EXTENDED TO APRIL 15, 2021

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.

Form 990 (Rev. January 2020) Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	For t	he 2019 calendar year, or tax year beginning JUN 1, 2019 and	ending M	AY 31, 2020					
В	Check applica	C Name of organization		D Employer identif	ication number				
	cha								
	Nan	nge Doing business as		82-3697648					
	Initia	Number and street (or P.O. box if mail is not delivered to street address)	lumber and street (or P.O. box if mail is not delivered to street address) Room/suite						
	Fina	3310 FALLOWFIELD DR	3310 FALLOWFIELD DR						
_	term	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	604,207.				
Ļ	retu	FALLS CHURCH, VA 22042		H(a) Is this a group r	eturn				
	tion	F Name and address of principal officer: BENJAMIN P. THOMAS		for subordinate:	Control of the contro				
_	Taura	V	22042	H(b) Are all subordinates i	ncluded? Yes No				
		xempt status: X 501(c)(3)	or 527		a list. (see instructions)				
		of organization: X Corporation Trust Association Other	1 Vees	H(c) Group exemption					
		Summary	L Year	of formation; 2017]	M State of legal domicile; VA				
_	1	Briefly describe the organization's mission or most significant activities: TO BI	LESS C	HILDREN, PA	RENTS AND				
Activities & Governance		FAMILIES IN COUNTRIES THAT ARE RECOVERING	FROM	WAR THROUGH					
rus	2	Check this box if the organization discontinued its operations or dispose							
900	3	Number of voting members of the governing body (Part VI, line 1a)		3	7				
8	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	6				
9	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	9				
ivit	6	Total number of volunteers (estimate if necessary)		6	3				
Ac	/ a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
_	-	Net unrelated business taxable income from Form 990-T, line 39		7b	0.				
	8	Contributions and grants (Part VIII, line 1h)	-	Prior Year 216,764.	Current Year				
Revenue	9	Drawn and a series of the seri		210,764.	604,204.				
SVer	10	Investment income (Part VIII column (A) lines 2.4 and 7.6		0.	0.				
ä	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		216,764.	604,207.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		45,000.	216,107.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		112,481.	251,630.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) 43,15	4.						
ш	.,	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		27,734.	62,452.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		185,215.	530,189.				
	19	Revenue less expenses. Subtract line 18 from line 12		31,549.	74,018.				
ts o	20 21 22	Total coasts (Post V. Ford 6)	Beg	inning of Current Year	End of Year				
Asse	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		52,876.	125,727.				
Net /	22	Net assets or fund balances. Subtract line 21 from line 20		6,499.	5,332.				
Pa	rt II	Signature Block	101011	46,377.	120,395.				
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules a	and statemen	ts, and to the hest of my	knowledge and helief it is				
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whic	h preparer h	as any knowledge.	Knowledge and belief, it is				
Sign		12:12			120				
		Signature of officer		Date					
Her	е	BENJAMIN P. THOMAS, CEO							
		Type or print name and title	I s						
Paid		Print/Type preparer's name Preparer's signature	Da		PTIN				
	arer	WADE ARTHUR, CPA WADE ARTHUR, CPA	110	0/16/20 self-employe					
	Only	Firm's name TIGHE, KRESS & ORR, P.C. Firm's address 2001 LARKIN AVENUE, SUITE 202		Firm's EIN ▶	26-0476995				
200	,	ELGIN, IL 60123		Db. / 0 /	17) 605 2700				
Mav	the IF	RS discuss this return with the preparer shown above? (see instructions)		Phone no. (84					
	1 01-2				X Yes No				
		PER COMPONE TO POR ORGANIZATION SEE the separate instructions	5.		Form 990 (2019)				

	990 (2019) B2THEWORLD, INC. 82-3697648 Page
Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO BLESS CHILDREN, PARENTS, AND FAMILIES IN COUNTRIES THAT ARE
	RECOVERING FROM WAR THROUGH TRANSFORMATIVE EDUCATIONAL INSTITUTIONS.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 \$ 329,107. including grants of \$ 135,107.) (Revenue \$
	RWANDA:
	B2THEWORLD CONTINUED TO PARTNER WITH KIGALI INTERNATIONAL COMMUNITY
	SCHOOL (KICS) IN RWANDA BY STAFFING AND PROVIDING 7 EDUCATORS AND
	SCHOOL LEADERS WHO SERVED AND LED DURING THE 2019-2020 ACADEMIC YEAR.
	THROUGH THIS PARTNERSHIP, 315 STUDENTS FROM 40 DIFFERENT NATIONALITIES
	RECEIVED A QUALITY, CHRIST-CENTERED EDUCATION. THE PARTNERSHIP INCLUDED
	THE MENTORING OF 14 GRADUATES WHO WERE ACCEPTED IN UNIVERSITIES IN 4
	COUNTRIES. ALSO, B2THEWORLD WAS ABLE TO SECURE TWO NEW EMPLOYEES WHO
	WILL SERVE IN KEY LEADERSHIP POSITIONS AT KICS IN THE UPCOMING SCHOOL
	YEAR. B2THEWORLD STAFF SERVING AT KICS MADE A SIGNIFICANT IMPACT IN
	STEWARDING QUALITY EDUCATION THROUGH THE LAUNCH OF "KICS LEARNING
	CONTINUES" (AN ONLINE LEARNING PLATFORM) WHEN COVID-19 REACHED RWANDA.
4b	05 664
40	(Code:) (Expenses \$ 85,664. including grants of \$ 81,000.) (Revenue \$ PAKISTAN:
	B2THEWORLD CONTINUED TO PARTNER WITH AN ORGANIZATION OPERATING THREE
	SCHOOLS IN PAKISTAN. THESE SCHOOLS SERVE THE MOST VULNERABLE
	CHILDREN-THE SONS AND DAUGHTERS OF BONDED BRICKMAKERS AND STREET
	CLEANERS, REPRESENTING THE BOTTOM 1% OF SOCIETY IN PAKISTAN. IN 2019,
	B2THEWORLD LAUNCHED THE COLLEGE SPONSORSHIP PROGRAM, AIMING TO END THE
	CYCLE OF BONDED LABOR FOR FAMILIES IN THIS VULNERABLE COMMUNITY.
	B2THEWORLD SPONSORED THE FIRST COHORT OF 20 STUDENTS TO ATTEND COLLEGE
	AND ALSO FUNDED THE SECOND COHORT OF AN ADDITIONAL 30 STUDENTS. IN
	ADDITION TO COLLEGE SPONSORSHIPS, B2THEWORLD MADE SIGNIFICANT
	CONTRIBUTIONS TO THE OPERATING COSTS OF TWO PARTNER SCHOOLS EDUCATING
	OVER 1000 STUDENTS, THIS FUNDING ALLOWED TEACHERS TO BE PAID THROUGHOUT
4=	F 370
4c	GLOBAL EDUCATORS GATHERING (GEG):
	B2THEWORLD HOSTED THE SECOND ANNUAL GLOBAL EDUCATORS GATHERING IN
	NOVEMBER OF 2019. 23 SCHOOL EDUCATORS AND LEADERS FROM 15 SCHOOLS IN 8
	DIFFERENT COUNTRIES GATHERED TOGETHER AT GEG AND RECEIVED FIVE DAYS OF HIGH-QUALITY, PROFESSIONAL DEVELOPMENT. FOLLOWING THE GATHERING,
	ATTENDEES WERE ABLE TO IMPLEMENT KEY INSIGHTS IN THEIR SCHOOLS.
	B2THEWORLD IS EXCITED TO HOST, SPONSOR AND COORDINATE AN ANNUAL
	GATHERING AS WELL AS LAUNCH REGIONAL GATHERINGS FOR BOTH EDUCATIONAL
	LEADERS AND TEACHERS.
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ 823 · Including grants of \$) (Revenue \$) Total program service expenses ▶ 420,964 ·
40	Total program service expenses 420,964.

Part IV Checklist of Required Schedules Yes Nο 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X ff "Yes," complete Schedule A X 2 2 s the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 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 X during the tax year? [f "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 5 X similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 6 X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? # "Yes." complete 8 X Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X or in quasi endowments? If "Yes," complete Schedule D, Part V 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 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? if "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VIII 11c 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 11d Part X, line 167 # "Yes," complete Schedule D, Part IX X 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12h 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b 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 X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes" 19 complete Schedule G, Part ill X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

by If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

20b

Pal	t IV: Checklist of Required Schedules (continued)	—— <u> </u>	I	
		\Box	Yes	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
	Part IX, column (A), line 27 /f "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		ſ	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	ł	x
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		l	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1 242	l	X
	Schedule K. If "No," go to line 25a	248		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	044		
	any tax-exempt bonds?	240	-	
þ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a	1	X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	208		<u>~</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			X
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	1		ı
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		1	X
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			~
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	A. 62-5250	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):	323	15:E	
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? f		•	
	"Yes " complete Schedule L. Part IV	28a	ļ	X.
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If		l	
-	"Vos " complete Schedule I. 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	1		
	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	<u> </u>	x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
	Scherbile N. Part II	32	—	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1	į	
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-		
•	Part V, line 1	34		X
35.	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	└	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
•	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	Ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes " complete Schedule R. Part V. line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		1	
	Note: All From 990 filers are required to complete Schedule O	38	X	
Pε	irt 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
1:	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable	0	13	199
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	A		
`	(gambling) winnings to prize winners?	1c	بيا	丄
		Form	n 990	(2019)

	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		ı 1	2000	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return			13.4	
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	ESTE:
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	70 32 m 24		
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b	 	_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a	*****	X
b	if "Yes," enter the name of the foreign country			2.0	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).	是意		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	***************************************	5a_		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		Ь
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts		1	1
	were not tax deductible?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6b		
7	Organizations that may receive deductible contributions under section 170(c).			this o	
8	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		$ldsymbol{ldsymbol{\sqcup}}$
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required		·	1
	to file Form 8282?		7c	L	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract?	7e_		<u></u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		71		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g	L;	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			2.2	建 类
_	sponsoring organization have excess business holdings at any time during the year?	-	8		
9	Sponsoring organizations maintaining donor advised funds.				5. A.
a			98		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9Ъ		
10	Section 501(c)(7) organizations. Enter:		3	(A.)	
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	118			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
D	amounts due or received from them.)	115	150	医 菌	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	:724	11.25
انے. ام	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	126	((m) (m/2) (((((((((((((((((((14.55 14.55	
	Castles 504/sV00t mistified appropriate health increases increase		7 3 W		2
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		T-1-1-1
8	Note: See the instructions for additional information the organization must report on Schedule O.	***************************************	9	Section 1	24.7
L	Note: See the instructions for additional information the organization must report on schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the		90		
D	· · · · · · · · · · · · · · · · · · ·	13b	12.19	泛类	
_	organization is licensed to issue qualified health plans	130			
C -4-	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?		14a	Fig. 1964	X
				\vdash	 ^
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		14b	 	+-
15			45		x
	excess parachute payment(s) during the year?	***************************************	15	处区	
	If "Yes," see instructions and file Form 4720, Schedule N.	ineema?			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	. IRGOM# /	16	District Control	
	If "Yes," complete Form 4720, Schedule O.		100	47-4-18	A PARTY

	990 (2019) B2THEWORLD, INC.		82-369	<u> 764</u>	8	Page 6
Hal	EVI Governance, Management, and Disclosure For each "Yes" response to lines 2 to			a "No"	respoi	1 se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule 0					
_	Check if Schedule O contains a response or note to any line in this Part VI		· <u>·</u> ··································			X
Sec	tion A. Governing Body and Management				Т.,	٦
٠.	Enter the number of voting members of the governing body at the end of the tax year	₁₂		7 00	Yes	No
12	If there are material differences in voting rights among members of the governing body, or if the governing	"		一類	10.0	
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1 1		7	4.5	
ь	Enter the number of voting members included on line 1a, above, who are independent	15		6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi		ny other			
_	officer, director, trustee, or key employee?					2 (4)2-242
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		•••••	. 3	4	X
4	Did the organization make any significant changes to its governing documents since the prior Form				-	X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	••••••		┿	X
6	Did the organization have members or stockholders?			. <u> 6</u>	+	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					,,
	more members of the governing body?			. <u>7</u> 8	'	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				ı	
	persons other than the governing body?			71		X aree≠i
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			Sec. 15		
a	The governing body?	••••••	······			+-
þ	Each committee with authority to act on behalf of the governing body?			. <u> 8</u>	 ^	+
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			١.		x
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			. 9		<u> </u>
3 0 C	tion B. Policies (This Section B requests information about policies not required by the Internal B	evenue	Code.)		Yes	No
	2014 the secretarity bearing the store because a smile ten?			10	\neg	X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such c			· '''	•	
ь	and branches to ensure their operations are consistent with the organization's exempt purposes?			10	.	
	Has the organization provided a complete copy of this Form 990 to all members of its governing box					+-
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	y balon	o mang and romm.	34		
b	Did the organization have a written conflict of interest policy? If "No," go to line 13					
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				-	_
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If			" "		1
·	in Schedule O how this was done			12	c X	1
13	Did the organization have a written whistleblower policy?			_	_	X
14	Did the organization have a written document retention and destruction policy?					X
15	Did the process for determining compensation of the following persons include a review and approve					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		•			
-	The organization's CEO, Executive Director, or top management official				1	7
	Other officers or key employees of the organization				-1	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wi	ith a			
ıod	taxable entity during the year?			16	a	X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	articipation	8	训室	
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga			ر الله الثانيا		
	exempt status with respect to such arrangements?			. 16	b L	

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ▶VA
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 980, 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 X Another's website X Upon request Other (explain on Schedule 0)
19	Describe on 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, address, and telephone number of the person who possesses the organization's books and records SAMUEL WHITE - 516-387-4265
	3310 FALLOWFIELD DRIVE, FALLS CHURCH, VA 22042

Form 990 (B2THEWORLD, INC.	82-3697648	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated	
,	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		🗆
Castina A	All and District Tracks of the Product of the Association of the Assoc		

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.

 t.ist all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- 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.
 See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustes)					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	Отбен	Key employee	Highest compensated	Former	the organization (W-2/1099-MISC)	organizations (W·2/1099-MISC)	compensation from the organization and related organizations
(1) WILLIAM HUNTER THOMPSON	1.00								_	_
BOARD CHAIR & TREASURER	40.00	X	├-	X	<u> </u>	_	<u> </u>	0.	0.	0
(2) DR. BENJAMIN P. THOMAS DEO & VICE CHAIR	40.00	x	1	x				61 022	0.	
(3) DR. MARC SIMPAO	1.00	₽	├	₽	⊢	H	⊢	61,023.	υ.	0
SECRETARY	1.00	x		x			l	0.	0.	. 0
(4) DR. KAYAN LEWIS	1.00	 -	Г	┢	┢	1	┢			
DIRECTOR		x					ŀ	0.	0.	0
(5) MICHAEL O'NEILL	1.00				Г					
DIRECTOR		Х	<u>_</u>		L	L_	L	0.	0.	0
(6) REV. THOMAS HOLLIDAY	1.00	l				İ			_	_
DIRECTOR	1 00	X	<u> </u>	-	<u> </u>	 	┞	0.	0.	0
(7) K. NIGEL ADAMS DIRECTOR	1.00	x	Ι.					0.	0.	
(8) SEAN KERRIGAN	1.00	^	-		├─	⊢	┝		<u> </u>	0
DIRECTOR	_ 1.00	x	ĺ				1	0.	0.	0
(9) ALVIN NSENGIMANA	1.00		1			1	T	1		
DIRECTOR		X	ا ا					0.	0.	0
(10) SAMUEL WHITE	1.00					Г	Γ			
VICE PRESIDENT		<u> </u>	L	X			L	0.	0.	0
					-					
		Γ								
 		┞	\vdash		_				·	
		\vdash	\vdash	-		\vdash	\vdash			
		-	H	Н			\vdash			
 		<u> </u>	H		<u> </u>	-	-			
932007 01-20-20		<u> </u>	Ш	,	نبا	L_		<u> </u>		Form 990 (201

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

Form 990 (2019)

82-3697648 B2THEWORLD, INC. Form 990 (2019) Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII Unrelated Revenue excluded Related or exempt Total revenue from tax under sections 512 - 514 function revenue business revenue 1 a Federated campaigns Grants b Membership dues 1ь c Fundralsing events 10 14 d Related organizations 1e Government grants (contributions) f All other contributions, gifts, grants, and 604,204. similar amounts not included above 11 19 3 g Noncash contributions included in lines 1s-1f 604,204 h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses Revenue c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses _____ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses _____9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code**

604,207.

e Total. Add lines 11a-11d

Total revenue. See instructions

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 (B) Program service expenses (D) Fundraising Do not include amounts reported on lines 6b, Total expenses Management and 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 216,107 individuals. See Part IV, lines 15 and 16 216,107. Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 67,208. 67,208. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 162,105. 101,265. 40,000. 20,840. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,200. 1,240. 960. Other employee benefits 13,275. 1,963. 20,117. 4,879. Payroll taxes Fees for services (nonemployees): 13,895. 13,895. Management b Legal 3,145. 3,145. c Accounting d Lobbying **发生了自然了。自己还是这个目** Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 2,261. 699. 1,562. Advertising and promotion 12 ,810. 7,464. 4,079. 13 Office expenses 4,175. 4,175. Information technology 14 Royalties 15 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 1,363. 1,363. Conferences, conventions, and meetings 19 432. 432. Interest 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 12,366. 12,366. PROJECT 6,295. 6,295. BANK FEES 4,918. 4,061 313. 544. GIFTS 3,343. 3,343. d DONOR 2,795. 2,795. e All other expenses 43,154. 66,071. 420,964. 530,189. 25 Total functional expenses. Add lines 1 through 24e 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) Form 990 (2019)

	Check if Schedule O contains a response or note to any line in this Part X	······································		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	43,180.	1	109,137
2	Savings and temporary cash investments		2	
з	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined		多差	
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		8	
. 7	Notes and loans receivable, net		7	
8	Inventories for sale or use	•	8_	
9	Prepaid expenses and deferred charges	•	9	
10				
'''	basis. Complete Part VI of Schedule D 10a			
١,	Less: accumulated depreciation 10b		10c	
111	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
1		l .	14	
14	Intangible assets Other assets. See Part IV, line 11	1 0 606		16,590
15	Total assets, Add lines 1 through 15 (must equal line 33)			125,727
16	Accounts payable and accrued expenses		17	
17		l	18	
18	Grants payable		19	<u> </u>
19	Deferred revenue		20	
20	Tax-exempt bond liabilities		21	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		7	
22	Loans and other payables to any current or former officer, director,		3.5	
	trustee, key employee, creator or founder, substantial contributor, or 35%		22	
	controlled entity or family member of any of these persons		23	
23	Secured mortgages and notes payable to unrelated third parties		24	-
24	Unsecured notes and loans payable to unrelated third parties	·	27	
25	Other liabilities (including federal income tax, payables to related third			
ı	parties, and other liabilities not included on lines 17-24). Complete Part X	6,499.	25	5,332
l	of Schedule D	6,499.	26	5.332
26	Total liabilities, Add lines 17 through 25	0,499.	20 1598	
.	Organizations that follow FASB ASC 958, check here			
27	and complete lines 27, 28, 32, and 33.	46,377.		44,717
	Net assets without donor restrictions	40,377.	27	75,678
28	Net assets with donor restrictions		28	73,076
28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here		噻	
:	and complete lines 29 through 33.		#15	
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund	•	30	
31	Retained earnings, endowment, accumulated income, or other funds	1 46 656	31	100 305
32	Total net assets or fund balances	46,377.	_	
33	Total liabilities and net assets/fund balances	52,876.	33	125,727

Form	990 (2019) B2THKWORLD, INC.	<u>82-3697</u>	<u>648</u>	Pag	₁₀ 12
Pai	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			CO 4		
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	604		
2	Total expenses (must equal Part IX, column (A), line 25)	2	530	_	_
3	Revenue less expenses. Subtract line 2 from line 1	3			18.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4.0	, 5	<u>77.</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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	40	120	1 30	95.
/-	column (B)) [上XIII Financial Statements and Reporting	10	120	,,,,	, , .
. 1,0					
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
•	Accounting method used to prepare the Form 990: X Cash Accrual Other		2.7	1	
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (D.		187	
20	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	Ĺ
	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:		I		
	X Separate basis Consolidated basis Both consolidated and separate basis				
.	Were the organization's financial statements audited by an independent accountant?		2b		X
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	1	编	
	consolidated basis, or both:		- 7	1.2	-
	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	audit,			
·	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	L
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.	×:3		
3-	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit]		l
Ja	Act and OMB Circular A-133?		3a		X
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				Γ
٥	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
	At Bright or Mills of Caregoon of man description of the Caregoon of man description of the Caregoon of the Ca	_	Form	990	(2019)

SCHEDULE A

Department of the Treesury 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

Name of the organization

Employer identification number

		B2TH)	EWORLD, INC	: .			J	<u> </u>
Pai	t is	Reason for Public C			mplete thi	s part.) Se	e instructions.	
		zation is not a private founda	ation because it is: (F	or lines 1 through 12, ch	neck only o	ne box.)		
1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A church, convention of chi	irches or association	of churches described	in section	n 170(b)(1	XAXI).	
2	Ħ	A school described in secti	on 170/hV1VAVii) (Attach Schedule E (Form	990 or 99	O-EZ).)		
	=	A hospital or a cooperative	hoenital service oma	nization described in se	ction 170	IDN 1MAMIII	n.	
3	=	A medical research organiza	ntion onwated in con	junction with a hospital	described	in section	n 170/6N 1NANIII). Enter	the hospital's name,
4	Ш		anon operated in con	pariodori triai a ricopii				•
_		city, and state: An organization operated for	- th- honefit of a coll	ogo or university overed	or operate	d by a go	vernmental unit describe	ed in
5	Ш	-		enda Ot attraversità contrec	Or Operan	o oy a go	, o, , , , , , , , , , , , , , , , , ,	"
	_	section 170(b)(1)(A)(iv). (C	omplete Part II.)	والمحالم معالم معالم المعالم		MEVANAN		
6	\sqsubseteq	A federal, state, or local gov	remment or governm	ental unit described in a	section 1/	ДОД ІДАД	vj. (vene de e menem) :	while described is
7	Ш	An organization that normal		itial part of its support in	om a gove	mmentai t	trit of itom rue Seneral i	public described in
		section 170(b)(1)(A)(vi). (Co						
8		A community trust describe	d in section 170(b)(1)(A)(vi). (Complete Pari	i 17.)		at 105 - 1 - 1 1	
9		An agricultural research org	anization described i	in section 170(b)(1)(A)(i	x) operate	ed in conju	nction with a land-grant	collede
		or university or a non-land-g	rant college of agrica	ulture (see Instructions).	Enter the r	name, city,	, and state of the college	or
		university:						
10	X	An organization that normal	lly receives: (1) more	than 33 1/3% of its supp	port from c	contribution	ns, membership fees, ar	id gross receipts from
		activities related to its exem	npt functions - subjec	t to certain exceptions,	and (2) no	more than	33 1/3% of its support	from gross investment
		income and unrelated busin	ess taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor						
11		An organization organized a	and operated exclusi	vely to test for public sat	lety. See	section 50)9(a)(4).	
12	一	An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to carry 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 section 508(a)(3).	Check the box in
		lines 12a through 12d that	describes the type of	supporting organization	and com	plete lines	12e, 12f, and 12g.	
а	_	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), typically by	giving
_	_	the supported organization	on(s) the power to rec	jularly appoint or elect a	majority o	of the direc	tors or trustees of the s	upporting
		organization. You must o						
.		Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	ed organization(s), by ha	ving
	_	control or management of	f the supporting orga	inization vested in the si	ame perso	ns that co	ntrol or manage the sup	ported
		organization(s). You mus			•		-	
_		Type III functionally inte	greated Asunnorting	n omanization operated	in connect	tion with, a	and functionally integrate	ed with,
C	_	its supported organization	ngretoer in trappoissi	Vou must complete l	Part IV. Se	ctions A.	D. and E.	•
	_	Type (ii non-functionally	. Interested A supp	ortica omenization oner	ated in co	nnection w	vith its supported organi	zation(s)
d	_	that is not functionally int	/ integrated. A supp	eties conomity must est	iete a dietr	ibertlan roc	ukement and an attenti	veness
								1011000
	_	requirement (see instruct	ions). You must con	npiete Part IV, Secuolis	m tha IDS	that it is a	Twe I Twe II Twe III	
e	_	Check this box if the orga	anization received a v	written cetermination no		ulat II io a	Type I, Type II, Type III	
		functionally integrated, or		ally integrated supporti	ng organiz	auori.		
f		er the number of supported o					••••	
9		vide the following information	about the supporte	d organization(s). (III) Type of organization	(N) 15 till arg	Balzakon HSI 60	(v) Amount of monetary	(vi) Amount of other
	,	(i) Name of supported organization	ful man	(described on lines 1-10	Yes	No Mocument?	support (see instructions)	support (see Instructions)
				above (see instructions)	1 68	140	 	
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					 	 	. <u> </u>	
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							!	
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					(494 50	F12-302		
Tota	1				The second of the second of	7		

Schedule A (Form 990 or 990-EZ) 2019 B2THEWORLD, INC. 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 falls to qualify under the tests listed below, please complete Part III.) Section A. Public Support

-	And An I abile cupper						
Cate	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and	Ī				ľ	
	membership fees received. (Do not				,		
	include any "unusual grants.")						
2	Tax revenues levied for the organ-	,	1				
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	1			·		
	furnished by a governmental unit to	1	1				
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions	(基) 小量		1440分2		75.74	
	by each person (other than a	计量 化量量					
	governmental unit or publicly				是"是"。		
	supported organization) included		15-50-75	The Later of the L		罗尔·舞、	
	on line 1 that exceeds 2% of the			THE STATE	き きぶ なう		
	amount shown on line 11,						
	column (f)		《三》				
6	Public support. Subtract line 5 from line 4.	· 富州、安全	国图公室			學的過程。	
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on	Į					
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				<u>. </u>		
11	Total support. Add lines 7 through 10		4440.44	划于建筑处理	EVERYED TO		
12	Gross receipts from related activities	etc. (see instruction	ons)			12	
13	First five years, If the Form 990 is fo					n 501(c)(3)	
	organization, check this box and sto	p here	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				▶□
Se	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2019 (line 6, column (f) d	ivided by line 11, o	olumn (f))		14	
	Public support percentage from 2018					15	
16a	33 1/3% support test - 2019. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization	ı	*******************************		▶□
t	33 1/3% support test - 2018, if the	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation	*****		▶□
178	10% -facts-and-circumstances tes	t - 2019. If the org	ganization did not	check a box on line			
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
k	10% -facts-and-circumstances tes						
	more, and if the organization meets t						
	organization meets the "facts-and-cir						▶□
10	Private foundation If the omegization	on did not check a	box on line 13. 16	Sa. 16b. 17a, or 17i	b. check this box a	nd see instructions	:

Schedule A (Form 990 or 990-EZ) 2019 B2THEWORLD, INC.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support			<u> </u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(6) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and					(0) = 0.10	(i) rotal
	membership fees received. (Do not						
	include any "unusual grants.")			20,720.	216,764.	604,204.	841.688.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose		•				
3	Gross receipts from activities that				- -		
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						-
•	ization's benefit and either paid to						
	or expended on its behalf			İ			
=	The value of services or facilities						
Ş	furnished by a governmental unit to	ļ	•		,		
	the organization without charge						
_				20,720.	216,764.	604 204	841,688.
	Total. Add lines 1 through 5	<u> </u>		20,120.	210,704.	004,204.	041,000.
78	Amounts included on lines 1, 2, and						^
	3 received from disqualified persons			 			0.
	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			·			0.
•	Add lines 7a and 7b	7.50	Constant Constant Constant	n Bass tail o en instrucció	n en arbren menek andreiten	Page 100 minutes and	0.
	Public support. (Subtract line 7c from line 6.)	fig. WKVin		32.30			841,688.
_	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017 20,720.	(d) 2018 216,764.	(e) 2019 604, 204.	(f) Total 841,688.
-	Amounts from line 6		ļ	20,720.	210,/04.	604,204.	041,000.
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,					,	3.
	and income from similar sources	ļ				3.	3.
i	Unrelated business taxable income						
	(less section 511 taxes) from businesses			j			
	acquired after June 30, 1975		ļ				
	Add lines 10a and 10b		·	<u> </u>	ļ <u> — </u>	3.	3.
11	Net income from unrelated business					ļ	
	activities not included in line 10b, whether or not the business is						ł
	regularly carried on			<u> </u>			
12	Other income. Do not include gain			ł		i	
	or loss from the sale of capital assets (Explain in Part VI.)						211
13	Total support (Add lines 9, 10c, 11, and 12.)						841,691.
14	First five years. If the Form 990 is fo	r the organization'	s first, second, this	rd, fourth, or fifth ta	ıx year as a sectiol	n 501(c)(3) organiza	ation,
	check this box and stop here					************************	▶X
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2019 ((line 8, column (f), o	divided by line 13,	column (f))		15	<u>%</u>
16	Public support percentage from 2016	8 Schedule A, Part	t III, line 15			16	%
Se	ction D. Computation of Inve	stmen <u>t Incom</u>	e Percentage			, , , , , , , , , , , , , , , , , , , 	
17	Investment income percentage for 2	019 (fine 10c, colu	ımn (f), divided by l	ine 13, column (f))	***************************************	17	<u>%</u>
40	Investment income percentage from	2018 Schedule A	Part III. line 17			18	%
19	a 33 1/3% support tests - 2019. If the	e organization did	not check the box	on line 14, and line	o 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3% check this box a	and stop here. The	e organization qual	lifies as a publicly s	supported organiza	ition ,	
	- 33 1/36 eupnort tasts - 2018. If the	e organization did	not check a box or	n line 14 or line 198	a, and line 16 is mo	ore than 33 1/370, a	and
	line 18 is not more than 33 1/3%, chi	eck this box and a	stop here. The org	anization qualifies a	as a publicly suppo	onec organization	>
20	Private foundation. If the organizati	on did not check a	box on line 14, 19	a, or 19b, check th	his box and see int	tructions	
-20	1 114-25-0 IAMILADAMINI II ALA MANUALI				. Sch	edule A (Form 99	0 or 990-EZ) 2 019

Part IV Supporting Organizations

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

Section A. All Supr	orting Organ	izatio	ns
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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and If you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a 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.
- 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)? // "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	dule A (Form 990 or 990-EZ) 2019 B2THEWORLD, INC.	82-3697648 Page 5
120	t W Supporting Organizations (continued)	
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11	Has the organization accepted a gift or contribution from any of the following persons?	
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-
	below, the governing body of a supported organization?	11a
	A family member of a person described in (a) above?	11b
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI. tion B. Type I Supporting Organizations	
360	tion b. Type I supporting Organizations	Yes No
	many the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	Tes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2
<u></u>	supervised, or controlled the supporting organization.	
<u> </u>	tion C, Type II Supporting Organizations	Yes No
	the control of the state of the disease of the dise	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	4
<u> </u>	the supported organization(s).	1,1,1
360	tion D. All Type III Supporting Organizations	Yes No
	Did the association are side to each of its supported associations, by the last day of the fifth month of the	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
	organization(s) or (II) serving on the governing body of a supported organization? If "No," explain in Part VI how	
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a	
	significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3
Sac	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	
		netructione)
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below.	ieu ucuonej.
a b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
	The organization supported a governmental entity. Describe in Part VI how you supported a government en	atty (see instructional
с 2	Activities Test. Answer (a) and (b) below.	Yes No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
8	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
	that these activities constituted substantially all of its activities.	2a
b	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
	of the organization's supported organization(s) would have been engaged in? if "Yes," explain in Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	
	activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	
4	trustees of each of the supported organizations? Provide details in Part VI.	3a
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this recard.	3b
	Pakadid	A /Form 90/) or 900_E7\ 2010

Sche	dule A (Form 990 or 990-EZ) 2019 B2THEWORLD, INC.		8	2-3697648 Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga		
1	Check here if the organization satisfied the Integral Part Test as a qualifying			art VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co		to The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		##15##################################	在 1.4克格基重要
	instructions for short tax year or assets held for part of year):	12 10		文字,为一些种
a	Average monthly value of securities	1a		
ь	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	10		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):	183		第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount		-2 U.S.	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	ALERS HER WITH SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE SERVICE	
2	Enter 85% of line 1.	2	門或說其對於認問	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		STATES WAS ED	
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ited Type III supporting organ	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Schedule A (Form 990 or 990-EZ) 2019

any. Subtract fines 3g and 4a from line 2. For result greater

and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2020. Add lines 3j

than zero, explain in Part VI. See instructions. Remaining underdistributions for 2019. Subtract lines 3h

Part VI. See instructions.

Breakdown of line 7: a Excess from 2015 b Excess from 2016

c Excess from 2017 d Excess from 2018 e Excess from 2019

and 4c.

Schedule A	Form 990 or 990-EZ) 2019 B2THEWORLD	, INC.	82-3697648 Page 8
Part.VI.	Supplemental Information. Provide the Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, line 1: Part IV. Section D, lines 2 and 3; Part IV.	explanations required by Part II, line 10; Part II, line 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; E, lines 2, 5, and 6. Also complete this part for any a	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V.
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		· —,—	
			

SCHEDULE D

(Form 990)

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.brs.gov/Form990 for instructions and the latest information.

Department of the Tressury Internel Revenue Service

Name of the organization **Employer identification number** B2THEWORLD, INC. 82-3697648 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 1 Total number at end of year _____ 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? □ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Rart II 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 (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements **2**a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c 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 vear 🕨 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 7 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)? _____ Yes 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. Pait III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB 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 FASB 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 (iii) 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Sche	dule D (Form 990) 2019 B2THEWO	RLD, INC.				_			82-36	9764	8 1	age 2
Pa	rt III. Organizations Maintaining C	collections of Ar	t, His	torical Tr	easures,	or Othe	er Si	mila	r Asset	S (conti	nuedi	
3		on, and other record	ls, chec	k any of the	following th	at make :	signif	cant	use of its		,	
	collection items (check all that apply):											
æ	Public exhibition	•	, <u> </u>	Loan or ex	change prog	ram						
ь	Scholarly research	•	, _—	Other								
¢	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explain	n how t	hey further t	he organizat	ion's exe	mpt (purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, h	istorical trea	sures, or oti	ner simila	r ass	ets				
D.	to be sold to raise funds rather than to be ma	sintained as part of t	he orga	nization's co	ellection? .			.,,,,,,,		Yes		No
	Escrow and Custodial Arrange reported an amount on Form 990, Par		ete if th	e organizatio	oerewsna nx	l "Yes" ca	n Fon	m 990), Part IV,	line 9, or	•	
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for	contribution	s or other a	ssets not	inclu	ded			_	
	on Form 990, Part X?									Yes] No
ь	If "Yes," explain the arrangement in Part XIII :	and complete the fol	llowing	table:			_					
							Ļ			Amoun	t	
C	Beginning balance							1c				
d	Additions during the year							1d				
0	Distributions during the year							1e				
f	Ending balance				•••••		L	1f				
	Did the organization include an amount on Fo						-		L	Yes	느	_i №
	If "Yes," explain the arrangement in Part XIII.										Щ,	
160	t V Endowment Funds. Complete it											
		(a) Current year	(P) i	Prior year	(c) Two ye	ars back	(d) 1	Three y	rears back	(e) Four	years	back
1a	Beginning of year balance				 				-			
Ь	Contributions				 					 		
c	Net investment earnings, gains, and losses				 							
đ	Grants or scholarships				 					ļ		
•	Other expenditures for facilities				Į		Ì					
	and programs				 		 					
	Administrative expenses						\vdash					
9	End of year balance		- Aina 4		N hald as		<u> </u>		-	<u> </u>		
2			סל אלווט היו	g, columin (a)) neid as:							
8	Board designated or quasi-endowment Permanent endowment		_7									
b		^										
Ç	The percentages on lines 2a, 2b, and 2c shou											
2-	Are there endowment funds not in the posses		tion the	t are held a	nd administe	ered for th	he on	aniza	ition			
38	by:	SOCIO OF GROOT OF GROOT				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		ſ	Yes	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									la mi		
ь	If "Yes" on line 3a(ii), are the related organizal											
4	Describe in Part XIII the intended uses of the											
Par	t VI Land, Buildings, and Equipm	ent.										
	Complete if the organization answered	1 "Yes" on Form 990	, Part (\	/, line 11a. S	iee Form 99	0, Part X,	line	10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other (other)	(c) A	\ccur	nulate iation	xd b	(d) Bool	k valu	0
	Land		3		• •	100			1 % = 2 g			
_	Land					1						
b	Buildings Leasehold improvements		_	<u> </u>								
٥	Equipment											
d	Other											
e Total	Add lines 1a through 1e. (Column (d) must e	nual Form 990 Part	X. colur	nn (B), line 1	Oc.)				\blacktriangleright			0.
1980	CONTRIBUTE OF PRODUCT TO LEADER THE TRANSPER	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s							Schedule	D (Forn	n 990	2019

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

1. (a) Description of liability (b) Book value

(1) Federal income taxes
(2) CREDIT CARD LIABILITY 5, 332.

(3)
(4)
(5)
(6)
(7)
(8)
(9)
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2019

	dule D (Form 990) 2019 B2THEWORLD, INC.		82-3697648 Page 4
Pai	Reconciliation of Revenue per Audited Financial St		ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	基 200
8	Net unrealized gains (losses) on investments	28	
ь	Donated services and use of facilities	2b	
C	Recoveries of prior year grants		
đ	Other (Describe in Part XIII.)		
	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
•	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	14-1	
	Investment expenses not included on Form 990, Part VIII, line 7b		
0	Other (Describe in Part XIII.) Add lines 4a and 4b		
- E	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		
Par	Reconciliation of Expenses per Audited Financial S	tatements With Exper	ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV,	•	
1	Total expenses and losses per audited financial statements		11
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		597.1
٠.	Donated services and use of facilities	2a	Andrew Control
a h	Prior year adjustments	·····	
-	•		
d	Other (Describe in Part XIII.)		20
_	Add lines 2a through 2d		1 _ 1
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	***************************************	17 19 25 17 9 25
4		ا مه ا	# 1
a	Investment expenses not included on Form 990, Part VIII, line 7b	l l	
ь	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b		
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I. line	18.)	5
	tixIII Supplemental Information.	14 5 484 6 45 404	D. AM. France, D. David VI.
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	3 4; Part IV, lines 10 and 20; I	Part V, Ime 4; Part X, Ime 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.	
			
DAT	m v tine).		
PAI	RT X, LINE 2:		
mut	ORGANIZATION ADOPTED THE IMPLEMENTAT	ION OF FASE ASC	740. UNDER FASB
1111	ORGANIZATION ABOTTED THE THE PERSON		
3 Q (740, MANAGEMENT MUST EVALUATE THE PO	SITIONS IT HAS	TAKEN ON TAX
AU	, / TO , Mariounital 100 D 2 To 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100 D 100		
RKT	TURNS. MANAGEMENT HAS DETERMINED THAT	THERE ARE NO TA	X POSITIONS THAT
WOI	JLD RESULT IN A MORE LIKELY THAN NOT (50% CHANCE) OF	BRING SUSTAINED
<u></u>			
UNI	DER A POTENTIAL AUDIT OR EXAMINATION.		
		<u> </u>	

SCHEDULE F (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

Employer identification number

DMB No. 1545-0047

Name of the organization 82-3697648 B2THEWORLD, INC. Part General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No 2 For grantmakers, Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance cutside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of employees, agents, and independent contractors in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) (e) If activity listed in (d) (f) Total (a) Region (b) Number of expenditures is a program service, offices for and describe specific type in the region gram services, investments, grants to investments of service(s) in the region in the region STAFFING AND PROVIDING 7 EDUCATORS AND SCHOOL PROGRAM SERVICES AND GRANTS LEADERS AND FUNDING THE TO RECIPIENTS STRATEGIC PLANNING 329,107. SUB-SAHARAN AFRICA DNIVERSITY SCHOLARSHIPS, SCHOOL SUPPORT, FOOD RATIONS DURING COVID 19 AIRA HTUOR PROGRAM SERVICES 85,664. 414,771. 3 a Subtotal b Total from continuation ٥. sheets to Part I c Totals (add lines 3a

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

Schedule F (Form 990) 2019

414,771.

and 3b)

Page 2

Schedule F (Form 990) 2019 B2THEWORLD, INC. 82-3697648

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)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan	BCHOOL EXPANSION				•	
		<u>. </u>	PROJECT	135,107,	MONEY WIRE	٥.	<u>-</u>	BOOK
	•		UNIVERSITY					1
			SCHOLARSHIPS, SCHOOL SUPPORT, FOOD RATIONS					
			DURING COVID 19	81 000	HONEY WIRE	٥.		воох
				12,111				
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			recognized as charities by the f		recognized as tax-ex	empt		

2	Enter total number of recipient organizations listed above that are recognized as charities by the fo	preign country, recognized as tax-exempt	
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter		<u> </u>
•	Passa satulation of other passagestions or antition		

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2019

THEWORLD,	INC.			82-3697648		Pag
to Individuals Outs	ide the United Sta	ites. Complete if th	e organization answered "Yes	s" on Form 990, Part I	V, line 16,	
(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
	to Individuals Outs ditional space is need	ditional space is needed. (c) Number of	to Individuals Outside the United States. Complete if the ditional space is needed, (c) Number of (d) Amount of	to Individuals Outside the United States. Complete if the organization answered "Yes ditional space is needed. [c] Number of [d] Amount of [e] Manner of	e to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part I ditional space is needed. (c) Number of (d) Amount of (e) Manner of (f) Amount of recipients cash grant (cash disbursement noncash	to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. ditional space is needed. (b) Region (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of recipients cash grant cash disbursement noncash noncash assistance

	dule F (Form 990) 2019 B2THEWORLD, INC.	82-3697648	Page 4
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual information Return of Foreign Trust With a U.S. Owner (see instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? // "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? 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	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	™ №
		Schedule F (Forr	n 990) 2019

Schedule F (Form 990) 2019 B2THEWORLD, INC.	82-3697648	Page 5
Part V. Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (account investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method)	ng memod; amounds of d); and Part III, column (c)	
(estimated number of recipients), as applicable. Also complete this part to provide any additional inform	ation. See instructions.	
PART I, LINE 2:	 -	
THE ORGANIZATION REQUIRES THE GRANTEE TO PROVIDE WRITTEN RI	BPORTS SIGNED	
BY OFFICERS OF THE GRANTEE ORGANIZATION CONTAINING A NARRA	rive, photos	
AND FINANCIAL ACCOUNT OF THE GRANT PROJECTS ACCOMPLISHED D	URING THE	
PERIOD COVERED BY THE REPORT. IN ADDITION THE ORGANIZATION	MAY MONITOR	
AND CONDUCT AN EVALUATION OF THE GRANTEE ORGANIZATIONS OPE		
INCLUDES A MINIMUM OF ONE SITE VISIT ANNUALLY TO OBSERVE A	ND DISCUSS	
PROGRAMS AND PROJECTS AS WELL AS REVIEW FINANCIAL RECORDS	AND OTHER	
MATERIALS CONNECTED WITH THE GRANTS FUNDED.		
PART I, LINE 3, COLUMN (E):		
REGION: SUB-SAHARAN AFRICA		
(E) SPECIFIC TYPES OF SERVICES IN REGION: STAFFING AND PRO		
EDUCATORS AND SCHOOL LEADERS AND FUNDING THE STRATEGIC PLA	NNING PROCESS	
FOR SCHOOL EXPANSION PROJECT		<u> </u>
	-	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2019 Open to Public

Department of the Tressury Internal Revenue Service

932211 09-06-19

Name of the organization

B2THEWORLD, INC.

Employer identification number 82-3697648

22 3037040
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TRANSFORMATIVE EDUCATIONAL INSTITUTIONS
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
FINALLY, B2THEWORLD FUNDED THE STRATEGIC PLANNING PROCESS FOR THE "HIS
VISION OUR FUTURE" KICS SCHOOL EXPANSION PROJECT AND MADE A
CONTRIBUTION TO THE ARCHITECTURAL DESIGN PROCESS.
CONTRIBUTION TO THE ARCHITECTORAD DESIGN PROCESS.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
COUNTRYWIDE CLOSURES OF SCHOOLS DUE TO COVID-19. IN ADDITION TO
EDUCATIONAL SUPPORT, B2THEWORLD LAUNCHED THE B2 BLESSING FUND TO
PROVIDE FOOD RATIONS TO 560 VULNERABLE FAMILIES WITHOUT WORK DURING
COVID-19 LOCKDOWNS.
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:
THE ORGANIZATION DISTRIBUTES THE 990 TO ITS 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 A RECORD OF KNOWN POTENTIAL CONFLICTS OF INTEREST THAT LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

Scredule 0 (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization B2THRWORLD, INC.	Employer identification number 82-3697648
MAY ARISE OR HAVE ARISEN. THE BOARD OF DIRECTORS WILL INVE	STIGATE ANY
PROPOSED TRANSACTIONS OR ARRANGEMENTS THAT INVOLVE A POTEN	TIAL CONFLICT OF
INTEREST AND APPOINT A DISINTERESTED PERSON IF NECESSARY T	O REVIEW.
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD OF DIRECTORS ARRANGES AN INDEPENDENT COMPENSATION	N COMMITTEE TO
CONDUCT A COMPARABILITY REVIEW TO DETERMINE THE COMPENSATION	ON PLAN OF THE
CEO. THE COMMITTEE DOCUMENTS A REPORT WHICH INCLUDES THE M	EMBERS INVOLVED,
THE PROCESS INVOLVED AND THEIR PROPOSED COMPENSATION PLAN	WHICH IS SUBJECT
TO A MAJORITY BOARD VOTE FOR APPROVAL.	-
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATIONS 990 IS AVAILABLE ON THE ORGANIZATIONS WE	BSITE AND
GOVERNING DOCUMENTS INCLUDING CONFLICT OF INTEREST POLICY	ARE MADE
AVAILABLE UPON REQUEST.	