efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493249008512 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

2011

Open to Public Inspection

A Fo	rthe 2	2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011			
		oplicable C Name of organization WORLDATWORK			tification number
Add	ress cha	Doing Business As	_	054097 1 one nun	
Nar	ne chan	nge	•		
Inıt	al returi	Number and street (or P O box if mail is not delivered to street address) Room/suite	•	951-9	
_	mınated	14040 NORTH NORTHSIGHT BOULEVARD	G Gross	receipts \$	26,919,792
Am	ended re	eturn City or town, state or country, and ZIP + 4 SCOTTSDALE, AZ 852603601			
App	lication	pending	_		
		F Name and address of principal officer ANNE RUDDY 14040 N NORTHSIGHT BLVD SCOTTSDALE,AZ 852603601	H(a) Is this a group affiliates? H(b) Are all affiliates If "No," attach	include	ΓYes Γ No
I Ta	k-exemp	pt status	H(c) Group exempt	tion num	nber 🟲
J W	ebsite:	: WWW WORLDATWORK ORG			
K Forn	n of orga	anization 🔽 Corporation 🧵 Trust 🗀 Association 🗀 Other ►	L Year of formation 19	955 M 9	State of legal domicile AZ
Pa	rt I	Summary			
Governance	<u>\</u>	VORLDATWORK ENABLES ORGANIZATIONS TO REWARD EMPLOYEES (COI VAYS THAT SATISFY AND ENGAGE THEM AND PRODUCE DESIRED BUSINE	SS RESULTS		,
ŝ		Check this box 🔭 if the organization discontinued its operations or disposed of	more than 25% of its	net ass	sets
		Number of voting members of the governing body (Part VI, line 1a)		3	11
Activities &		Number of independent voting members of the governing body (Part VI, line 1b)		4	11
\$		otal number of individuals employed in calendar year 2011 (Part V, line 2a) .	• •	5	148
ã		otal number of volunteers (estimate if necessary)		6	75
		otal unrelated business revenue from Part VIII, column (C), line 12		7a	1,414,452
	יום	vet differenced business taxable income from 1 orin 990-1, fille 54	Prior Year	7b 	96,497 Current Year
	8	Contributions and grants (Part VIII, line 1h)	Piloi Teal	0	0
활	9	Program service revenue (Part VIII, line 2g)	17,042,		17,217,724
Revenu	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,109,		216,583
2	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	· · ·	495	5,861
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,189,		17,440,168
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	, ,	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11,897,	.571	12,583,458
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
ੜੇ	b	Total fundraising expenses (Part IX, column (D), line 25) 🛌			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,806,	178	7,799,118
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	19,703,	749	20,382,576
	19	Revenue less expenses Subtract line 18 from line 12	-1,513,	874	-2,942,408
Net Assets or Fund Bafances			Beginning of Curre Year	ent	End of Year
98.48 98.48	20	Total assets (Part X, line 16)	21,409,	.372	21,546,794
젊	21	Total liabilities (Part X, line 26)	18,408,	419	21,488,249
žÏ	22	Net assets or fund balances Subtract line 21 from line 20	3,000,	953	58,545
Par	t II	Signature Block			
	nonalt	ties of perjury, I declare that I have examined this return, including acco			

knowledge and belief, it is true, correct, and complete. Declaration of preparer (other knowledge.

Sign	Signature of officer			
Here	W GREG NELSON VICE PRESIDENT/CFO			
	Type or print name and title			
Paid	Preparer's signature AMY A O'LOUGHLIN	Date		
Preparer's Use Only	Firm's name (or yours CBIZ MHM LLC if self-employed),			
ood only	address, and ZIP + 4 3101 N CENTRAL AVE STE 300			
	PHOENIX, AZ 85012			

May the IRS discuss this return with the preparer shown above? (see instruction

Form	990 (2011)				Page
Par	Statement of Program Check if Schedule O contain				দ
1	Briefly describe the organization's	mission			
INFO PHAS INCE AND INNO COM MAT WITH	PONSOR AND CONDUCT EDUCAT RMING MEMBERS AND OTHER IN SES OF EMPLOYEE REWARD PROG INTIVES, EMPLOYEE BENEFITS A PUBLISH RESEARCH IN THE FIEL OVATIVE PAY AND REWARD SYST PENSATION TO SPONSOR, SUPP TERS TO MEMBERS, SCHOOLS, LI H OTHER EDUCATIONAL INSTITU RSES IN THE FIELD OF COMPENS	TERESTED PARTIES OF GRAMS (CONTINUED OF INDESTRUCTION OF EMPLOYEE MOTIVED OF EMPLOYEE MOTIVED OF AND DISTRIBUTE BRARIES, AND OTHER TIONS IN STIMULATIONS	N CURRENT RESEA N SCHEDULE O)ING ORMS OF EMPLOYE VATION, MORALE, MANAGEMENT TEC E EDUCATIONAL PU INTERESTED PART NG INTEREST IN AN	RCH, LEGISLATION AND CLUDING COMPENSATION E REMUNERATION TO E BEHAVIOR, PERFORMAN HNIQUES AND OTHER FUBLICATIONS PERTAINII IES TO ENCOURAGE, AS	PRACTICES IN ALL N, WAGES, SALARIES, NCOURAGE, PROMOTE, ICE APPRAISAL, JNCTIONS RELATIVE TO NG TO COMPENSATION SSIST AND PARTICIPATE
2	Did the organization undertake any the prior Form 990 or 990-EZ? .	significant program serv	vices during the year	which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new servic	es on Schedule O			
3	Did the organization cease conduct services?	ing, or make significant	changes in how it co	nducts, any program	┌ Yes ┌ No
	If "Yes," describe these changes or	n Schedule O			
4	Describe the organization's program expenses Section 501(c)(3) and 5 grants and allocations to others, the	01(c)(4) organizations a e total expenses, and re	and section 4947(a) venue, if any, for eac	(1) trusts are required to re h program service reported	port the amount of
4a	(Code) (Expense		including grants of \$) (Revenue \$	6,957,745)
	EDUCATION SERVICES WORLDATWORK I COMPENSATION, BENEFITS AND WORK-L		RSES,SEMINARS, AND TRA	AINING THROUGH A VARIETY OF	CHANNELS IN THE FIELDSOF
4b	(Code) (Expense	s \$ 2,646,318	including grants of \$) (Revenue \$	5,189,597)
	MEMBERSHIP INCLUDES ALL ANNUAL DU RECEIVE THE MONTHLY MAGAZINE, WOR	ES AND FEES PAID TO THEOR	GANIZATION BY MORE TH	AN 20,000 MEMBERS THROUGH	MEMBERSHIPS, SUBSCRIBERS
	(Code) (Expense	s \$ 3,213,382	ıncludıng grants of \$) (Revenue \$	3,156,567)
	CONFERENCES WORLDATWORK HOSTS A REGISTRATION FEES, SPONSORSHIP FEES			S OTHER SMALLER, REGIONAL C	ONFERENCES REVENUESINCLUD
	(Code) (Expense	s \$ 1,742,337	ıncludıng grants of \$) (Revenue \$	499,363)
	THE ORGANIZATION ALSO PRODUCES ANI INCLUDE ADVERTISING, PUBLICITY AND C				AL REWARD PROGRAMS THIS W
4d	Other program services (Describ	•			
	(Expenses \$ 1,742,33	37 including grants of	\$) (Revenue \$	499,363)
4e	Total program service expenses►	14,232,353			

art IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
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, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Form	990 (2011)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1^7 If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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 Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)			_
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V \cdot . \cdot . \cdot . \cdot . \cdot . \cdot . $$. [
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 154			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_		
_		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
	organization solicit any contributions that were not tax deductible?			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
А	If "Yes," indicate the number of Forms 8282 filed during the year			
u	11 Tes, indicate the number of forms 5252 med during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		No_
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N o
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. DId			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
•		8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the organization make any taxable distributions under section 4966?	9a Ob		
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
	· · · · · · · · · · · · · · · · · · ·			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
_	year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
_	the states in which the organization is needed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management						
			Yes	No			
1.	Enter the number of voting members of the governing heady at the end of the tay						
1a	Enter the number of voting members of the governing body at the end of the tax year						
b	Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4	V	110			
5	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	Yes	No			
6	Did the organization have members or stockholders?	6	Yes				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No			
Se	ection B. Policies (This Section B requests information about policies not required by the Internal						
Re	venue Code.)						
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a	Yes				
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No			
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes				
13	Did the organization have a written whistleblower policy?	13	Yes				
14	Did the organization have a written document retention and destruction policy?	14	Yes				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b	Yes				
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		NI -			
	taxable entity during the year?	16a		No			
D	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?						
Se	ection C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed▶AZ , DC						

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization FGREG NELSON 14040 N NORTHSIGHT BLVD

SCOTTSDALE, AZ 852603601 (480)951-9191

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

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

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

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

(A) Name and Title	(B) Average hours per week (describe	unles an	on (d e tha	n on son er ai	e bo ıs b nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) DAVID SMITH BOARD CHAIR	2 00	х		х				0	0	0
(2) JEFF CHAMBERS VICE CHAIR	2 00	х		х				0	0	0
(3) KAREN ICKES SECRETARY/TREASURER	2 00	х		х				0	0	0
(4) SARA MCAULEY PAST CHAIR	2 00	х						0	0	0
(5) TREVOR BLACKMAN DIRECTOR	1 00	х						0	0	0
(6) KEVIN HALLOCK DIRECTOR	1 00	х						0	0	0
(7) DAVID LOUCKS DIRECTOR	1 00	х						0	0	0
(8) ELIZABETH BASTONI DIRECTOR	1 00	х						0	0	0
(9) ANN HATCHER DIRECTOR	1 00	х						0	0	0
(10) DESIREE ISABELLE KLEIN-WAGNER DIRECTOR	1 00	х						0	0	0
(11) NATHALIE PARENT DIRECTOR	1 00	х						0	0	0
(12) ANNE RUDDY PRESIDENT/CEO	40 00			Х				411,247	0	20,063
(13) WILLIAM G NELSON VICE PRESIDENT/CFO	40 00			х				232,462	0	17,893
(14) BETTY SCHARFMAN VP MARKETING/CHANNEL MGMT	40 00				х			193,059	0	16,339
(15) BONNIE KABIN VP PROFESSIONAL DEVELOPMENT	40 00				х			190,135	0	18,795
(16) RYAN JOHNSON VP PUBLISHING	40 00				х			161,135	0	17,745
(17) CARA WELCH VP POLICY & PUBLIC AFFAIRS	40 00				х			152,136	0	6,364

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

	(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e thai	n on son er a	e bo ıs b nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	c	ompen: from ganızat	ated of other sation the ion and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	C	relat organiza	1
	ATHLEEN SERRAPEDE UTIVE DIRECTOR, WORK LIFE	40 00					х		162,905	()		14,044
` '	AUL ROWSON RAL MANAGER	40 00					Х		152,905	()		1,237
(, -	RICHARD KIPLEY N RESOURCE DIRECTOR	40 00					х		133,624	()		12,202
	SUE HOLLOWAY CIATE DIRECTOR	40 00					Х		129,979	()		13,434
	DAN DEVER CIATE DIRECTOR	40 00					х		126,637	(17,428
	MARGARET COIL TOR/FACULTY	0 00						х	11,250	(530
	IORMAN HANDSHEAR TOR/FACULTY	0 00						х	12,500	(795
1b	Sub-Total												
	Total from continuation sheets to Total (add lines 1b and 1c)	•		•	•	•			2,069,974	0			156,869
<u>u</u>	Total number of individuals (included	ding but not limi		hose	lıst	ed a	bove)	who					130,003
	\$100,000 of reportable compensa						,						
												Yes	No
3	Did the organization list any form on line 1a? <i>If</i> "Yes," complete Sche									l l			
4	For any individual listed on line 1a										3	Yes	
•	organization and related organizat												
5	Individual	· · · ·	···	· ·	.on 1	• from	• • anv !!	• nrol:	etad arganization o		4	Yes	
3	services rendered to the organizat										5		No
_													
<u>Se</u>	ction B. Independent Contr Complete this table for your five h		ated in	depe	ndei	nt co	ontrac	tors	that received more	than			
	\$100,000 of compensation from tor within the organization's tax years.	he organization											
		(A) and business addr	ess						Descr	(B) uption of services		(C Comper	
4259 (RION CORPORATION COLLECTION CTR DR NGO, IL 60693								TEMPORARY			•	190,060
305 W	NNA AND ASSOCIATES SPRING CREEK PKWY ,TX 75023								ADVERTISING	S SALES			164,112
	1AN X 750036 S, TX 75265								DECORATING	i			102,071
											+		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►3

Part V	4444	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
##	1a	Federated campaigns 1	a				
対	ь	Membership dues 1b	·				
్ౖ≝	c	Fundraising events 10					
⊈ E	d	Related organizations 10					
ᅙᆖ							
SE SE	e	·					
을능	f	All other contributions, gifts, grants, and similar amounts not included above					
ĕ€	g	Noncash contributions included in					
ŧξ		lines 1a-1f \$					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	▶				
			Business Code				
Ē	2a	EDUCATION REVENUE	900099	6,957,745	6,957,745		
ē.							
<u> </u>	b	MEMBERSHIP DUES	900099	5,189,597	5,189,597		
95	C	CONFERENCE REVENUE	900099	3,156,567	3,156,567		
<u>2</u>	d	PUBLICATIONS REV	511120	1,595,209	180,757	1,414,452	
<i>ა</i>	e	RESEARCH	900099	318,606	318,606		
Program Serwce Revenue	f	All other program service revenue					
ွို		· -					
<u></u>	g	Total. Add lines 2a-2f		17,217,724			
	3	Investment income (including divider	· · · · · · · · · · · · · · · · · · ·				
		and other similar amounts)	F	380,185			380,185
	4	Income from investment of tax-exempt bond	proceeds				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	l c	Rental income					
		or (loss)					
	d	Net rental income or (loss)	,				
	7a	Gross amount 9,312,042 from sales of assets other	(II) Other 3,980				
	ь	than inventory Less cost or 9,476,132 other basis and	3,492				
		sales expenses					
	C	Gain or (loss) -164,090	488				
	d	Net gain or (loss)	· · · · · •	-163,602			-163,602
nne	8a	Gross income from fundraising events (not including \$					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18					
<u> </u>	ь	Less direct expenses b	,				
ŏ	c	Net income or (loss) from fundraising	events 🟲				
	9a	Gross income from gaming activities See Part IV, line 19					
	١.	a					
	b	Less direct expenses b					
	C	Net income or (loss) from gaming act	ivities				
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b					
	c	Net income or (loss) from sales of inv	rentory 🕨				
		Miscellaneous Revenue	Business Code				
	11a	OTHER REVENUE	900099	5,861			5,861
	b	J. HER REVEROE		•			·
	C						
	d	All other revenue					
	е	Total. Add lines 11a-11d		5,861			
	12	Total revenue. See Instructions .	· · •	17,440,168	15,803,272	1,414,452	222,444

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) but are not required to complete columns (B), (C), and (D)

	heck if Schedule O contains a response to any question in this Part IX				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,435,903		1,435,903	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	9,257,079	6,479,955	2,777,124	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	280,431	196,302	84,129	
9	Other employee benefits	867,299	607,109	260,190	
10	Payroll taxes	742,746	454,170	288,576	
11	Fees for services (non-employees)				
а	Management				_
b	Legal	11,555		11,555	_
c	Accounting	54,395		54,395	_
d	Lobbying	42,612		42,612	
e	Professional fundraising See Part IV, line 17				_
f	Investment management fees	23,440		23,440	
g	Other	383,803	77,912	305,891	
12	Advertising and promotion	49,609	49,609		
13	Office expenses				
14	Information technology	284,903		284,903	
15	Royalties	2,983	2,983		
16	Occupancy	732,511		732,511	
17	Travel	380,215	37,079	343,136	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,549,601	4,549,601		
20	Interest	37,392		37,392	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	855,117		855,117	
23	Insurance	100,371		100,371	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	PRINTING AND PUBLICATIO	555,454	555,454		
b	BANK CHARGES	409,252	409,252		
c	POSTAGE AND SHIPPING	407,163	407,163		
d	AFFILIATE REIMBURSEMENT	-1,716,262		-1,716,262	
е					
f	All other expenses	635,004	405,764	229,240	
25	Total functional expenses. Add lines 1 through 24f	20,382,576	14,232,353	6,150,223	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	. , -	. ,		rm 990 (2011)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			2,261	1	62,460
	2	Savings and temporary cash investments			661,167	2	218,683
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			461,166	4	614,685
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of					
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of					
26		Schedule L				6	
ete	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use		37,843	8	36,055	
	9	Prepaid expenses and deferred charges			284,295	9	415,192
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	14,391,795			
	ь	Less accumulated depreciation	10b	7,690,412	6,585,758	10c	6,701,383
	11	Investments—publicly traded securities			12,410,666	11	12,981,421
	12	Investments—other securities See Part IV, line 11	412,250	12			
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			553,966	15	516,915
	16	Total assets. Add lines 1 through 15 (must equal line 34)			21,409,372	16	21,546,794
	17	Accounts payable and accrued expenses .			10,170,126	17	12,125,694
	18	Grants payable		18	<u></u>		
	19	Deferred revenue	5,099,123	19	5,339,759		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability Complete Part IV of Schedul		21			
iabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
졅		persons Complete Part II of Schedule L				22	
Ï	23	Secured mortgages and notes payable to unrelated third parties			1,788,923	23	2,692,700
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part	ed thu	d parties,	1,350,247	25	1,330,096
	26	D Total liabilities. Add lines 17 through 25			18,408,419		21,488,249
	26		1-4-1	27	10,400,419	26	21,400,249
seo.		Organizations that follow SFAS 117, check here ▶	iete i	ines 27			
<u>a</u>	27	Unrestricted net assets			3,000,953		58,545
<u> </u>	28	Temporarily restricted net assets				28	
Ξ	29	Permanently restricted net assets				29	
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ an lines 30 through 34.	d com	plete			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			3,000,953	33	58,545
~	34	Total liabilities and net assets/fund balances			21,409,372	34	21,546,794

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		17.4	140,16
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,382,57		
3	Revenue less expenses Subtract line 2 from line 1	3	-2,942,4		
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4				000,95
5	Other changes in net assets or fund balances (explain in Schedule O)	5			,
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6			58,54
Pai	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot .		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	☐ Separate basis ☐ Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the readily or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

WORLDATWORK

Name of the organization

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

Public Charity Status and Public Support

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number

Peacon for Public Charity Status (All organizations

- 6		Reason for Public Charity Status (All organizations must complete this part.) See instruc	uons		
The	rganı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)			
1	Γ	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).			
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)			
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).			
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(hospital's name, city, and state	(iii). Ente	the	
		nospital's name, city, and state			
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmental unit	describe	- d ın	
		section 170(b)(1)(A)(iv). (Complete Part II)			
6	Γ	A federal, state, or local government or governmental unit described in section $170(b)(1)(A)(v)$.			
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from the described in section 170(b)(1)(A)(vi) (Complete Part II)	e general	public	
8	\vdash	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)			
9	, \	An organization that normally receives (1) more than 331/3% of its support from contributions, membership	ın fooc ar	d aroc	_
•	1*	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than	•	_	3
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from			
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)	oiii busiiie	3565	
10	_				
10	<u> </u>	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).			c
11	ı	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See sectified box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d		a)(3).	Check
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more di other than foundation managers and other than one or more publicly supported organizations described in s section 509(a)(2)	•		
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III sup check this box	porting o	rganıza	ation,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?			
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No
		and (III) below, the governing body of the the supported organization?	11g(i)		
		(ii) a family member of a person described in (i) above?	11g(ii)		
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		
h		Provide the following information about the supported organization(s)		<u> </u>	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

	(Complete only if yo	ou checked the	box on line 5,	7, or 8 of Part	I or if the organ	nization faile	ed to qualify
	under Part III. If th						
	ection A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	L (f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
2	grants ") Tax revenues levied for the						
_	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities		+				
3	furnished by a governmental unit to	,					
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included or	n					
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public Support. Subtract line 5 from	1					
	line 4				1		
	ection B. Total Support						
Care	in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on 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 (Explain in Part						
	IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activit					12	
13	First Five Years If the Form 990 is check this box and stop here	for the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) or	rganızatıon, ▶□
	check this box and stop here						-,
S	ection C. Computation of Pu						
14	Public Support Percentage for 201	1 (line 6 column	(f) divided by line	11 column (f))		14	
15	Public Support Percentage for 201	0 Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test—2011. If the				line 14 is 33 1/3%	% or more, ch	
h	and stop here. The organization qu 33 1/3% support test—2010. If the				Saland line 15 ic	33 1/20% or n	nore check this
	box and stop here. The organizatio	_			oa, and inie 15 is	33 1/3/0 01 11	► T
17a	10%-facts-and-circumstances test						
	is 10% or more, and if the organization						
	in Part IV how the organization me organization	ets the facts and	a circumstances	test The organiz	cacion quannes as	a publicly St	ipported F
b	10%-facts-and-circumstances test						,
	15 is 10% or more, and if the orga						L.L. L.
	Explain in Part IV how the organization	ition meets the "f	acts and circums	tances" test I he	e organization qua	ilifies as a pu	blicly
18	Private Foundation If the organization	tion did not check	a box on line 13	, 16a, 16b, 17a o	r 17b, check this	box and see	
	instructions						▶ □

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

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

	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,943,369	6,037,069	5,476,788	5,140,894	5,	189,597	27,787,717
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	16,502,414	17,690,883	11,644,621	11,901,851	12,	028,127	69,767,896
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	22,445,783	23,727,952	17,121,409	17,042,745	17,	217,724	97,555,613
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons	1,468	56	58	180	25		1,787
b	A mounts 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
c	Add lines 7a and 7b	1,468	56	58	180	25		1,787
8	Public Support (Subtract line 7 c from line 6)							97,553,826
	ction B. Total Support							
	ndar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
		(a) 2007 22,445,783	(b) 2008 23,727,952	(c) 2009 17,121,409	(d) 2010	• • •	11	(f) Total 97,555,613
Cale	ndar year (or fiscal year beginning in)	. ,		` '	` '	17,		
Cale 9	ndar year (or fiscal year beginning in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	22,445,783	23,727,952	17,121,409	17,042,745	17,	217,724	97,555,613
Cale 9 10a b	ndar year (or fiscal year beginning in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	22,445,783	23,727,952	17,121,409	17,042,745	17,	217,724	97,555,613
9 10a b	ndar year (or fiscal year beginning in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	22,445,783 891,802	23,727,952 350,978	17,121,409	17,042,745 237,802	17,	380,185	97,555,613 1,962,788
Cale 9 10a b	ndar year (or fiscal year beginning in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part	22,445,783 891,802	23,727,952 350,978	17,121,409	17,042,745 237,802	17,	380,185	97,555,613 1,962,788
9 10a b	ndar year (or fiscal year beginning in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c,	22,445,783 891,802 891,802	23,727,952 350,978 350,978	17,121,409	17,042,745 237,802 237,802	17,	380,185	97,555,613 1,962,788 1,962,788
Cale 9 10a b c 11	ndar year (or fiscal year beginning in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	22,445,783 891,802 891,802 45,335 23,382,920	23,727,952 350,978 350,978 7,750 24,086,680	17,121,409 102,021 102,021 91,407 17,314,837	17,042,745 237,802 237,802 37,495 17,318,042	17,	217,724 380,185 380,185 5,861	97,555,613 1,962,788 1,962,788 187,848 99,706,249
Cale 9 10a b c 11 12	ndar year (or fiscal year beginning in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here	22,445,783 891,802 891,802 45,335 23,382,920 for the organization	23,727,952 350,978 350,978 7,750 24,086,680 on's first, second,	17,121,409 102,021 102,021 91,407 17,314,837 third, fourth, or f	17,042,745 237,802 237,802 37,495 17,318,042	17,; 17,; 501(c)(3	217,724 380,185 380,185 5,861	97,555,613 1,962,788 1,962,788 187,848 99,706,249 zation,
Cale 9 10a b c 11 12 13 14	ndar year (or fiscal year beginning in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here	22,445,783 891,802 891,802 45,335 23,382,920 for the organization	23,727,952 350,978 350,978 7,750 24,086,680 on's first, second,	17,121,409 102,021 102,021 91,407 17,314,837 third, fourth, or f	17,042,745 237,802 237,802 37,495 17,318,042	17,7 501(c)(3	217,724 380,185 380,185 5,861	97,555,613 1,962,788 1,962,788 187,848 99,706,249 zation,
Cale 9 10a b c 11 12 13 14 See 15 16	ndar year (or fiscal year beginning in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here	22,445,783 891,802 891,802 45,335 23,382,920 for the organization	23,727,952 350,978 350,978 7,750 24,086,680 on's first, second, ercentage f) divided by line art III, line 15	17,121,409 102,021 102,021 91,407 17,314,837 third, fourth, or f	17,042,745 237,802 237,802 37,495 17,318,042	17,; 17,; 501(c)(3	217,724 380,185 380,185 5,861	97,555,613 1,962,788 1,962,788 187,848 99,706,249 zation,
Cale 9 10a b c 11 12 13 14 See 15 16 See	ndar year (or fiscal year beginning in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here ection C. Computation of Pub Public Support Percentage for 201:	22,445,783 891,802 891,802 45,335 23,382,920 for the organization lic Support Peters (line 8 column (10 Schedule A, Paters	23,727,952 350,978 350,978 7,750 24,086,680 on's first, second, ercentage f) divided by line art III, line 15 me Percentage	17,121,409 102,021 102,021 91,407 17,314,837 third, fourth, or f	17,042,745 237,802 237,802 37,495 17,318,042 Ifth tax year as a	17,7 501(c)(3	217,724 380,185 380,185 5,861	97,555,613 1,962,788 1,962,788 187,848 99,706,249 zation, 97 840 % 97 620 %
Cale 9 10a b c 11 12 13 14 See 15 16	ndar year (or fiscal year beginning in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here	22,445,783 891,802 891,802 45,335 23,382,920 for the organization lic Support Period (In the Scolumn (In	23,727,952 350,978 350,978 7,750 24,086,680 on's first, second, ercentage f) divided by line art III, line 15 me Percentage lumn (f) divided b	17,121,409 102,021 102,021 91,407 17,314,837 third, fourth, or f	17,042,745 237,802 237,802 37,495 17,318,042 Ifth tax year as a	17,7 501(c)(3	217,724 380,185 380,185 5,861	97,555,613 1,962,788 1,962,788 187,848 99,706,249 zation,

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A	(Form	990	or 99	0-EZ)	2011
------------	-------	-----	-------	-------	------

Page **4**

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION SCHEDULE A, PART III - OTHER INCOME DESCRIPTION 2007 2008 2009 2010 2011 OTHER INCOME 45,335 7,750 10,009 5,817 5,861 TAX REFUNDS 0 0 0 0 0 ------ ------ TOTALS 45,335 7,750 10,009 5,817 5,861

Schedule A (Form 990 or 990-EZ) 2011

Additional Data

Software ID: Software Version:

EIN: 31-6054097

Name: WORLDATWORK

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code

) (Expenses \$ 1,742,337 including grants of \$) (Revenue \$ 499,363)

THE ORGANIZATION ALSO PRODUCES AND SELLS ITS OWN BOOKS, PUBLICATIONS AND SURVEYS IN THE FIELD RELATED TO TOTAL REWARD PROGRAMS THIS WILL INCLUDE ADVERTISING, PUBLICITY AND CAREER CENTER REVENUE GENERATED THROUGH THESE PROGRAMS efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Political Campaign and Lobbying Activities

DLN: 93493249008512

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Internal Revenue Service

If th	e organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 4	î (Political 0	ampa	ign Activit	ies),
ther					
	ction 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C		_		
	ction 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not con	nplete Part I-I	3		
	ction 527 organizations Complete Part I-A only				
	e organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 4		_	•	ו
	ction 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part ction 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complet				- II. Л
	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Iii			•	II-/\
	ction 501(c)(4), (5), or (6) organizations Complete Part III	10 330 (1 10)	ty rax	<i>j</i> , then	
	me of the organization	Employerıd	entifica	ation numbe	 er
WO	RLDATWORK				
_		31-605409			
Par	t I-A Complete if the organization is exempt under section 501(c) or is a s	section 52	<u> </u>	ganizatio	<u>n.</u>
1	Provide a description of the organization's direct and indirect political campaign activities on be	half of or			
	in opposition to candidates for public office in Part IV				
2	Political expenditures	•	\$ <u>_</u>		
3	Volunteer hours		_		
Par	t I-B Complete if the organization is exempt under section 501(c)(3).				
1	Enter the amount of any excise tax incurred by the organization under section 4955	>	\$ _		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	F	\$ _		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	┌ No
4a	Was a correction made?			☐ Yes	┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the organization is exempt under section 501(c) except	section 5	01(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function ac	tivities 🕨	\$ <u>_</u>		
2	Enter the amount of the filing organization's funds contributed to other organizations for section exempt funtion activities	527 ►	\$ _		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line	17b ►	\$		
4	Did the filing organization file Form 1120-POL for this year?		T —	┌ Yes	┌ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organization made payments. For each organization listed, enter the amount paid from the filing of				

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a

h Subtract line 1g from line 1a If zero or less, enter -0i Subtract line 1f from line 1c If zero or less, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

Sch	nedule C (Form 990 or 990-EZ) 2011			Page
P	complete if the organization under section 501(h)).	is exempt under section 501(c)(3) an	d filed Form 5768	(election
	expenses, and share of excess lobb	an affiliated group (and list in Part IV each affiliate bying expenditures) x A and "limited control" provisions apply	d group member's name	, address, EIN
	Limits on Lobbying I (The term "expenditures" means a		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public of			
b	Total lobbying expenditures to influence a legisl	42,612		
c	Total lobbying expenditures (add lines 1a and 1	42,612		
d	Other exempt purpose expenditures		19,059,538	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	19,102,150	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
q	Grassroots nontaxable amount (enter 25% of li	ne 1f)	250,000	

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total			
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000			
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000			
_c	Total lobbying expenditures	29,957	103,433	70,239	42,612	246,241			
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000			
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000			
f	Grassroots lobbying expenditures								

	edule C (Form 990 or 990-EZ) 2011					age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	NOT fi	iled Fo	orm !	5768	\$
		(6	(a)		(b)	
		Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912]		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t IIII-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c)(5), c	or se	ctio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	rt III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				ctio	n
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493249008512

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Open to Public Inspection

	me of the organization RLDATWORK	Employer identification number 31-6054097					
WO	KLDAI WORK						
Pa	organizations Maintaining Donor A						
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	3	or advised Yes No				
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber	donor advisors in writing that grant funds					
Da	conferring impermissible private benefit rt II	if the organization answered "Ves" t	<u> </u>				
1	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	rganization (check all that apply) ion or pleasure) Preservation of an Preservation of a c	historically importantly land area certified historic structure				
	easement on the last day of the tax year	•	_				
			Held at the End of the Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified his	` ,	2c				
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d				
4 5	Number of states where property subject to conserve Does the organization have a written policy regarding enforcement of the conservation easements it holds	g the periodic monitoring, inspection, hand	 dling of violations, and Yes No				
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents during the year ►				
7	A mount of expenses incurred in monitoring, inspecti ▶ \$	ng, and enforcing conservation easements	s during the year				
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	Yes No				
9	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial					
Par	Complete if the organization answered	"Yes" to Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or researc	ch in furtherance of public service,				
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i					
	(i) Revenues included in Form 990, Part VIII, line 1		► \$				
	(ii) Assets included in Form 990, Part X		▶ \$				
2	If the organization received or held works of art, hist following amounts required to be reported under SFA						
а	Revenues included in Form 990, Part VIII, line 1		* \$				
b	Assets included in Form 990, Part X		► \$				

'ar	111 Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tre</u>	<u>asure</u> :	s, or 01	thei	<u> Simila</u>	ır Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing tha	at are a	sıgnıfıca	nt us	se of its o	ollectio	n	
а	Public exhibition		d	\sqcap	Loan or	exchan	ge progra	ams				
b	□ Scholarly research ■ □ Other											
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	w they	/ further	the orga	ınızatıon'	s ex	empt pur	pose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Г	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						nswered	l "Y	es" to Fo	orm 99	0,	
	Part IV, line 9, or reported an an											
La	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interm	edıary	for c	ontributio	ons or o	ther asse	ets r	iot	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	able		_					
							_			Amo	unt	
C	Beginning balance						L	1c				
d	Additions during the year						<u> </u>	1d				
е	Distributions during the year						<u> </u>	1e				
f	Ending balance							1f				
a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?							Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/										
a	rt V Endowment Funds. Complete											
		(a)Current Year	(b)	Prior \	rear ((c)Two Ye	ears Back	(d)1	hree Years	Back (e) Four Ye	ears Back
а	Beginning of year balance											
b	Contributions											
С	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
	Provide the estimated percentage of the yea	r end halance held	as		I							
		Tena balance nela	us									
a	Board designated or quasi-endowment											
b	Permanent endowment 🕨											
c a	Term endowment ►							£	. h. a			
a	Are there endowment funds not in the posse organization by	ssion of the organiz	ation	tnat a	are neid a	ana aam	inisterea	TOT	tne		Yes	No
	(i) unrelated organizations									3a(i)	_	
	(ii) related organizations									3a(ii)		
b	If "Yes" to 3a(II), are the related organizatio	ns listed as require	d on S	ched	ule R?					3b		
	Describe in Part XIV the intended uses of th											
a i	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa	rt X	, lıne 10) <u>. </u>						
	Description of property				Cost or ot s (investm) Cost or ot basis (other		(c) Accur deprec		(d) Bo	ok value
a	Land						1,288,	340				1,288,340
b	Buildings		•				3,327,	804	1,	,927,660		1,400,144
c	Leasehold improvements						3,651,	660	1	,326,381		2,325,279
d	Equipment						5,288,	001	4	,436,371		851,630
e	Other						835,	990				835,990

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

6,701,383

Part VIII Investments—Other Securities. See F	orm 990, Part X, line 12	2.
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)	(-)	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	0.15	
Part IX Other Assets. See Form 990, Part X, lin		(h) Pook volue
		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description	tion	
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 15	5.)	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	5.)	
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 15	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	17,440,168
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	20,382,576
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,942,408
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,850,408
9	Total adjustments (net) Add lines 4 - 8	9	1,850,408
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,092,000
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	21,563,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	4,345,263
3	Subtract line 2e from line 1	3	17,217,737
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	222,431
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	17,440,168
1	Reconciliation of Expenses per Audited Financial Statements With Expenses Total expenses and losses per audited financial	per	22,803,000
_	statements	1	22,003,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	2,495,121
3	Subtract line 2e from line 1	3	20,307,879
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	74,697
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	20,382,576

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF THEIR POLICIES AND PROCEDURES, REVIEW OF THEIR REGULAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS
PART XI, LINE 8 - OTHER ADJUSTMENTS		RELATED ORGANIZATION REVENUE 4,345,263 RELATED ORGANIZATION EXPENSES -2,495,121 ROUNDING 266 TOTAL TO SCHEDULE D, PART XI, LINE 8 1,850,408
PART XII, LINE 2D - OTHER ADJUSTMENTS		RELATED ORGANIZATION REVENUE 4,345,263
PART XII, LINE 4B - OTHER ADJUSTMENTS		INTEREST INCOME 380,185 GAIN ON SALE OF ASSETS 488 LOSS ON SALE OF SECURITIES -164,090 MISCELLANEOUS INCOME 5,861 ROUNDING -13
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RELATED ORGANIZATION EXPENSES 2,495,121
PART XIII, LINE 4B - OTHER ADJUSTMENTS		INTEREST EXPENSE 37,392 INVESTMENT MANAGEMENT EXPENSE 23,440 CURRENCY EXCHANGE 7,370 INCOME TAX PAYMENT 5,929 PRIVILEGE TAX FEE 50 ROUNDING 516

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493249008512

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

Name of the organization

to Part I

c Totals (add lines 3a and 3b)

Employer identification number

/O E	LDATWORK						
01	LDATWORK					31-6054097	
Pa	rt I General Information "Yes" to Form 990, Page 1990,			he United States. (omplete	ıf the organiza	ation answered
1	For grantmakers. Does the dassistance, the grantees' eligible the grants or assistance?	organization n	naıntaın record grants or assı	stance, and the selec	tion criter	na used to awa	rd Yes No
2	For grantmakers. Describe in Pa United States	rt V the organiz	atıon's procedu	res for monitoring the us	e of grant	funds outside th	e
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region of independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	program spec	ty listed in (d) is a service, describe cific type of e(s) in region	(f) Total expenditures for region/investments in region
	CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	EDUCAT: COURSE:		3,80
	EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	EDUCAT: COURSE:		194,05
	EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	EDUCAT: COURSE:		193,31
	MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	EDUCAT: COURSE:		32,71
	NORTH AMERICA	0	0	PROGRAM SERVICES	EDUCAT: COURSE:		284,73
	RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	EDUCAT: COURSE:		53,70
	SOUTH AMERICA	0	0	PROGRAM SERVICES	EDUCAT: COURSE:		10,83
	SOUTH ASIA	0	0	PROGRAM SUPPORT	EDUCAT: COURSE:		21,84
	SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	EDUCAT: COURSE:		81,45
	Sub-total	0	C				795,00
Ŀ	Total from continuation sheets	۱ ,		1	1		81,45

0

876,464

Part	Part IV, lı	ne 15, for any	sistance to Organ recipient who rece space is needed.	izations or Entiti ived more than \$5,	es Outside the Un 000. Check this box	nited States. Composite of the composite	olete if the organiza received more than	tion answered "Yes' 1 \$5,000	' to Form 990, ▶ ┌
	a) Name of rganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
•									
•									
•									
2	Enter total num ax-exempt by	nber of recipie the IRS, or fo	ent organizations list or which the grantee	ted above that are e or counsel has pro	recognized as chari ovided a section 50:	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . 🕨	
3	Enter total num	nber of other	organizations or ent	ities					(Form 990) 2011

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

Use Part V if additional space is needed.

(a) Type of grant or (b) Region (c) Number of (d) Amount of (e) Manner of cash (f) Amount of (g) Description (h) Method of

	(h) Degree		(d) A mount of	(a) Mannay of sach	(6) A mount of	(a) December	(h) Mathadas
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
				_		_	
						_	
						Cahad	ule F (Form 990) 2011

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	্	Νo
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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	┍	Νo
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)	Г	Yes	┍	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	~	No

Schedule F (Form 990) 2011

Identifier	provide the information (see instructions) ReturnReference	Explanation
		·

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493249008512

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

WORLDATWORK 31-6054097 **Questions Regarding Compensation** Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ✓ Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? **5a** Yes Any related organization? 5b Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Yes 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name	J	(B) Breakdown of	f W-2 and/or 1099-MI	ISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) ANNE RUDDY	(I) (II)	325,325 0	85,922	0 0	-	20,063	3 431,310 0 0	,
(2) WILLIAM G NELSON	(ı) (ıı)	194,462 0	38,000	0 0	-	17,893	250,355 0 0	J
(3) BETTY SCHARFMAN	(1) (11)	168,059 0	25,000	0 0	0	16,339	9 209,398 0 0	,
(4) BONNIE KABIN	(I) (II)	165,135 0	25,000	0 0	0	18,795	5 208,930 0 0	
(5) RYAN JOHNSON	(I) (II)	141,135 0	20,000	0 0	0	17,745	5 178,880 0 0	
(6) CARA WELCH	(I) (II)	139,136 0	13,000	0 0	·	6,364	4 158,500 0 0	
(7) KATHLEEN SERRAPEDE	(I) (II)	147,905 0	15,000	0 0	1	14,044	4 176,949 0 0)
(8) PAUL ROWSON	(I) (II)	138,905 0	14,000	0 0	0 0	1,237	7 154,142 0 0)
(9) MARGARET COIL	(I) (II)	11,250 0	o'	0 0	0'	530	0 11,780 0 0)
(10) NORMAN HANDSHEAR	(ı) (ıı)	12,500	0'	0 0	- 1	795	•	5
	'		 	<u>'</u>	<u>'</u>			
				,	'			
					<u> </u>			
	'	<u> </u>	<u> </u>		<u> </u>			
	'	<u> </u>	<u> </u>	<u> </u>	<u> </u>			

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		PART I QUESTIONS REGARDING COMPENSATION QUESTION 4B THE ORGANIZATION PARTICIPATED IN A 457B RETIREMENT PLAN ANNE RUDDY \$ 8,500 GREG NELSON \$16,500 BONNIE KABIN \$16,500 TOTAL \$41,500 ======= TERMS & CONDITIONS IT IS A NONQUALIFIED PLAN WHICH HAS THE EFFECT OF DEFERRING COMPENSATION FOR A SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES INTERNAL CRITERIA ARE THAT THE EMPLOYEES HAVE TO BE ON THE ORGANIZATION'S MANAGEMENT TEAM (CURRENTLY 12 EMPLOYEES), WHICH NECESSITATES HAVING A TITLE OF ASSOCIATE DIRECTOR OR HIGHER ELIGIBILITY CANNOT BE FOR MORE THAN 10% OF THE ORGANIZATION'S WORKFORCE (CURRENTLY 134) PARTICIPATION AND DEFERRAL AMOUNTS CAN ONLY BE ELECTED DURING THE OPEN ENROLLMENT PERIOD FOR THE ORGANIZATION'S BENEFIT PLANS THERE IS NO VESTING SCHEDULE AS THE DEFERRAL IS EMPLOYEE ONLY WITH NO COMPANY MATCH QUESTION 5 AND QUESTION 6 AMOUNTS ACCRUED AT YEAR END AND PAID OUT IN 2012 WERE IN ACCORDANCE WITH THE ORGANIZATION'S PERFORMANCE BASED INCENTIVE COMPENSATION PLAN AND APPROVED BY THE BOARD OF DIRECTORS

Schedule J (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493249008512

OMB No 1545-0047

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization
WORLDATWORK

Employer identification number

31-6054097

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION HAD AMENDED ITS BY LAWS TO REMOVE THE EXECUTIVE COMMITTEE, NOMINATIONS COMMITTEE AND THE AUDIT AND FINANCE COMMITTEE WITHIN THE BOARD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION DOES HAVE MEMBERS THERE ARE TWO CLASSES OF MEMBERS REGULAR MEMBERS HAVE VOTING RIGHTS AND MUST BE ENGAGED IN EITHER DESIGNING, ESTABLISHING, EXECUTING, ADMINISTERING OR MANAGING THE COMPENSATION FUNCTIONS ASSOCIATE MEMBERS ARE NON-VOTING AND ARE ASSOCIATED WITH THE FIELD OF COMPENSATION ASSOCIATE MEMBERS MAY NOT HOLD ANY ELECTIVE OFFICE, REGIONAL OR NATIONAL

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS ELECT DIRECTORS

Identifier	Return Reference	eturn Reference Explanation						
	FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBERS ARE TO BE NOTIFIED OF ANY AMENDMENTS TO THE ARTICLES AND CAN RESCIND ANY CHANGES BY A MAJORITY VOTE						

Identifier	Return Reference	Explanation
		THE TAX RETURN IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM THE COMPLETED TAX RETURN IS REVIEWED BY THE PRESIDENT, CFO, CONTROLLER, SECRETARY/TREASURER PRIOR TO FILING A COMPLETE COPY IS MADE AVAILABLE TO THE ENTIRE WORLDATWORK BOARD OF DIRECTORS AFTER FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS POSTED TO THE ORGANIZATION'S INTRANET AND ACCESSIBLE TO ALL STAFF AND BOARD MEMBERS STAFF AND BOARD MEMBERS ARE OBLIGATED TO REVIEW THE POLICY, AT LEAST ANNUALLY, AND COMPLETE A REVIEW AND ACKNOWLEDGEMENT PROCESS INDICATING THAT THEY HAVE READ AND WILL ABIDE BY THESE PROVISIONS CLEAR GUIDANCE IS PROVIDED REGARDING STEPS TO BE TAKEN TO REPORT A CONCERN OR CONFLICT IN ADDITION, THESE DOCUMENTS PROVIDE CLEAR DEFINITIONS OF RESPONSIBILITY RELATING TO INVESTIGATIONS OF CONCERNS, AND RESOLUTION

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE REVIEW OF THE PRESIDENT, VICE PRESIDENTS AND OTHER KEY EMPLOYEES THAT ARE RECOGNIZED MEMBERS OF THE MANAGEMENT TEAM PERIODICALLY THE BOARD OF DIRECTORS OF WORLDATWORK CONTRACTS WITH EXTERNAL SUBJECT MATTER EXPERTS TO COMPLETE AN INDEPENDENT AND THOROUGH REVIEW OF COMPENSATION PRACTICES FOR THE PRESIDENT, VICE PRESIDENTS AND OTHER KEY EMPLOYEES THAT ARE RECOGNIZED MEMBERS OF THE MANAGEMENT TEAM THE MOST RECENT REVIEW WAS COMPLETED IN THE 2ND QUARTER OF 2012 AND INCLUDED DEVELOPMENT OF GUIDELINES TO COMPLETE THE COMPETITIVE ASSESSMENT FOR DESIGNATED POSITIONS, A DETERMINATION OF COMPETITIVE DATA, COMPILATION OF FINDINGS AND DEVELOPMENT OF COMPENSATION PLAN ACTIONS FINAL 2012 COMPENSATION DECISIONS FOR THESE POSITIONS WERE MADE BY THE BOARD OF DIRECTORS AND IMPLEMENTED IN THE 3RD QUARTER OF 2012 ALL DECISIONS ARE DOCUMENTED IN THE MINUTES OF THE MEETING

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNANCE, BY-LAWS, ANNUAL REPORT AND OTHER IMPORTANT INFORMATION ARE POSTED ON THE ORGANIZATION'S WEBSITE FOR PUBLIC REVIEW SELECTED INFORMATION FROM THE AUDITED FINANCIAL STATEMENTS IS INCLUDED IN THE ANNUAL REPORT WHICH IS POSTED ON THE COMPANY WEBSITE AND ACCESSIBLE BY THE PUBLIC AUDITED FINANCIAL STATEMENTS ARE AVAILABLE BY REQUEST CONFLICT OF INTEREST POLICY IS NOT POSTED ON THE WEBSITE PER SE, BUT THERE IS A SECTION REFERENCING STANDARDS OF PROFESSIONAL PRACTICE THAT ADDRESSES CONFLICT OF INTEREST

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R**

DLN: 93493249008512

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2011

Employer identification number

31-6054097

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

(Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

WORLDATWORK

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (a) (c) (d) (e) (f) Name, address, and EIN of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (f) (c) Section 512(b)(13) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity controlled or foreign country) (if section 501(c)(3)) entity organization Yes No (1) WORLDATWORK SOCIETY OF CERTIFIED PROF 14040 N NORTHSIGHT BLVD ASSOCIATION ΑZ 501(C)(6) N/A Yes SCOTTSDALE, AZ 85260 20-0491108

Cat No 50135Y

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	Part IV,	line 34
	because it had one or more related organizations treated as a partnership during the tax year.)		

(a) ddress, and EIN of organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total Income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate ions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	al or ging ner?	(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership

(5)

(6)

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)								
N	ote. Complete line 1 if any entity is listed in Parts II, III or IV					Yes	No	
1 Duri	ng the tax year, did the orgranization engage in any of the following transactions with one or more related orga	anızatıons lısted ın Part	s II-IV?					
a R	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity				1a		No	
b G	Gift, grant, or capital contribution to related organization(s)				1b		No	
c G	ift, grant, or capital contribution from related organization(s)				1c		No	
d L	d Loans or loan guarantees to or for related organization(s)							
e L	oans or loan guarantees by related organization(s)				1e	Yes		
f S	ale of assets to related organization(s)				1f		No	
g P	urchase of assets from related organization(s)				1g		No	
h E	xchange of assets with related organization(s)				1h		No	
i Le	i Lease of facilities, equipment, or other assets to related organization(s)							
j L	j Lease of facilities, equipment, or other assets from related organization(s)							
k Performance of services or membership or fundraising solicitations for related organization(s)								
Performance of services or membership or fundraising solicitations by related organization(s)							No	
m S	m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
n S	haring of paid employees with related organization(s)				1n		No	
o R	eimbursement paid to related organization(s) for expenses				10		No	
p R	eimbursement paid by related organization(s) for expenses				1р		No	
q C	ther transfer of cash or property to related organization(s)				1q		No	
r 0	ther transfer of cash or property from related organization(s)				1r		No	
2 If	the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	ıncludıng covered relat	ionships and transact	on thresholds				
	(a)	(b) Transaction	(c)	Method of dete	d)	ına əm	ount	
	Name of other organization	type(a-r)	Amount involved		olved		Juni	
(1) WOR	1) WORLDATWORK SOCIETY OF CERT PROFESSIONALS K 1,716,263 FMV							
(2) WOR	2) WORLDATWORK SOCIETY OF CERT PROFESSIONALS E 9,972,638 FMV							
(3)								
(4)								

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)		(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) (j) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		eral or agıng	(k) Percentage ownership
			311/	Yes	No			Yes	No		Yes	No	ĺ
												<u> </u>	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

Schedule R (Form 990) 2011