## CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

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

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A F	or the 20	018 calendar year, or tax year beginning $$ JUL $1,$ $2018$ and	ending M	AY 31, 201			
В	Check if applicable:	C Name of organization		D Employer identi	fication number		
	Address change	B2THEWORLD, INC.			0.505540		
	Name change	Doing business as			3697648		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb			
Final return/		3310 FALLOWFIELD DRIVE	516-387-4265				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	216,764.		
	Amended	FALLS CHURCH, VA 22116		H(a) Is this a group	return		
	Applica-	F Name and address of principal officer: BENJAMIN P. THOMAS		for subordinate	es? Yes X No		
	pending	6313 ARLINGHAM ROAD, FLOURTOWN, PA 19	031		included? Yes No		
1	Tax-exem	pt status: X 501(c)(3)	or 527		a list. (see instructions)		
		▶ WWW.B2THEWORLD.COM		H(c) Group exempt			
		ganization: X Corporation Trust Association Other	L Year	of formation: 2017	M State of legal domicile: VA		
	art I S	ummary			And the second s		
d)	1 Bri	efly describe the organization's mission or most significant activities: TO B	LESS C	HILDREN, PA	ARENTS AND		
nce	F	AMILIES IN COUNTRIES THAT ARE RECOVERING	G FROM	WAR THROU	GH		
rna	2 Ch	eck this box  if the organization discontinued its operations or dispose	sed of more	than 25% of its net	assets.		
Activities & Governance		mber of voting members of the governing body (Part VI, line 1a)		3	7		
	4 Nu	mber of independent voting members of the governing body (Part VI, line 1b)		4			
	5 To	tal number of individuals employed in calendar year 2018 (Part V, line 2a)		5			
	6 To	tal number of volunteers (estimate if necessary)		6			
cti	7 a To	tal unrelated business revenue from Part VIII, column (C), line 12					
4	b Ne	t unrelated business taxable income from Form 990-T, line 38		71			
Revenue				Prior Year	Current Year		
	8 Co	ontributions and grants (Part VIII, line 1h)		0			
	9 Pro	ogram service revenue (Part VIII, line 2g)		0			
eve	10 Inv	restment income (Part VIII, column (A), lines 3, 4, and 7d)		0			
<b>E</b>	11 Ot	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0			
	12 To	tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0			
	<b>13</b> Gr	ants and similar amounts paid (Part IX, column (A), lines 1-3)		0			
		nefits paid to or for members (Part IX, column (A), line 4)		0			
SS	15 Sa	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0			
	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)		0	. 0.		
Expe	b To	tal fundraising expenses (Part IX, column (D), line 25)	19.		07 704		
ω		her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0			
	<b>18</b> To	tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0			
		venue less expenses. Subtract line 18 from line 12		0			
Net Assets or Fund Balances			Be	ginning of Current Year			
sets	<b>20</b> To	tal assets (Part X, line 16)		14,828			
t As	21 To	tal liabilities (Part X, line 26)		0			
		at assets or fund balances. Subtract line 21 from line 20		14,828	. 46,377.		
Pa	art II	Signature Block			we be aviled as and haliaf it is		
Und	ler penaltie	s of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of	my knowledge and belief, it is		
true	, correct, a	and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer		-1		
		Cianalusa of affinar		Date	020		
Sig	n	Signature of officer					
Hei	re	BENJAMIN P. THOMAS, CEO  Type or print name and title					
	,	2		Date Check	PTIN		
		rint/Type preparer's name	4	1/13/20 11			
Pai		HRISTOPHER L. FROST, CPA Chiospin Sou		Firm's EIN	54-1778447		
		rm's name FRITZ & COMPANY, P.C.		THIII S LIN	. JI IIIIIII		
Use	Only F			Phone no 7	03-591-9393		
		FAIRFAX, VA 22030-6803		Filolie IIo. 7	X Yes No		
Ma	y the IRS	discuss this return with the preparer shown above? (see instructions)	one		Form <b>990</b> (2018)		

Part	V Checklist of Required Scheddles		Yes_	No
	504(a)(a) or 4047(a)(1) (other than a private foundation)?	1		1
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	<u> </u>	
1	If "Yes," complete Schedule A	2_	X	
2	Is the organization required to complete Schedule B, Schedule or Contributors on behalf of or in opposition to candidates for Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	ļ		<b>h</b>
		3		<u> </u>
	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
		4		<u> </u>
_	ls the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X
_	Distribution maintain any deport advised funds or any similar funds or accounts for which donors have the light to			
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
_	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
_	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Oakadula D. Bost III	8		X
_	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	# "Vos " complete Schedule D. Part IV	9		<u> </u>
40	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		i	
	and automants or quasi-endowments? If "Yes " complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	on applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ł		
	Part VI	11a		<u> </u>
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			,,
	assets reported in Part X. line 16? If "Yes." complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			\ <b>.</b>
	assets reported in Part X. line 16? If "Yes." complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part V line 162 if "Ves." complete Schedule D. Part IX	11d	X	+
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		+
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f_	<del>-</del> -	+~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	ļ	X
	Schedule D, Parts XI and XII	1 <u>2</u> a	<del>-</del>	<del>  ^</del>
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13	<del>                                     </del>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a	X	+*
14a	Did the organization maintain an office, employees, or agents outside of the United States?	140		+
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	14b	X	
	or more? If "Yes," complete Schedule F, Parts I and IV			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	15	X	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV			7
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
	or for foreign individuals? If "Yes," complete Scriedule F, Paris III and TV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X_
	Column (A), lines 6 and 11e? If "Yes," complete Scriedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	_	X_
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		_	
19	complete Schedule G, Part III	19		X
		20a		X
20a	the second state of the second state of the sudited financial statements to this return?	20b		
b	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	<u> </u>
	Comeano government on Farring oceans, ( ) and ( )	Eorn	. aar	<b>1</b> 72018

Par	t IV Checklist of Required Schedules (continued)		Yes	No
	the state of the s		100	<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<del></del> -		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		1	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		X
	Schedule J			
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		Х
	Schedule K. If "No," go to line 25a	24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary pende exception.  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
C	Did the organization maintain an escrow account other than a reignificing escrow at any time daming the years	24c		1
	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
d	Did the organization act as an "on benair of lister for boilds outstanding at any time during the year."			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
<b>b</b>	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
		25b		Х
	Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
07	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28	instructions for applicable filing thresholds, conditions, and exceptions):			ŀ
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X_
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
٠	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	İ		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<b>\</b>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	}	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36	<del> </del>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<b>.</b>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	х	
_	Note. All Form 990 filers are required to complete Schedule O	38	1 🕰	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		V	No
		)	Yes	140
	Enter the number reported in Box 3 of Point 109d. Enter 10 tit flot applicable	ń		
b	Enter the number of Forms W-2G included in line 1a. Enter to it flot applicable	1	1	1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1c	х	
	(gambling) winnings to prize winners?		990	/2018

Par	V Statements Regarding Other IRS Filings and Tax Compliance (commisco)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  2a 2			
	Provide a model of the year covered by this future	2b	X	
b	the experience tile all regulated telegraphy than the experience of the control of the experience of t			
	the set of the set of the greater than 250, voll may be required to e-rife (see instructions)	3a		Х
3a	the barred business gross income of \$1,000 or more during the year	3b		
	1 St. of a Form 000 T for this year? If "No" to line 3b, brovide an explanation in Schedulo 5			
4a	the color devices did the organization have an interest in, or a signature or other additions over, a	4a		х
	At any time during the caleridar year, did the organization must be securities account, or other financial account)?	74		
b	the feeting country.			
	One instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FDAF).	5a		X
5a	the approximation a party to a prohibited tax shelter transaction at any time during the tax years	5b		X
h	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		<del></del>
c	will be the Select by did the organization file Form 8886-T?	<u> </u>		<del>                                     </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		х
	any contributions that were not tax deductible as charitable contributions?		_	<del></del> -
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
	were not tax deductible?	00		
7	Organizations that may receive deductible contributions under section 170(c).	7a		X
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b		
b	If "Ves " did the organization notify the donor of the value of the goods or services provided?	7.5	<b>-</b>	<del>                                     </del>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7c		Х
	to file Form 8282? 7d	10	_	<u></u>
d	If "Vac " indicate the number of Forms ozoz illed during the year	7e		Ì
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	1	<del>                                     </del>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		l
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>-</b>	<u> </u>	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8	1	
	sponsoring organization have excess business holdings at any time during the year?	<u> </u>	†  –	
9	Sponsoring organizations maintaining donor advised funds.	9a		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9b		<b>†</b>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	- 05		<del>                                     </del>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on hart vin, and he	1		
b	Gross receipts, included on Form 950, Fait Vill, line 12, 101 poblic dos of state 1	1		
11	Section 501(c)(12) organizations. Enter:		1	1
а	Gross income iron members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
		12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		1	
b	it "Yes," enter the amount of tax-exempt interest received of decided daming the year	1	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a	1 -	
a	Is the organization licensed to issue qualified freating that similar one state.			
	Note. See the instructions for additional information the organization must report on Schedule O.	1	-	
ь	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	1	1	1
C	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1-	
	If "Yes," has it filed a Form 720 to report these payments? If No, provide an explanation in contests of the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
15	excess parachute payment(s) during the year?	15	1.	X
	If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
16				Ϊ
_	If "Yes," complete Form 4720, Schedule O.	For	m <b>99</b> (	(2018

Form 990 (2018)

B2THEWORLD, INC.

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. [77]

	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>		<u></u>	X.
Sec	tion A. Governing Body and Management					
					Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year	<u>1</u> a		<u>-7</u>		
14	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	Enter the number of voting members included in line 1a, above, who are independent	_1b		_6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			
_	officer director trustee or key employee?	,		2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?			3_	ļ	X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	ıs filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or	1	ļ	
	more members of the governing body?			7a_		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
-	persons other than the governing body?			7 <u>b</u>		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	e following:			
_	The governing body?			<u>8a</u>	X	<u> </u>
ь	Each committee with authority to act on behalf of the governing body?			8b_	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached :	at the		1	1
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u></u>		9	L	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)		T	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	ere filing the form	? <u>11a</u>	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	se to cor	oflicts?	12b	X	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escribe		l	1
	in Schedule O how this was done			12c	X	<del> </del>
3	Did the organization have a written whistleblower policy?			13	ļ	X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and appro-	val by ir	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?		-		
а	The organization's CEO, Executive Director, or top management official			15a	X_	<u> </u>
b	Other officers or key employees of the organization			15b	-	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a			<u></u>
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anizatio	n's	ŀ		
	exempt status with respect to such arrangements?			16 <u>b</u>		_
Sec	tion C. Disclosure		<del> </del>			
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 (1024 or 1024-A if applicable), 990, a	and 990	)-T (Section 501(	c)(3)s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	onflict (	of interest policy	and finar	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks a	nd records 🕨 _			
	SAMUEL WHITE - 516-387-4265					
	3310 FALLOWFIELD DRIVE, FALLS CHURCH, VA 22116		·			10015
02207	9 10 21 19			For	11 99U	(2018)

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

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

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

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

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

Check this box if neither the organization (A)  Name and Title	(B) Average hours per week	age Position (do not check more than one box, unless person is both an officer and a director/trustee)			one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARC SIMPAO	1.00	x						0.	0.	0.
DIRECTOR (2) KAYAN LEWIS	1.00	X						0.	0.	0
DIRECTOR (3) MICHAEL O'NEILL DIRECTOR	1.00	x	-					0.	0.	0.
(4) THOMAS HOLLIDAY DIRECTOR	1.00	X	_					0.	0.	0
(5) K. NIGEL ADAMS DIRECTOR	1.00	X	_					0.	0.	0
(6) WILLIAM HUNTER THOMPSON BOARD CHAIR & TREASURER	1.00			x				0.	0.	0
7) BENJAMIN P. THOMAS CEO & SECRETARY	40.00			x		-		20,833.	0.	6,004
				<b></b>						····
				<u> </u>		ļ				
****					-	-				
		ļ				-	ļ			
		1_			_	<u> </u>	_			
		1			_	-	_			
		-	_				-			
		1				-	_			
					L					5 000 /oot/

832007 12-31-18

Form 990 (2018)

(A) Name and title	(B) Average hours pe week	erage Position Reportable Reporta risper box, unless person is both an compensation compens.							(E) Reportable compensation from related	1	(F) Estimated amount of other		
	(list any hours fo related organizatic below line)	r	Individual trustee or director Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	from the organizatio and related organization		
										_			
		_										_	
								-					
				Ī									
· · · · · · · · · · · · · · · · · · ·		<u> </u>	-	1						+			
			+	ļ <u>.</u>									
				-	_					+			
			_	-	_			·		-			
				<u> </u>			_	20 022		_	6,0	0.4	
1b Sub-total c Total from continuation sh								20,833.	0	•		0.	
d Total (add lines 1b and 1c)  2 Total number of individuals	fincluding but not limited to	o tho	se list	ed a	bove	 e) wt	no re	20,833. eceived more than \$100	0,000 of reportable	•]	6,0	04	
compensation from the orga								<del></del>	<u> </u>		Yes	No	
3 Did the organization list any line 1a? If "Yes," complete S										3		x	
For any individual listed on I	ine 1a, is the sum of repor	table	com	ens	atior	and	d ot	her compensation from	the organization				
<ul><li>and related organizations gr</li><li>Did any person listed on line</li></ul>										4		X	
rendered to the organization Section B. Independent Contra		dule .	J for s	such	pers	son .				5	<u> </u>	X	
Complete this table for your the organization. Report cor										sation	from		
	(A) e and business address					<u> </u>		(B) Description of s			(C) ensatio	าก	
- INdin	e and pushiess address		NON	<u>r</u>		_		Description of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-		
								• • • • • • • • • • • • • • • • • • •					
							-					•	
	<u> </u>						_						
2 Total number of independer \$100,000 of compensation		ut no	t limit	ed to		se li: O	stec	d above) who received n	nore than				
										Forn	<b>990</b>	(2018	

Pai	rt VIII	Check if Schedule O cont	iu <del>o</del> -i	or note to any line	in this Part VIII		,	
		Check if Schedule O cont	ains a response	or note to any inte	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
9 v		Federated campaigns	1a					
ᄩᆲ		Membership dues						
ဇ် ဋိ	_	m - dustata a avanda						
₽₹		<del>-</del>						
اقِ ق	d	•	······					
Sis	е	•	- i l					
E E	f	All other contributions, gifts, gran		216,764.	!			
흔히		similar amounts not included abo						
Contributions, Gifts, Grants and Other Similar Amounts	g			L 1	216,764.			
0 6	<u>h</u>	Total. Add lines 1a-1f		Business Code				
<u>ğ</u>	2 a							
3	ь						_	
Program vice Revenue	C.							
	d							
Š.	e	All the recurrence condoc rous						
<u>α</u>	Ţ	All other program service reverse Total. Add lines 2a-2f		_ 1			<u> </u>	
		Investment income (including						
	3	other similar amounts)						
	_	Income from investment of ta					· · · · · · · · · · · · · · · · · · ·	
	4	Royalties						
	5	noyalties	(i) Real	(ii) Personal				
		Crear vente		- (ii) t ordorida				
		Gross rents						
		Less: rental expenses		<del>                                     </del>				
	_	Rental income or (loss)		<u> </u>				
		Net rental income or (loss)	1	1				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other		1		
		assets other than inventory		<del> </del>				
	b	Less: cost or other basis						
		and sales expenses		<del> </del>		ı		
		Gain or (loss)						
	t	Net gain or (loss)					<u>.</u>	
Other Revenue	8 a	Gross income from fundraisin including \$						
ě		contributions reported on line	1c). See					
ᇫ		Part IV, line 18						
Ě		Less: direct expenses						
Ü	С	: Net income or (loss) from fund	draising events	·····				
	9 a	Gross income from gaming a	ctivities. See					;
		Part IV, line 19	a	·				·
	þ	Less: direct expenses	t	· L				
	c	: Net income or (loss) from gan	ning activities .	<u></u>				
	10 a	Gross sales of inventory, less	returns					
		and allowances	a	ı <u>                                      </u>				
	b	Less: cost of goods sold						
	C	: Net income or (loss) from sale	es of inventory .					ļ. <u> </u>
		Miscellaneous Revenu		Business Code				
	11 a		<u></u>			ļ <u> </u>		
	b							
	C	·		ł I				
		All other revenue			<del></del>			
	е	Total. Add lines 11a-11d	.,,					<del> </del>
	12	Total revenue. See instructions		<b>&gt;</b>	216,764.	0.	0	. 0.

02322\_\_1

Form 990 (2018) 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 (D) Fundraising (C) (A) Total expenses Program service expenses Management and Do not include amounts reported on lines 6b, expenses general expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 45,000 45,000. individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members Compensation of current officers, directors, 26,837 26,837. trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 12,500. 20,607. 36,076. 69,183. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 7,762 7,762. Other employee benefits 1,594. 2.391 4.714. 8,699 Payroll taxes Fees for services (non-employees): Management 6,293 6.293. Legal ..... 285. 285. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other, (If line 11g amount exceeds 10% of line 25, 3,617 350. 3,967. column (A) amount, list line 11g expenses on Sch O.) 20. 20. Advertising and promotion ..... 12 395 3,173. 3,568. Office expenses 13 Information technology 14 Royalties 1,250. 1,250. Occupancy 1.152 1.802 2,954. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials .... Conferences, conventions, and meetings 19 20 Payments to affiliates \_\_\_\_\_ 21 Depreciation, depletion, and amortization 22 23 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.) 3,500. 3,500. OTHER AWARDS 2,213 2,213 BANK AND MERCHANT FEES 318. 1,425 1,107 MEALS 1,245 1,245 TELEPHONE 460 554 1,014 All other expenses 24,119. 33,349 185,215 127,747. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

(A) Beginning of year

(B) End of year

Form	990 (2	Balance Sheet  B2THEWORLD, IN	<u> </u>	·						
Pa	T.A		o to an	v line in this Part X						
		Check if Schedule O contains a response or not	<del>0</del> 10 a	ry mile in this tarest						
				<u> </u>						
	1	Cash · non-interest-bearing								
	2	Savings and temporary cash investments								
	3	Pledges and grants receivable, net								
	4	Accounts receivable, net								
	5	oans and other receivables from current and former officers, directors,								
		trustees, key employees, and highest compensated employees. Complete								
		Part II of Schedule L								
	rsons (as defined u									
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and co								
		employers and sponsoring organizations of sect	tion 50	1(c)(9) voluntary						
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch l								
Assets	7	Notes and loans receivable, net								
₹	8	Inventories for sale or use								
	9	Prepaid expenses and deferred charges								
-	10a									
		basis. Complete Part VI of Schedule D	10a							
	b	Less: accumulated depreciation	10b							
	11	Investments - publicly traded securities								
	12	<b>=</b>								
	13	Investments - program-related. See Part IV, line	11							
	14	Intangible assets								
	15	Other assets See Part IV line 11								

—т	-			14,828.	1	43,180.
	1	Cash - non-interest-bearing			2	
	2	Savings and temporary cash investments			3	
	3	Pledges and grants receivable, net			4	
	4	Accounts receivable, net				
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compens			5	
			Sad persons (se defined under			
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section	1 4958(C)(3)(B), and contributing			
		employers and sponsoring organizations of sec	Complete Deat II of Sob I		6	
ets		employees' beneficiary organizations (see instr)	3		7	
Assets	7	Notes and loans receivable, net			8	
•	8	Inventories for sale or use			9	
	9	Prepaid expenses and deferred charges			-3	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D			10c	
	b	Less: accumulated depreciation		<u> </u>	11	
	11	Investments · publicly traded securities		· <u> </u>	12	
	12	Investments - other securities. See Part IV, line			13	
	13	Investments - program-related. See Part IV, line			14	
	14	Intangible assets		0.	15	9,696.
	15	Other assets. See Part IV, line 11		14,828.	16	52,876.
	16	Total assets, Add lines 1 through 15 (must equ		14,020.	17	321010.
	17	Accounts payable and accrued expenses			18	
	18	Grants payable			19	
	19	Deferred revenue		20		
	20	Tax-exempt bond liabilities		21		
	21	Escrow or custodial account liability. Complete				
ē	22	Loans and other payables to current and forme				
Liabilities		key employees, highest compensated employe			22	
<u>.</u>		Complete Part II of Schedule L			23	
_	23	Secured mortgages and notes payable to unrel		<u> </u>	24	
	24	Unsecured notes and loans payable to unrelate				
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on line	i	0.	25	6,499.
	l	Schedule D		0.	26	6,499.
	26	Total liabilities, Add lines 17 through 25	(a) shock have Y and			
		Organizations that follow SFAS 117 (ASC 95) complete lines 27 through 29, and lines 33 at				
Ses				14,828.	27	46,377.
<u>la</u>	27	Unrestricted net assets		22/020	28	
Ba	28	Temporarily restricted net assets		·	29	
핕	29	Permanently restricted net assets  Organizations that do not follow SFAS 117 (A	ASC 059) check here	·		
Ę			45C 956), Check here			
Ö		and complete lines 30 through 34.			30	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or e			31	
As	31	Paid-in or capital surplus, or land, building, or e Retained earnings, endowment, accumulated in			32	
Ne.	32	Total net assets or fund balances	1	14,828.	$\rightarrow$	46,377.
_	33	Total liabilities and net assets/fund balances		14,828.		52,876.
	34	Total liabilities and tiet assets/fully palatices				Form <b>990</b> (2018

Farm	990 (2018) B2THEWORLD, INC.	82-369	648	Pag	e 12		
Par	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>				
	On took in Contraction				~ A		
1	Total revenue (must equal Part VIII, column (A), line 12)	_ 1		7			
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>15.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	_3			<u>49.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14	1,8	<u> 28.</u>		
5	Net unrealized gains (losses) on investments	_5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
10	column (B))	10	4	5,3	<u>77.</u>		
Pai	rt XIII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			No		
Þ	Accounting method used to prepare the Form 990: X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	2a	Yes	x		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,	_2b		X		
c	consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	ne audit,	2c		_		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit					
Ja	Act and OMB Circular A-133?		3a		X		
b	If "Yes." did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b_	000	(2018)		
			⊢orm	ココリ	(2018)		

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Nama a 4 4		GO to www.ma.gov	orinios isi angeria			Employer identification number			
name or t	he organization ישרים	EWORLD, IN	<b>-</b>			82-3697648			
Part I	Reason for Public C	Charity Status (A	all organizations must co	mplete this part.) Se	e instruction	s			
The organ	ization is not a private founda A church, convention of chu	AUON DECAUSE IL IS: (I	n of churches described	in section 170/hV1	YAYi).				
1 🖳	A church, convention of chu	irches, or associatio	Mach Cabadula E (Earm	990 or 990-F7)	//· ·//·				
2	A school described in section	on 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	990 01 990 L.Z.).) eties 170/bV1VAVii	n				
3 🖳	A hospital or a cooperative l	nospital service orga	Inization described in se	described in <b>sectio</b> n	" n 170/h)/1)/A	(iii). Enter the hospital's name,			
4 📖		ation operated in cor	ijunction with a nospital	described in section		, , , , , , , , , , , , , , , , , , ,			
	city, and state:		laga or university owned	or operated by a 00	vernmental	unit described in			
5 📖	An organization operated for		lege or university owner	Of Operated by a go	<b>7</b> 4011111011101	21110 000000000000000000000000000000000			
	section 170(b)(1)(A)(iv). (C	omplete Part II.)		ootion 470/b\/4\/A\	6.4				
6 📙	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
7 📖			ntial part of its support if	oni a governinentar	unit of from	and general passes asserting an			
	section 170(b)(1)(A)(vi). (Co	omplete Part II.)							
8 🖳	A community trust describe	d in section 170(b)(	1)(A)(vi). (Complete Part	II.)		land grant college			
9 📖	An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operated in conju	ncuon willi a	of the college or			
	or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the name, city	, and state c	if the college of			
	university:					the face and execute receipts from			
10 X	An organization that normal	lly receives: (1) more	than 33 1/3% of its sup	port from contribution	ons, member	ship fees, and gross receipts from			
	activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no more tha	n 33 1/3% oi	f its support from gross investment			
	income and unrelated busing	ness taxable income	(less section 511 tax) fro	om businesses acqu	ired by the o	rganization after June 30, 1975.			
	See section 509(a)(2). (Cor	nplete Part III.)							
11 🔲	An organization organized a	and operated exclusi	ively to test for public sa	fety. See section 50	)9(a)(4).	4.41			
12 🔲	An organization organized a	and operated exclus	ively for the benefit of, to	perform the function	ns of, or to o	earry out the purposes of one or			
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section 509(a)(2).	See <b>section</b>	509(a)(3). Check the box in			
	lines 12a through 12d that	describes the type o	f supporting organizatio	n and complete lines	s 12e, 12f, ar	nd 12g.			
a 🗀	Type I. A supporting orga	inization operated, s	upervised, or controlled	by its supported org	janization(s),	typically by giving			
	the supported organization	on(s) the power to re	gularly appoint or elect a	majority of the dire	ctors or trust	ees of the supporting			
	organization. You must c	omplete Part IV, Se	ections A and B.						
ь	Type II. A supporting orga	anization supervised	or controlled in connec	tion with its support	ed organizati	on(s), by having			
	control or management o	f the supporting org	anization vested in the s	ame persons that co	ontrol or man	age the supported			
~	organization(s). You mus								
c 🗆	Type III functionally inte	grated. A supportin	g organization operated	in connection with, a	and functions	ally integrated with,			
	its supported organization	n(s) (see instructions	). You must complete f	art IV, Sections A,	D, and E.				
a 🗆	Type III non-functionally	/ integrated. A supp	orting organization oper	ated in connection v	vith its suppo	orted organization(s)			
	that is not functionally int	egrated. The organiz	zation generally must sat	isfy a distribution re	quirement ar	id an attentiveness			
	requirement (see instruct								
e 🗀	Check this box if the orga	nization received a	written determination fro	m the IRS that it is a	Type I, Type	э II, Туре III			
Ç \_	functionally integrated, or				-				
f Ent	er the number of supported of								
	vide the following information								
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the organization listed in your governing document?	(v) Amount o				
	organization		(described on lines 1-10 above (see instructions))	Yes No	support (see	instructions) support (see instructions)			
			ubg vo (ubb # reverse # re						
		<del></del>		<del>                                     </del>					
				<del>  -   -</del>	<del> </del>				
						ļ			
		<del> </del>		<del>                                     </del>	<del>  -</del> -				
Total						edule A (Form 990 or 990-EZ) 201			
LHA For	Paperwork Reduction Act	Notice, see the Inst	ructions for Form 990 o	<b>y 990-EZ.</b> 832021 10	-11-18 SCN	saule A (Form 550 or 550-62) 20 i			

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.)

Sec	tion A. Public Support		<del></del>	<del></del>	1	(1) 0040	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(t) Total
	Gifts, grants, contributions, and		1			[	
	membership fees received. (Do not						
	include any "unusual grants.")					<del></del>	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		İ				
	or expended on its behalf	<u> </u>	<u> </u>				
3	The value of services or facilities				Į		
	furnished by a governmental unit to					 	
	the organization without charge			<u> </u>			
4	Total. Add lines 1 through 3			<u> </u>			
5	The portion of total contributions						
_	by each person (other than a				1		
	governmental unit or publicly			j			
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	·					
6	Public support. Subtract line 5 from line 4.				<u> </u>	<u> </u>	<u></u>
Sec	ction B. Total Support		<del></del>	<del></del>			(O T-tol
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 201 <u>4</u>	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4				<u> </u>		
8	Gross income from interest,						
	dividends, payments received on				ļ		
	securities loans, rents, royalties,						
	and income from similar sources				<u> </u>	<del></del>	
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			<u> </u>			
10	Other income. Do not include gain						
	or loss from the sale of capital	Í					
	assets (Explain in Part VI.)		_				<del> </del>
<b>D</b> 1	Total support. Add lines 7 through 10				<u></u>	<del>                                     </del>	<u> </u>
12	Gross receipts from related activities,	, etc. (see instruc	tions)			12	
13	First five years. If the Form 990 is for	r the organization	n's first, second, th	ird, fourth, or fifth t	tax year as a secti	on 501(c)(3)	_
	organization, check this box and stor	here				<u></u>	
	ction C. Computation of Publ						%
14	Public support percentage for 2018 (	line 6, column (f)	divided by line 11.	column (f))	***************************************	14	
15	Public support percentage from 2017	' Schedule A, Pa	rt II, line 14	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	441, 00 4/00/	10	
16a	33 1/3% support test - 2018. If the	organization did r	not check the box	on line 13, and line	14 IS 33 1/3% OF	more, check this b	L L
	stop here. The organization qualifies	as a publicly sup	oported organization	on		Warmore shock t	hie hov
ŀ	33 1/3% support test - 2017. If the	organization did r	not check a box or	ן ווחפ 13 or 16a, an 	d line 15 is 33 1/3	% Of HIOIS, CHECK I	<b>▶</b> □
	and stop here. The organization qua	lifies as a publicly	y supported organ	ization		and line 14 is 10%	or more
178	10% -facts-and-circumstances tes	it - 2018. If the o	rganization did no	check a box on iir	16 13, 16a, or 16b,	and the 14 is 10%	nization
	and if the organization meets the "fac	ts-and-circumsta	ances" test, check	this box and stop	nere. Explain in P	art vi now the orga	I IIIZALIOII ►
	meets the "facts-and-circumstances"	test. The organiz	zation qualifies as	a publicly supporte	ed organization		
ı	10% -facts-and-circumstances tes	it - 2017. If the o	rganization did no	t check a box on lir	16 13, 162, 160, 01	in in Dort VI house	1070 UI
	more, and if the organization meets t	he "facts-and-circ	cumstances" test,	check this box and	ı stop nere. Expla	on in mair villow th	▶ 🗔
	organization meets the "facts-and-cir	cumstances" tes	t. The organization	n qualifies as a pub	mory supported or	and see instruction	ns
<u>18</u>	Private foundation. If the organization	on did not check	a box on line 13, 1	oa, 100, 1/a, or 1/	O, CHECK THE DOX	and see mondelle	0 or 990-EZ) 2018
					SCI	iednie v (Lotiii 28	U 01 990-EE) EU 10

# Schedule A (Form 990 or 990-EZ) 2018 B2THEWORLD, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

ı	Support Schedule for Organizations Described in Gostien Gostien	
ί	The second secon	o
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to	•

<del></del>	qualify under the tests listed be tion A. Public Support	low, please comp	olete Part II.)								
		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and	(a) 2014		*** == ==							
	membership fees received. (Do not										
	include any "unusual grants.")				20,720.	216,764.	<u>237,484.</u>				
			<u> </u>								
2	Gross receipts from admissions, merchandise sold or services per-										
	formed, or facilities furnished in					İ					
	any activity that is related to the										
	organization's tax-exempt purpose	<u> </u>									
	Gross receipts from activities that										
	are not an unrelated trade or bus-		1								
	iness under section 513	<del></del>									
-	Tax revenues levied for the organ-										
	ization's benefit and either paid to			! 							
	or expended on its behalf			<del></del>							
5	The value of services or facilities				}						
	furnished by a governmental unit to										
	the organization without charge				00 500	216 764	227 494				
6	Total. Add lines 1 through 5			<u> </u>	20,720.	216,/64.	237,484.				
7a	Amounts included on lines 1, 2, and						0				
	3 received from disqualified persons						0.				
b	Amounts included on lines 2 and 3 received		ļ								
	from other than disqualified persons that										
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	<u>,                                      </u>					0.				
c	Add lines 7a and 7b			<u></u>			0.				
	Public support. (Subtract line 7¢ from line 6.)						<u>237,484.</u>				
	ction B. Total Support										
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
	Amounts from line 6				20,720.	216,764.	237,484.				
10a	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties, and income from similar sources			<u> </u>			<u></u>				
_ h	Unrelated business taxable income										
<b>•</b> •	(less section 511 taxes) from businesses										
	acquired after June 30, 1975	1									
_	Add lines 10a and 10b										
	Net income from unrelated business										
• •	activities not included in line 10b,				}						
	whether or not the business is		ļ								
12	regularly carried on Other income. Do not include gain			<u> </u>	<u> </u>						
12	or loss from the sale of capital						L				
40	assets (Explain in Part VI.)				20.720.	216,764.	237,484.				
13	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is fo	the exemplation	'a first second thi	ird fourth or fifth t							
14	First five years. If the Form 990 is to	i trie organization	S mst, second, th	ira, ioarai, or iiiar			<b>▶</b> 🗓				
<u></u>	check this box and stop herection C. Computation of Pub	ic Support Pe	ercentage								
	Public support percentage for 2018 (	George Control (f)	divided by line 13	column (fl)		15	%				
15						16	%				
	Public support percentage from 201 ction D. Computation of Inve	etment Incom									
16		Stilletit ilicon	io i orodinage	line 13 column (fi		17	%				
Se	ction b. Computation of line	7 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))									
Se-	Investment income percentage for 2	018 (line 10c, colu	Investment income percentage for 2016 (line 100, column ty, divided by into 10, column ty, di								
Se 17	Investment income percentage for 2	2017 Schedule A	. Part III. line 17			18	%				
Se 17	Investment income percentage for 20 Investment income percentage from 33 1/3% support tests - 2018. If the	2017 Schedule A organization did	, Part III, line 17 . not check the box	on line 14, and lir	ne 15 is more than	18 33 1/3%, and line	% 17 is not				
Se 17 18 19	Investment income percentage for 20 Investment income percentage from a 33 1/3% support tests - 2018. If the more than 33 1/3%, check this box a	2017 Schedule A organization did and stop here. The	, Part III, line 17 not check the box e organization qua	on line 14, and lir	ne 15 is more than supported organization	18 33 1/3%, and line ation	% 17 is not				
Se 17 18 19	Investment income percentage for 20 Investment income percentage from a 33 1/3% support tests - 2018. If the more than 33 1/3%, check this box a 33 1/3% support tests - 2017. If the	2017 Schedule A organization did and stop here. The organization did	, Part III, line 17 not check the box e organization qua not check a box o	on line 14, and lir lifies as a publicly In line 14 or line 15	ne 15 is more than s supported organized, and line 16 is m	18 33 1/3%, and line ation ore than 33 1/3%,	% 17 is not ▶ □ and				
17 18 19	Investment income percentage for 20 Investment income percentage from a 33 1/3% support tests - 2018. If the more than 33 1/3%, check this box a	2017 Schedule A organization did and stop here. The organization did eck this box and s	, Part III, line 17 not check the box e organization quanot check a box of stop here. The org	on line 14, and lir lifies as a publicly in line 14 or line 19 anization qualifies	ne 15 is more than supported organized, and line 16 is mas a publicly supp	18 33 1/3%, and line ation ore than 33 1/3%, orted organization	% 17 is not  and				

#### Part IV Supporting Organizations

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

Sec	tion A. All Supporting Organizations		Yes	No
	the organization listed by name in the organization's governing			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
	Did the organization have any supported organization that does not have an IRS determination of status			
2	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
0-	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
За		3a		
	(b) and (c) below.  Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
D	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		_
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
Tu	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		_
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			1
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		-
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b	-	
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	6		
	Part VI.	0		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
•	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
8	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
00	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
94	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
~	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1		E
	determine whether the organization had excess business holdings.)	10b		

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

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Schedule A (Form 990 or 990-EZ) 2018

b Excess from 2015
 c Excess from 2016
 d Excess from 2017
 e Excess from 2018

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

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

Attach to Form 990. ▶Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047 Open to Public Inspection

**Employer identification number** 

Name of the organization 82-3697648 B2THEWORLD, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year \_\_\_\_\_ Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 Held at the End of the Tax Year day of the tax year. 2a Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedule D (Form 990) 2018

832051 10-29-18

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

Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.  Complete if the organization answered "Yes" of	n Form 990 Part IV lir	ne 11b. See Form 990. Part X. line	12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
1 2000 V			
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(F)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, lir	ne 11c. See Form 990, Part X, line	13.
(a) Description of investment	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line	15.
	Description		(b) Book value
(1) DUE FROM PAYROLL PROVIDER			187
(2) DUE FROM EMPLOYEES			9,509
(3)			
(4)			
(5)			
(6)			
(7)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		9,696
Part X Other Liabilities.	101/		
Complete if the organization answered "Yes" of	on Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part	X, line 25.
1. (a) Description of liability		(b) Book value	
1.			
(1) Federal income taxes		6.412.	
(1) Federal income taxes (2) CREDIT CARD LIABILITY		6,412.	
(1) Federal income taxes (2) CREDIT CARD LIABILITY (3) PAYROLL TAXES PAYABLE		6,412.	
(1) Federal income taxes (2) CREDIT CARD LIABILITY (3) PAYROLL TAXES PAYABLE (4)			
(1) Federal income taxes (2) CREDIT CARD LIABILITY (3) PAYROLL TAXES PAYABLE (4) (5)			
(1) Federal income taxes (2) CREDIT CARD LIABILITY (3) PAYROLL TAXES PAYABLE (4) (5) (6)			
(1) Federal income taxes (2) CREDIT CARD LIABILITY (3) PAYROLL TAXES PAYABLE (4) (5) (6) (7)			
(1) Federal income taxes (2) CREDIT CARD LIABILITY (3) PAYROLL TAXES PAYABLE (4) (5) (6) (7) (8)			
(1) Federal income taxes (2) CREDIT CARD LIABILITY (3) PAYROLL TAXES PAYABLE (4) (5) (6) (7)	25.)		

832053 10-29-18

Schedule D (Form 990) 2018

#### **SCHEDULE F** (Form 990)

Department of the Treasury

Internal Revenue Service

## Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

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

Inspection

Name of the organization

Employer identification number

B2THEWORLD, INC.				82-369764	88
Part I General Informa	tion on A	ctivities Ou	tside the United States. Comple		
Form 990, Part IV, line	e 14b.				<del> </del>
1 For grantmakers. Does the	organizatior	n maintain recor	ds to substantiate the amount of its gra	ants and other assistance,	. — .
the grantees' eligibility for th	e grants or a	assistance, and	the selection criteria used to award the	e grants or assistance? X	Yes No
O E Densila	in Dort 1/the	organization's	procedures for monitoring the use of it	s grants and other assistance outs	ide the
2 For grantmakers. Describe United States.	in rait v tile	organization s	procedures for mornioring the design to	<b>5 5       -</b>	
	ollowing Part	t I, line 3 table ca	an be duplicated if additional space is	needed.)	
-	Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
in	offices the region	employees, agents, and independent contractors in the region	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	of service(s) in the region	expenditures for and investments in the region
				STAFFING AND PROVIDING 5	
				EDUCATORS AND SCHOOL	
		_		LEADERS WHO SERVED AND LED DURING THE 2018-2019	122,171,
SUB-SAHARAN AFRICA	1	5	TO RECIPIENTS	LED DURING THE 2018-2019	122,171,
			PROGRAM SERVICES	PROVIDING PROFESSIONAL DEVELOPMENT TO OUR	
SOUTH ASIA	0	0		PARTNER SCHOOL LEADER.	1,170.
Ì					
	<del>.</del>	<u> </u>			
3 a Subtotal		5	-		123,341.
b Total from continuation					
sheets to Part I	(	00			0.
c Totals (add lines 3a					
and 3b)	;	5	<u> </u>	<u> </u>	123 341.

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

82-3697648

Schedule F (Form 990) 2018

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

(i) Method of valuation (book, FMV, appraisal, other)	ВООК					
(h) Description of noncash assistance						
(g) Amount of noncash assistance	0				xempt	•
(f) Manner of cash disbursement	45,000, WIRE TRANSFER				recognized as tax-e	
(e) Amount of cash grant	45,000,4				foreign country, er	
(d) Purpose of grant	RWANDA SCHOOL EXPANSION PROJECT				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	
(c) Region	SUB-SAHARAN AFRICA	-		,	ons listed above that are	or entities
(b) IRS code section and EIN (if applicable)					recipient organization the grantee or cou	other organizations
1 (a) Name of organization						3 Enter total number of other organizations or entities

Schedule F (Form 990) 2018

82-3697648

Page 3

B2THEWORLD, INC.

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. Schedule F (Form 990) 2018

Part III can be duplicated if additional space is needed.

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

Schedule F (Form 990) 2018

Instructions for Form 5713; don't file with Form 990)

Foreign Partnerships (see Instructions for Form 8865)

Did the organization have any operations in or related to any boycotting countries during the tax year? If

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Schedule F (Form 990) 2018

6

#### **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Employer identification number Name of the organization 82-3697648 INC. B2THEWORLD. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TRANSFORMATIVE EDUCATIONAL INSTITUTIONS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: SCHOOL EXPANSION PROJECT. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PROVIDE SCHOLARSHIP AWARDS. EXPENSES \$ 2,500. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 2: TWO BOARD MEMBERS ARE MARRIED TO EACH OTHER. ONE BOARD MEMBER IS THE UNCLE (BY MARRIAGE) OF THE CEO. FORM 990, PART VI, SECTION B, LINE 11B: HE ORGANIZATION DISTRIBUTES THE 990 TO ALL BOARD MEMBERS FOR REVIEW AND APPROVAL PRIOR TO FILING THE RETURN. FORM 990, PART VI, SECTION B, LINE 12C: DIRECTORS, OFFICERS, COMMITTEE MEMBERS OR KEY EMPLOYEES ARE REQUIRED TO COMPLETE A CONFLICTS OF INTEREST STATEMENT ON ANNUAL BASIS. THE BOARD OF DIRECTORS MAINTAINS RECORD OF KNOWN POTENTIAL CONFLICTS OF INTEREST THAT THE BOARD OF DIRECTORS WILL INVESTIGATE ANY MAY ARISE OR HAVE ARISEN. PROPOSED TRANSACTION OR ARRANGEMENT THAT INVOLVES A POTENTIAL CONFLICT OF INTEREST AND APPOINT A DISINTERESTED PERSON IF NECESSARY TO REVIEW.

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

Schedule O (Form 990 or 990-EZ) (2018)

# Form **8868** (Rev. January 2019)

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

► Go to www.irs.gov/Form8868 f	or the	latest information
--------------------------------	--------	--------------------

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Contractiling of	ts, for which an extension request must be sent to the If this form, visit www.irs.gov/e-file-providers/e-file-for-cha	RS in paper rities-and-n	format (see instructions). For more on-profits.	details on t	ne electronic	<u> </u>
	natic 6-Month Extension of Time. Only subr					
All corp	orations required to file an income tax return other than file Form 7004 to request an extension of time to file incor	Form 990-T	(including 1120-C filers), partnershi		s, and trusts	number
Type or print		uctions.		Employer	identification r	number (EIN) or
File by the	3310 FALLOWFIELD DRIVE			Social sec	curity number (	
instruction	FALLS CHURCH, VA 22116					0 1
Applica	ne Return Code for the return that this application is for (tation	Return Code	Application Is For			Return Code
Form 99	90 or Form 990-EZ	01	Form 990-T (corporation) Form 1041-A			07
	720 (individual)	03 04	Form 4720 (other than individual) Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust) 90-T (trust other than above)	05 06	Form 6069 Form 8870			11
Tele	SAMUEL WHITE books are in the care of ▶ 3310 FALLOWFIE phone No. ▶ 516-387-4265 e organization does not have an office or place of busine is is for a Group Return, enter the organization's four dig . If it is for part of the group, check this box ▶	ess in the U	Fax No. ▶nited States, check this box	. If this is for	r the whole gro	> oup, check this ion is for.
t		rganization'	s return for:	9	npt organization	n return for
	f the tax year entered in line 1 is for less than 12 months.  X Change in accounting period	, check reas	son: Initial return	Final retur	n	h'ii
	f this application is for Forms 990-BL, 990-PF, 990-T, 472 any nonrefundable credits. See instructions.	20, or 6069,	enter the tentative tax, less	3a	\$	0.
b l	f this application is for Forms 990-PF, 990-T, 4720, or 60 estimated tax payments made. Include any prior year over	erpayment a	allowed as a credit.	3b	\$	0.
c E	Balance due, Subtract line 3b from line 3a, Include your	payment w See instruct	ith this form, if required, by ions.	3с	\$	0.
Cautio	n: If you are going to make an electronic funds withdraw	val (direct d	ebit) with this Form 8868, see Form	8453-EO a	nd Form 8879-	EO for payment

Form 8868 (Rev. 1-2019)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.