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>1c</b>                                                                                                                  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>2a</b>                                                                                                                  | 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                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>2b</b>                                                                                                                  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . . |                                                                                                                                                                                                                                                                                        |                          |                                     |
| <b>3a</b>                                                                                                                  | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>3b</b>                                                                                                                  | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>4a</b>                                                                                                                  | 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)? . . . . .                                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b>                                                                                                                   | If "Yes," enter the name of the foreign country: ▶ _____<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>5a</b>                                                                                                                  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .                                                                                                                                                                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>5b</b>                                                                                                                  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .                                                                                                                                                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>5c</b>                                                                                                                  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>6a</b>                                                                                                                  | 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? . . . . .                                                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>6b</b>                                                                                                                  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>7</b>                                                                                                                   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>a</b>                                                                                                                   | 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? . . . . .                                                                                                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b>                                                                                                                   | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>c</b>                                                                                                                   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .                                                                                                                                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>d</b>                                                                                                                   | If "Yes," indicate the number of Forms 8282 filed during the year . . . . .                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>e</b>                                                                                                                   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .                                                                                                                                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>f</b>                                                                                                                   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .                                                                                                                                                                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>g</b>                                                                                                                   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .                                                                                                                                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>h</b>                                                                                                                   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .                                                                                                                                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>8</b>                                                                                                                   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>9</b>                                                                                                                   | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>a</b>                                                                                                                   | Did the organization make any taxable distributions under section 4966? . . . . .                                                                                                                                                                                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b>                                                                                                                   | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .                                                                                                                                                                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>10</b>                                                                                                                  | <b>Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>a</b>                                                                                                                   | Initiation fees and capital contributions included on Part VIII, line 12 . . . . .                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</b>                                                                                                                   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>11</b>                                                                                                                  | <b>Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>a</b>                                                                                                                   | Gross income from members or shareholders . . . . .                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</b>                                                                                                                   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>12a</b>                                                                                                                 | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</b>                                                                                                                   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>13</b>                                                                                                                  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>a</b>                                                                                                                   | Is the organization licensed to issue qualified health plans in more than one state? . . . . .                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                   |                                                                                                                                                                                                                                                                                        |                          |                                     |
| <b>b</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 . . . . .                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>c</b>                                                                                                                   | Enter the amount of reserves on hand . . . . .                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>14a</b>                                                                                                                 | Did the organization receive any payments for indoor tanning services during the tax year? . . . . .                                                                                                                                                                                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b>                                                                                                                   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/>            |

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

|           |                                                                                                                                                                                                                                | Yes                                 | No                                  |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year . . . . .                                                                                                                                  |                                     |                                     |
|           | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.              |                                     |                                     |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent . . . . .                                                                                                                                   |                                     |                                     |
| <b>2</b>  | 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? . . . . .                                                | <input checked="" type="checkbox"/> |                                     |
| <b>3</b>  | 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? . . . . . |                                     | <input checked="" type="checkbox"/> |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                               |                                     | <input checked="" type="checkbox"/> |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                           |                                     | <input checked="" type="checkbox"/> |
| <b>6</b>  | Did the organization have members or stockholders? . . . . .                                                                                                                                                                   |                                     | <input checked="" type="checkbox"/> |
| <b>7a</b> | 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? . . . . .                                                                   |                                     | <input checked="" type="checkbox"/> |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .                                                            |                                     | <input checked="" type="checkbox"/> |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                              |                                     |                                     |
| <b>8a</b> | The governing body? . . . . .                                                                                                                                                                                                  | <input checked="" type="checkbox"/> |                                     |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                                | <input checked="" type="checkbox"/> |                                     |
| <b>9</b>  | 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 . . . . .         |                                     | <input checked="" type="checkbox"/> |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |                                                                                                                                                                                                                                                                                                        | Yes                                 | No                                  |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                                                                                           |                                     | <input checked="" type="checkbox"/> |
| <b>10b</b> | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?                                                                             |                                     |                                     |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                            |                                     | <input checked="" type="checkbox"/> |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                          |                                     |                                     |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .                                                                                                                                                                                                      | <input checked="" type="checkbox"/> |                                     |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                                    | <input checked="" type="checkbox"/> |                                     |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .                                                                                                                                           | <input checked="" type="checkbox"/> |                                     |
| <b>13</b>  | Did the organization have a written whistleblower policy? . . . . .                                                                                                                                                                                                                                    |                                     | <input checked="" type="checkbox"/> |
| <b>14</b>  | Did the organization have a written document retention and destruction policy? . . . . .                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |
| <b>15</b>  | 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?                                                                                   |                                     |                                     |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official . . . . .                                                                                                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |
| <b>15b</b> | Other officers or key employees of the organization . . . . .                                                                                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).                                                                                                                                                                                                                    |                                     |                                     |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .                                                                                                                                        |                                     | <input checked="" type="checkbox"/> |
| <b>16b</b> | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . |                                     |                                     |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► None
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Alexandra House PO Box 2351 Mission, KS 66201



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

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

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

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

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

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

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

| (A)<br>Name and Title                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                          |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) Charles Newman<br>-----<br>President | 20                                                                                         | ✓                                                                                                            |                       | ✓       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (2) Dan Mader<br>-----<br>Vice President | 2                                                                                          | ✓                                                                                                            |                       | ✓       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (3) Neil Kersten<br>-----<br>Trustee     | 1                                                                                          | ✓                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (4) Amy Yurko<br>-----<br>Secretary      | 1                                                                                          | ✓                                                                                                            |                       | ✓       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (5) Brent DeJong<br>-----<br>Trustee     | 1                                                                                          | ✓                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (6) Donald Wilson<br>-----<br>Trustee    | 1                                                                                          | ✓                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (7) William DeJong<br>-----<br>Treasurer | 11                                                                                         | ✓                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (8) Ron McKnight<br>-----<br>Trustee     | 1                                                                                          | ✓                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (9) Doug Allen<br>-----<br>Trustee       | 1                                                                                          | ✓                                                                                                            |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (10) -----                               |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (11) -----                               |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (12) -----                               |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (13) -----                               |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (14) -----                               |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (15)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (16)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (17)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (18)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (19)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (20)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (21)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (22)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (23)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (24)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (25)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>1b Sub-total</b>                                            |                                                                                            |                                                                                                              |                       |         |              |                              | 0      | 0                                                                    | 0                                                                         |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                              |                       |         |              |                              | 0      | 0                                                                    | 0                                                                         |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                              |                       |         |              |                              | 0      | 0                                                                    | 0                                                                         |                                                                                               |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

|                                                                                                                                                                                                                                              | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     | ✓  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> |     | ✓  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | ✓  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

|                                                                   |                                                   |                                                                                                                                       |                      | (A)<br>Total revenue                                      | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |
|-------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------|----------------------------------------------------|-----------------------------------------|------------------------------------------------------------------|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | <b>1a</b>                                         | Federated campaigns . . . . .                                                                                                         | <b>1a</b>            |                                                           |                                                    |                                         |                                                                  |  |
|                                                                   | <b>b</b>                                          | Membership dues . . . . .                                                                                                             | <b>1b</b>            |                                                           |                                                    |                                         |                                                                  |  |
|                                                                   | <b>c</b>                                          | Fundraising events . . . . .                                                                                                          | <b>1c</b>            |                                                           |                                                    |                                         |                                                                  |  |
|                                                                   | <b>d</b>                                          | Related organizations . . . . .                                                                                                       | <b>1d</b>            |                                                           |                                                    |                                         |                                                                  |  |
|                                                                   | <b>e</b>                                          | Government grants (contributions)                                                                                                     | <b>1e</b>            |                                                           |                                                    |                                         |                                                                  |  |
|                                                                   | <b>f</b>                                          | All other contributions, gifts, grants,<br>and similar amounts not included above                                                     | <b>1f</b>            | 80,601                                                    |                                                    |                                         |                                                                  |  |
|                                                                   | <b>g</b>                                          | Noncash contributions included in lines 1a-1f: \$                                                                                     |                      |                                                           |                                                    |                                         |                                                                  |  |
|                                                                   | <b>h</b>                                          | <b>Total.</b> Add lines 1a-1f . . . . . ▶                                                                                             |                      | 80,601                                                    |                                                    |                                         |                                                                  |  |
| <b>Program Service Revenue</b>                                    |                                                   |                                                                                                                                       |                      | <b>Business Code</b>                                      |                                                    |                                         |                                                                  |  |
|                                                                   | <b>2a</b>                                         | Educational Team Trips                                                                                                                |                      | 900099                                                    | 28,900                                             | 28,900                                  |                                                                  |  |
|                                                                   | <b>b</b>                                          | Designed library in Libeira                                                                                                           |                      | 541300                                                    | 57,589                                             | 57,589                                  |                                                                  |  |
|                                                                   | <b>c</b>                                          | Honduras School Construction                                                                                                          |                      | 236000                                                    | 60,770                                             | 60,770                                  |                                                                  |  |
|                                                                   | <b>d</b>                                          | -----                                                                                                                                 |                      |                                                           |                                                    |                                         |                                                                  |  |
|                                                                   | <b>e</b>                                          | -----                                                                                                                                 |                      |                                                           |                                                    |                                         |                                                                  |  |
|                                                                   | <b>f</b>                                          | All other program service revenue .                                                                                                   |                      |                                                           | 59,098                                             | 59,098                                  |                                                                  |  |
| <b>g</b>                                                          | <b>Total.</b> Add lines 2a-2f . . . . . ▶         |                                                                                                                                       |                      | 206,357                                                   |                                                    |                                         |                                                                  |  |
| <b>Other Revenue</b>                                              | <b>3</b>                                          | Investment income (including dividends, interest,<br>and other similar amounts) . . . . . ▶                                           |                      |                                                           |                                                    |                                         |                                                                  |  |
|                                                                   | <b>4</b>                                          | Income from investment of tax-exempt bond proceeds ▶                                                                                  |                      |                                                           |                                                    |                                         |                                                                  |  |
|                                                                   | <b>5</b>                                          | Royalties . . . . . ▶                                                                                                                 |                      |                                                           |                                                    |                                         |                                                                  |  |
|                                                                   | <b>6a</b>                                         | Gross rents . . . . .                                                                                                                 | (i) Real             | (ii) Personal                                             |                                                    |                                         |                                                                  |  |
|                                                                   |                                                   |                                                                                                                                       | <b>b</b>             | Less: rental expenses                                     |                                                    |                                         |                                                                  |  |
|                                                                   |                                                   |                                                                                                                                       | <b>c</b>             | Rental income or (loss)                                   |                                                    |                                         |                                                                  |  |
|                                                                   |                                                   |                                                                                                                                       | <b>d</b>             | Net rental income or (loss) . . . . . ▶                   |                                                    |                                         |                                                                  |  |
|                                                                   | <b>7a</b>                                         | Gross amount from sales of<br>assets other than inventory                                                                             | (i) Securities       | (ii) Other                                                |                                                    |                                         |                                                                  |  |
|                                                                   |                                                   |                                                                                                                                       | <b>b</b>             | Less: cost or other basis<br>and sales expenses . . . . . |                                                    |                                         |                                                                  |  |
|                                                                   |                                                   |                                                                                                                                       | <b>c</b>             | Gain or (loss) . . . . .                                  |                                                    |                                         |                                                                  |  |
|                                                                   |                                                   |                                                                                                                                       | <b>d</b>             | Net gain or (loss) . . . . . ▶                            |                                                    |                                         |                                                                  |  |
|                                                                   | <b>8a</b>                                         | Gross income from fundraising<br>events (not including \$<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | <b>a</b>             |                                                           |                                                    |                                         |                                                                  |  |
|                                                                   |                                                   |                                                                                                                                       | <b>b</b>             | Less: direct expenses . . . . .                           |                                                    |                                         |                                                                  |  |
|                                                                   |                                                   |                                                                                                                                       | <b>c</b>             | Net income or (loss) from fundraising events . ▶          |                                                    |                                         |                                                                  |  |
|                                                                   | <b>9a</b>                                         | Gross income from gaming activities.<br>See Part IV, line 19 . . . . .                                                                | <b>a</b>             |                                                           |                                                    |                                         |                                                                  |  |
|                                                                   |                                                   |                                                                                                                                       | <b>b</b>             | Less: direct expenses . . . . .                           |                                                    |                                         |                                                                  |  |
|                                                                   |                                                   |                                                                                                                                       | <b>c</b>             | Net income or (loss) from gaming activities . . ▶         |                                                    |                                         |                                                                  |  |
|                                                                   | <b>10a</b>                                        | Gross sales of inventory, less<br>returns and allowances . . . . .                                                                    | <b>a</b>             |                                                           |                                                    |                                         |                                                                  |  |
|                                                                   |                                                   |                                                                                                                                       | <b>b</b>             | Less: cost of goods sold . . . . .                        |                                                    |                                         |                                                                  |  |
|                                                                   |                                                   |                                                                                                                                       | <b>c</b>             | Net income or (loss) from sales of inventory . . ▶        |                                                    |                                         |                                                                  |  |
| Miscellaneous Revenue                                             |                                                   |                                                                                                                                       | <b>Business Code</b> |                                                           |                                                    |                                         |                                                                  |  |
| <b>11a</b>                                                        | -----                                             |                                                                                                                                       |                      |                                                           |                                                    |                                         |                                                                  |  |
| <b>b</b>                                                          | -----                                             |                                                                                                                                       |                      |                                                           |                                                    |                                         |                                                                  |  |
| <b>c</b>                                                          | -----                                             |                                                                                                                                       |                      |                                                           |                                                    |                                         |                                                                  |  |
| <b>d</b>                                                          | All other revenue . . . . .                       |                                                                                                                                       |                      |                                                           |                                                    |                                         |                                                                  |  |
| <b>e</b>                                                          | <b>Total.</b> Add lines 11a-11d . . . . . ▶       |                                                                                                                                       |                      |                                                           |                                                    |                                         |                                                                  |  |
| <b>12</b>                                                         | <b>Total revenue.</b> See instructions. . . . . ▶ |                                                                                                                                       |                      | 286,958                                                   | 206,357                                            | 0                                       | 0                                                                |  |

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|                                                                                                                                                                                                                                                                   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21                                                                                                                                                  |                       |                                 |                                        |                             |
| <b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .                                                                                                                                                          |                       |                                 |                                        |                             |
| <b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .                                                                                                             | 153,149               | 153,149                         |                                        |                             |
| <b>4</b> Benefits paid to or for members . . . . .                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                                       |                       |                                 |                                        |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .                                                                                                  |                       |                                 |                                        |                             |
| <b>7</b> Other salaries and wages . . . . .                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                                                                       |                       |                                 |                                        |                             |
| <b>9</b> Other employee benefits . . . . .                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| <b>10</b> Payroll taxes . . . . .                                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>11</b> Fees for services (non-employees):                                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| <b>a</b> Management . . . . .                                                                                                                                                                                                                                     | 46,681                |                                 | 46,681                                 |                             |
| <b>b</b> Legal . . . . .                                                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| <b>c</b> Accounting . . . . .                                                                                                                                                                                                                                     | 56                    |                                 | 56                                     |                             |
| <b>d</b> Lobbying . . . . .                                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| <b>f</b> Investment management fees . . . . .                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .                                                                                                                                   | 5,998                 | 5,998                           |                                        |                             |
| <b>12</b> Advertising and promotion . . . . .                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| <b>13</b> Office expenses . . . . .                                                                                                                                                                                                                               | 4,385                 |                                 | 2,411                                  | 1,974                       |
| <b>14</b> Information technology . . . . .                                                                                                                                                                                                                        | 804                   |                                 | 804                                    |                             |
| <b>15</b> Royalties . . . . .                                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| <b>16</b> Occupancy . . . . .                                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| <b>17</b> Travel . . . . .                                                                                                                                                                                                                                        | 20,834                | 20,834                          |                                        |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                                                          |                       |                                 |                                        |                             |
| <b>19</b> Conferences, conventions, and meetings . . . . .                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| <b>20</b> Interest . . . . .                                                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| <b>21</b> Payments to affiliates . . . . .                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| <b>22</b> Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| <b>23</b> Insurance . . . . .                                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                                       |                       |                                 |                                        |                             |
| <b>a</b> Building Materials                                                                                                                                                                                                                                       | 29,475                | 29,475                          |                                        |                             |
| <b>b</b> Construction Laborers                                                                                                                                                                                                                                    | 60,025                | 60,025                          |                                        |                             |
| <b>c</b> -----                                                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| <b>d</b> -----                                                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| <b>e</b> All other expenses                                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e                                                                                                                                                                                               | 321,407               | 269,481                         | 49,952                                 | 1,974                       |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |                                        |                             |

**Part X Balance Sheet**

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

|                                                                               |                                                                                                                                                                                                                                                                                                                                                  | (A)<br>Beginning of year |           | (B)<br>End of year |   |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------|--------------------|---|
| <b>Assets</b>                                                                 | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                                                     | 121,991                  | <b>1</b>  | 87,542             |   |
|                                                                               | <b>2</b> Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                                        |                          | <b>2</b>  |                    |   |
|                                                                               | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                                                            |                          | <b>3</b>  |                    |   |
|                                                                               | <b>4</b> Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                                                      |                          | <b>4</b>  |                    |   |
|                                                                               | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .                                                                                                                                                           |                          | <b>5</b>  |                    |   |
|                                                                               | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . |                          | <b>6</b>  |                    |   |
|                                                                               | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                                                                               |                          | <b>7</b>  |                    |   |
|                                                                               | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                                                                                                                                                                                   |                          | <b>8</b>  |                    |   |
|                                                                               | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                                                         |                          | <b>9</b>  |                    |   |
|                                                                               | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                                                                                                                                                                                                                                   | <b>10a</b>               |           |                    |   |
|                                                                               | <b>b</b> Less: accumulated depreciation . . . . .                                                                                                                                                                                                                                                                                                | <b>10b</b>               |           | <b>10c</b>         |   |
|                                                                               | <b>11</b> Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                                                       |                          | <b>11</b> |                    |   |
|                                                                               | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                           |                          | <b>12</b> |                    |   |
|                                                                               | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                            |                          | <b>13</b> |                    |   |
|                                                                               | <b>14</b> Intangible assets . . . . .                                                                                                                                                                                                                                                                                                            |                          | <b>14</b> |                    |   |
|                                                                               | <b>15</b> Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                                           |                          | <b>15</b> |                    |   |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . |                                                                                                                                                                                                                                                                                                                                                  | 121,991                  | <b>16</b> | 87,542             |   |
| <b>Liabilities</b>                                                            | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                                                        |                          | <b>17</b> |                    |   |
|                                                                               | <b>18</b> Grants payable . . . . .                                                                                                                                                                                                                                                                                                               |                          | <b>18</b> |                    |   |
|                                                                               | <b>19</b> Deferred revenue . . . . .                                                                                                                                                                                                                                                                                                             |                          | <b>19</b> |                    |   |
|                                                                               | <b>20</b> Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                                                                  |                          | <b>20</b> |                    |   |
|                                                                               | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .                                                                                                                                                                                                                                                        |                          | <b>21</b> |                    |   |
|                                                                               | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .                                                                                                                                         |                          | <b>22</b> |                    |   |
|                                                                               | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                               |                          | <b>23</b> |                    |   |
|                                                                               | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                                 |                          | <b>24</b> |                    |   |
|                                                                               | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .                                                                                                                                                        |                          | <b>25</b> |                    |   |
|                                                                               | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                                                                                                                                                   |                          | 0         | <b>26</b>          | 0 |
| <b>Net Assets or Fund Balances</b>                                            | <b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>                                                                                                                                                                                                  |                          |           |                    |   |
|                                                                               | <b>27</b> Unrestricted net assets . . . . .                                                                                                                                                                                                                                                                                                      | 121,991                  | <b>27</b> | 87,542             |   |
|                                                                               | <b>28</b> Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                                                            |                          | <b>28</b> |                    |   |
|                                                                               | <b>29</b> Permanently restricted net assets . . . . .                                                                                                                                                                                                                                                                                            |                          | <b>29</b> |                    |   |
|                                                                               | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>                                                                                                                                                                                                                |                          |           |                    |   |
|                                                                               | <b>30</b> Capital stock or trust principal, or current funds . . . . .                                                                                                                                                                                                                                                                           |                          | <b>30</b> |                    |   |
|                                                                               | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .                                                                                                                                                                                                                                                             |                          | <b>31</b> |                    |   |
|                                                                               | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                                                                                                                                                                             |                          | <b>32</b> |                    |   |
|                                                                               | <b>33</b> Total net assets or fund balances . . . . .                                                                                                                                                                                                                                                                                            | 121,991                  | <b>33</b> | 87,542             |   |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 121,991                                                                                                                                                                                                                                                                                                                                          | <b>34</b>                | 87,542    |                    |   |

**Part XI Reconciliation of Net Assets**

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

|           |                                                                                                                |           |         |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | <b>1</b>  | 286,958 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | 321,407 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | -34,449 |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 121,991 |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                   | <b>5</b>  |         |
| <b>6</b>  | Donated services and use of facilities                                                                         | <b>6</b>  |         |
| <b>7</b>  | Investment expenses                                                                                            | <b>7</b>  |         |
| <b>8</b>  | Prior period adjustments                                                                                       | <b>8</b>  |         |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)                                           | <b>9</b>  |         |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 87,542  |

**Part XII Financial Statements and Reporting**

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.                                                                                                                                              |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | ✓  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                        |     | ✓  |
| <b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.                                                                            |     | ✓  |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .                                                                                                                                                                                                                                                              |     | ✓  |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.                                                                                                                                                                                                            |     |    |

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2013**

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

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

|                                                                          |                                                     |
|--------------------------------------------------------------------------|-----------------------------------------------------|
| Name of the organization<br><i>Schools for the Children of the World</i> | Employer identification number<br><i>56-2358076</i> |
|--------------------------------------------------------------------------|-----------------------------------------------------|

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of monetary support |
|------------------------------------|----------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----|------------------------------------------------------------------|----|-------------------------------------------------------------|----|----------------------------------|
|                                    |          |                                                                                             | Yes                                                                     | No | Yes                                                              | No | Yes                                                         | No |                                  |
| (A)                                |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                                  |
| (B)                                |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                                  |
| (C)                                |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                                  |
| (D)                                |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                                  |
| (E)                                |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                                  |
| <b>Total</b>                       |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                                  |

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                          | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .                                                                                                  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                                                     |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                                             |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .                                                                                                                                                                        |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                                                                                                                                  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                            | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013  | (f) Total                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .                                                                                                                                                                   |          |          |          |          |           |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .                                                        |          |          |          |          |           |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                                                                                    |          |          |          |          |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .                                                                                      |          |          |          |          |           |                          |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                                          |          |          |          |          |           |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                      |          |          |          |          | <b>12</b> |                          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . |          |          |          |          |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                           | <b>14</b> | %                        |
| <b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                                 | <b>15</b> | %                        |
| <b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                                                                           |           | <input type="checkbox"/> |
| <b>b 33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                                                                        |           | <input type="checkbox"/> |
| <b>17a 10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .    |           | <input type="checkbox"/> |
| <b>b 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . |           | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .                                                                                                                                                                                                                                                               |           | <input type="checkbox"/> |



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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                             | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                               | 123,227  | 259,797  | 371,496  | 153,228  | 80,601   | 988,349   |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . |          | 54,950   | 37,020   | 143,720  | 206,357  | 442,047   |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                                     |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . .                                                                                                                                             | 123,227  | 314,747  | 408,516  | 296,948  | 286,958  | 1,430,396 |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .                                                                                                |          |          |          |          |          |           |
| <b>b</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 . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . .                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.) . . . .                                                                                                                           |          |          |          |          |          | 1,430,396 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                                   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . .                                                                                                                                                                                            | 123,227  | 314,747  | 408,516  | 296,948  | 286,958  | 1,430,396 |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .                                                                               |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .                                                                                                        |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . .                                                                                                                                                                                          |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .                                                                                   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .                                                                                                               |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .                                                                                                                                                                | 123,227  | 314,747  | 408,516  | 296,948  | 286,958  | 1,430,396 |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                          |           |       |
|----------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . | <b>15</b> | 100 % |
| <b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . .                      | <b>16</b> | 100 % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                                                                                                                                                                                                                       |           |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f)) . . . .                                                                                                                                                                                                  | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17 . . . .                                                                                                                                                                                                                         | <b>18</b> | % |
| <b>19a 33 1/3% support tests—2013.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . <input checked="" type="checkbox"/> |           |   |
| <b>b 33 1/3% support tests—2012.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>    |           |   |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>                                                                                                                                                   |           |   |



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2013**

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

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

**Name of the organization**

Schools for the Children of the World

**Employer identification number**

56-2358076

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|                                                                      |                                                     |
|----------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>Schools for the Children of the World | <b>Employer identification number</b><br>56-2358076 |
|----------------------------------------------------------------------|-----------------------------------------------------|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                               | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                              |
|------------|---------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | Brent & Mariella DeJong<br>5443 Sugar Hill<br>Houston, TX 77056                 | \$ 28,000                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | William DeJong<br>9360 W. Silver Lake Road<br>Mears, MI 49436                   | \$ 12,500                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | Meson Sabika Tapas Bar & Restaurant<br>1025 Aurora Ave.<br>Naperville, IL 60540 | \$ 10,000                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | Charles & Jeanne Newman<br>6481 Coach House Road<br>Lisle, IL 60532             | \$ 6,970                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | Paul Huddleston<br>2710 Hunt Country Lane<br>Charlottesville, VA 22901          | \$ 5,000                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | Hermes House Band                                                               | \$ 12,614                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|                                                                      |                                                     |
|----------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>Schools for the Children of the World | <b>Employer identification number</b><br>56-2358076 |
|----------------------------------------------------------------------|-----------------------------------------------------|

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

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

|                                                                      |                                                     |
|----------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>Schools for the Children of the World | <b>Employer identification number</b><br>56-2358076 |
|----------------------------------------------------------------------|-----------------------------------------------------|

**Part III** **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |                                          |
|-----------------------------------------|------------------------------------------|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |                                          |
|-----------------------------------------|------------------------------------------|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |                                          |
|-----------------------------------------|------------------------------------------|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| -----               | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |                                          |
|-----------------------------------------|------------------------------------------|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

|                                                                      |                                                     |
|----------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>Schools for the Children of the World | <b>Employer identification number</b><br>56-2358076 |
|----------------------------------------------------------------------|-----------------------------------------------------|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                            | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                              |
|------------|----------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7          | Southwood Lutheran Church<br>-----<br>9300 S 40th St.<br>-----<br>Lincoln, NE 68516<br>----- | \$ 20,050                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | United Charitable Funds<br>-----<br>-----<br>-----                                           | \$ 5,000                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | CENTRANS ENERGY SERVICES<br>-----<br>-----<br>-----                                          | \$ 5,000                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| -----      | -----<br>-----<br>-----                                                                      | \$ -----                   | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----                                                                      | \$ -----                   | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----                                                                      | \$ -----                   | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

Schools for the Children of the World

Employer identification number

56-2358076

**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? . . . . .  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region                                                  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|-------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------|
| (1) Country - Honduras                                      |                                     |                                                                        | Build / Repair Schools                                                                                                                      | Build / Repair Schools                                                                             | 135,779                                              |
| (2) Country - Haiti                                         |                                     |                                                                        | Build / Repair Schools                                                                                                                      | Build / Repair Schools                                                                             | 40,096                                               |
| (3) Gbarnga, Liberia                                        |                                     |                                                                        | Built Library                                                                                                                               | Built Library                                                                                      | 59,291                                               |
| (4)                                                         |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (5)                                                         |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (6)                                                         |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (7)                                                         |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (8)                                                         |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (9)                                                         |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (10)                                                        |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (11)                                                        |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (12)                                                        |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (13)                                                        |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (14)                                                        |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (15)                                                        |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (16)                                                        |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| (17)                                                        |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| <b>3a</b> Sub-total . . . . .                               |                                     |                                                                        |                                                                                                                                             |                                                                                                    | 235,166                                              |
| <b>b</b> Total from continuation sheets to Part I . . . . . |                                     |                                                                        |                                                                                                                                             |                                                                                                    |                                                      |
| <b>c Totals</b> (add lines 3a and 3b)                       |                                     |                                                                        |                                                                                                                                             |                                                                                                    | 235,166                                              |



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

| 1    | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|----------------------------------------------|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| (1)  |                          |                                              | Honduras   | Build/Repair Schools | 153,149                  | Check                           | 0                                 |                                        |                                                       |
| (2)  |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| (3)  |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| (4)  |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| (5)  |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| (6)  |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| (7)  |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| (8)  |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| (9)  |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| (10) |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| (11) |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| (12) |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| (13) |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| (14) |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| (15) |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |
| (16) |                          |                                              |            |                      |                          |                                 |                                   |                                        |                                                       |

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . **1**

**3** Enter total number of other organizations or entities . . . . .

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
 Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| (1)                             |            |                          |                          |                                 |                                   |                                        |                                                       |
| (2)                             |            |                          |                          |                                 |                                   |                                        |                                                       |
| (3)                             |            |                          |                          |                                 |                                   |                                        |                                                       |
| (4)                             |            |                          |                          |                                 |                                   |                                        |                                                       |
| (5)                             |            |                          |                          |                                 |                                   |                                        |                                                       |
| (6)                             |            |                          |                          |                                 |                                   |                                        |                                                       |
| (7)                             |            |                          |                          |                                 |                                   |                                        |                                                       |
| (8)                             |            |                          |                          |                                 |                                   |                                        |                                                       |
| (9)                             |            |                          |                          |                                 |                                   |                                        |                                                       |
| (10)                            |            |                          |                          |                                 |                                   |                                        |                                                       |
| (11)                            |            |                          |                          |                                 |                                   |                                        |                                                       |
| (12)                            |            |                          |                          |                                 |                                   |                                        |                                                       |
| (13)                            |            |                          |                          |                                 |                                   |                                        |                                                       |
| (14)                            |            |                          |                          |                                 |                                   |                                        |                                                       |
| (15)                            |            |                          |                          |                                 |                                   |                                        |                                                       |
| (16)                            |            |                          |                          |                                 |                                   |                                        |                                                       |
| (17)                            |            |                          |                          |                                 |                                   |                                        |                                                       |
| (18)                            |            |                          |                          |                                 |                                   |                                        |                                                       |

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* . . . . .  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . .  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* . . . . .  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* . . . . .  Yes  No

**Part V Supplemental Information**

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

Part I, Line 3 - Activities per Region

| Region           | Activities                                                  | Expenditures | Investments |
|------------------|-------------------------------------------------------------|--------------|-------------|
| Honduras         | Build / Repair Schools Nationwide                           | \$135,779    | \$0.00      |
| Haiti            | Design / Build / Repair Schools Nationwide after Earthquake | \$40,096     | \$0.00      |
| Gbarnga, Liberia | Built Community Center and Library                          | \$59,291     | \$0.00      |

**SCHEDULE L  
(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2013**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

Employer identification number

Schools for the Children of the World

56-2358076

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1   | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|-----|---------------------------------|---------------------------------------------------------------|--------------------------------|----------------|----|
|     |                                 |                                                               |                                | Yes            | No |
| (1) |                                 |                                                               |                                |                |    |
| (2) |                                 |                                                               |                                |                |    |
| (3) |                                 |                                                               |                                |                |    |
| (4) |                                 |                                                               |                                |                |    |
| (5) |                                 |                                                               |                                |                |    |
| (6) |                                 |                                                               |                                |                |    |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
|                               |                                    |                     | (1)                                   |      |                               |                 |                 |    |                                     |    |                        |    |
| (2)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (3)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (4)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (5)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (6)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (7)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (8)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (9)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (10)                          |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |

Total . . . . . ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|-----------------------------------------------------------------|--------------------------|------------------------|---------------------------|
| (1)                           |                                                                 |                          |                        |                           |
| (2)                           |                                                                 |                          |                        |                           |
| (3)                           |                                                                 |                          |                        |                           |
| (4)                           |                                                                 |                          |                        |                           |
| (5)                           |                                                                 |                          |                        |                           |
| (6)                           |                                                                 |                          |                        |                           |
| (7)                           |                                                                 |                          |                        |                           |
| (8)                           |                                                                 |                          |                        |                           |
| (9)                           |                                                                 |                          |                        |                           |
| (10)                          |                                                                 |                          |                        |                           |



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

Department of the Treasury  
Internal Revenue Service

**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.

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

Schools for the Children of the World

Employer identification number

56-2358076

Form 990, Part III, Line 4d - Other Program Services

Architectural and building services for schools in Haiti

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The organization prepares the 990 which is reviewed by the Board prior to filing the return.

Form 990, Part VI, Line 12c - Enforcement of Conflict Policy

The organization maintains it's Conflict of Interest Policy by constant monitoring of operations and Board approval of significant transactions

Form 990, Part VI, Line 2- Family or Business Relationship

There is a family relationship that exists between William DeJong (Treasurer)(father) and Brent DeJong (Trustee)(son).

Name of the organization

Employer identification number

Area with horizontal dashed lines for providing additional information.