Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www irs gov/form990



AF	or the	e 2013 calendar year, or tax year beginning and ending						
B c	Check if pplicabl	e: C Name of organization	D Employer ident	ification number				
X	Addre chang	WORLDREADER.ORG						
	Name Chang		27-	27-2092468				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s						
	Termir	C/O BRIGHTON COMES LLC, 2050 ISI AVENDOO	(20	6)588-6057				
	Ameno	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,382,569.				
	Applic tion pendir	SEATTLE, WA JOIZI	H(a) Is this a group					
	pontan	F Name and address of principal officer: JOHN DAVID RISHER	for subordinat					
		SAME AS C ABOVE		s included? Yes No				
				a list. (see instructions)				
		te: ► WWW • WORLDREADER • ORG organization: X Corporation Trust Association Other ► L	H(c) Group exemption					
		Trust Association Other ► L Y Summary		M State of legal domicile: WA				
FC								
Governance	1	Briefly describe the organization's mission or most significant activities: SEE PART		•				
nar	2	Check this box 🕨 🛄 if the organization discontinued its operations or disposed of r	noro than 25% of its not	accate				
ver		Number of voting members of the governing body (Part VI, line 1a)		8				
ß		Number of independent voting members of the governing body (Part VI, line 1a)		1 8				
8 8		Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5 11				
/itie		Total number of volunteers (estimate if necessary)		<u> </u>				
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12						
4		Net unrelated business taxable income from Form 990-T, line 34		b 0.				
			Prior Year	Current Year				
ē	8	Contributions and grants (Part VIII, line 1h)	3,452,225					
enu	9	Program service revenue (Part VIII, line 2g)	199,499					
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	284					
-		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,652,008					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	620,861					
		Benefits paid to or for members (Part IX, column (A), line 4)	0 252,369	-				
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	252,509					
Den	102	Professional fundraising fees (Part IX, column (A), line 11e)		• •				
Ă	17	Total fundraising expenses (Part IX, column (D), line 25) ▶ 151,336. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,893,480	. 2,276,594.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,766,710					
		Revenue less expenses. Subtract line 18 from line 12	885,298					
or ies	1.0		Beginning of Current Yea					
iets lanc	20	Total assets (Part X, line 16)	1,321,534					
d Ba	21	Total liabilities (Part X, line 26)	3,063	-				
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	1,318,471					
Pa	art II	Signature Block						
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of	my knowledge and belief, it is				

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Date JOHN DAVID RISHER, PRESIDENT & CEO Luna or print some and the								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid				if self-employed					
Preparer	Firm's name 🕒 GELMAN , ROSENBEF	G & FREEDMAN		Firm's EIN 52-1392008					
Use Only	Firm's address 4550 MONTGOMERY	AVE SUITE 650N							
	BETHESDA, MD 208	314-2930		Phone no. (301) 951-9090					
May the I	RS discuss this return with the preparer shown ab	ove? (see instructions)		X Yes No					
332001 10-2	9-13 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 990 (2013)					
S	EE SCHEDULE O FOR ORGANIZ	ATION MISSION STATEM	ENT CO	ONTINUATION					

	990 (2013) WORLDREADER • ORG	27-2092468	Page
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR DETAIL		
	SEE SCHEDOLE O FOR DEIRIE		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Ye s	
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners, the total expenses	and
	revenue, if any, for each program service reported.	246	756
4a	(Code:) (Expenses 3,454,087. including grants of 950,157.) (Reve AS OF DECEMBER OF 2013, WORLDREADER HAS DISTRIBUTED OVE		
	TO OVER 13,000 CHILDREN AND TEACHERS IN NINE AFRICAN CO	-	
	E-READER PROGRAMS. WORLDREADER REGULARLY PUBLISHES IMP		
	CURRENTLY HAS DEEP MEASUREMENT AND EVALUATION ACTIVITIE		
	OVER 20 CLASSROOMS IN GHANA AND KENYA. EARLY RESULTS FF		
	IREAD PROGRAM IN GHANA SHOWED A DRAMATIC INCREASE IN CH		
	TO BOOKS (FROM OWNING 3 BOOKS TO ACCESS TO 107), INCREA	SED PERFORMA	ANCE
	ON STANDARDIZED TESTS (CHILDREN SCORED UP TO 135 POINTS	5 HIGHER ON	
	READING COMPREHENSION) AN INCREASED ENTHUSIASM TOWARD F	EADING (STUI	DENI
	DOWNLOADED OVER 6,000 ADDITIONAL FREE BOOKS.)		
	· · · · · · · · · · · · · · · · · · ·		
	(SEE SCHEDULE O FOR ADDITIONAL DETAIL (Code:) (Expenses \$ including grants of \$) (Reve		
4c	(Code:) (Expenses \$including grants of \$) (Reve	nue \$	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 3,454,087.	/	
		Form	990 (2
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	2		
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Form 990 (2			DREADER.
Part IV	Checkl	st of Required	Schedules

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		_X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
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		X
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, line 10? If "Yes," complete Schedule D, Part VI	110		х
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
ام	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	. 2 a		<u> </u>
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	- 23	
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2013)

332003 10-29-13

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Note. All Form 990 filers are required to complete Schedule O .

	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
L.		-		- 23
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
		200		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
54		34		x
35-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
		30d		<u> </u>
u	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

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Yes

No

х

х

Х

Х

35b

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37

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Х

Form 990 (2013)

Pa	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
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, securities account, or other financial account)?	4a		Х
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.			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
-	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7-		x
a		7a 7b		<u>л</u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		x
h		7c		- 23
	If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A			
-	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.			
а	Did the organization make any taxable distributions under section 4966? N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 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? ${ m N/A}$	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Form 990 (2013)

Form 990 (2	2013)	n 990 (2013)
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27-2092468

Page 5

332005 10-29-13

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to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			–
		3	Yes	
1a		2		l
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	5		l
		3		I
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			ļ
	officer, director, trustee, or key employee?	2		ł
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		ļ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		ļ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		ļ
6	Did the organization have members or stockholders?	6		ļ
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		ļ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			l
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			ĺ
а	The governing body?	8a	Х	J
b	Each committee with authority to act on behalf of the governing body?	8b	Х	Ī
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			t
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
l0a	Did the organization have local chapters, branches, or affiliates?	10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			I
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			İ
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	l
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	İ
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			İ
·	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	х	t
.e 14	Did the organization have a written document retention and destruction policy?	14	X	t
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		t
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		150		l
	The organization's CEO, Executive Director, or top management official	15a		ł
b	Other officers or key employees of the organization	15b		ł
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
iva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		ļ
•-	taxable entity during the year?	16a		ł
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			ļ
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed WA, CA, NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	nd finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation: 🕨	•	_
	HEIDI WILLIAMS - (206)588-6057			
	C/O BRIGHTON JONES LLC, 506 2ND AVENUE, SUITE 1800, SEATTLE, W	<u> 9</u>	812	
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	6			
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Form 990 (27-2092468	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highes	t Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	ete this table for all persons required to be listed. Report compensation for the calendar year end	ling with or within the organization	ı's tax year.
● List a	Il of the organization's current officers, directors, trustees (whether individuals or organizations)	, regardless of amount of compen	sation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)						
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated					
	hours per	box, unless persor		box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of				
	week						a director/trustee)		iee)	from	from related	other
	(list any	recto						the	organizations	compensation		
	hours for	ordi	ee			sated		organization	(W-2/1099-MISC)	from the		
	related	ustee	trust		e	suadu		(W-2/1099-MISC)		organization and related		
	helow	lual tr	tional		loy	st con yee	_			organizations		
	(list any hours for related organizations below line)	ndivic	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo		
(1) JOHN DAVID RISHER (SEE SCHED O)	40.00	_	_		-		-					
PRESIDENT & CEO		x		х				0.	0.	0.		
(2) COLIN MCELWEE	1.00											
VICE PRESIDENT & SECRETARY		Х		Х				0.	0.	0.		
(3) CHARLES BRIGHTON	1.00											
BOARD DIRECTOR		Х						0.	0.	0.		
(4) JENNY SHILLING STEIN	1.00											
BOARD DIRECTOR (FROM 10/13)		Х						0.	0.	0.		
(5) PETER SPIRO	1.00									_		
BOARD DIRECTOR		х						0.	0.	0.		
(6) HARRISON MILLER	1.00											
BOARD DIRECTOR		х						0.	0.	0.		
(7) SUE SANDERSON	1.00											
BOARD DIRECTOR		х						0.	0.	0.		
(8) KARTIK RAGHAVAN	1.00											
BOARD DIRECTOR	1 00	Х						0.	0.	0.		
(9) ANNE MARIE BURGOYNE	1.00											
BOARD DIRECTOR (UNTIL 10/13)	40.00	X						0.	0.	0.		
(10) HEIDI WILLIAMS	40.00			37				20 222	0	0		
DIRECTOR, FINANCE & CONTROL				Х				38,333.	0.	0.		
		-										
		1										
		1										
			L									
332007 10-29-13										Form 990 (2013)		

332007 10-29-13

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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	hours per b					age Position Reportable R (do not check more than one box, unless person is both an officer and a director/trustee) from from from					(E) Reportable compensation from related			ed of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa om the anizat d relat anizati	e ion ed
1b	Sub-total								38,333.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
d	Total (add lines 1b and 1c)								38,333.		0.			0.
2	Total number of individuals (including but n	ot limited to th	iose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportabl	е			0
	compensation from the organization												Yes	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								highest compensated e			3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com								ted organization or indiv			5		х
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest co	moonsatod in	done	ando	nt o	onti	racto	ore t	that received more than	\$100.000 of com	none	ation f	rom	
	the organization. Report compensation for								n the organization's tax		ipene			
	(A) Name and business	address	N	ONI	3				(B) Description of s	ervices	С	(C ompe	;) nsatio	n
								_						
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot li	mite	d to		se li: 0	stec	d above) who received n	nore than				
												Form	990 (2	2013)

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Pa	rt VI	III Statement of Rever	nue					
		Check if Schedule O cont	ains a response	or note to any li				<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	a Federated campaigns	1a					
<u>S</u> rai		b Membership dues						
Contributions, Gifts, Grants and Other Similar Amounts		c Fundraising events						
lar Iar		d Related organizations						
ini,	e	e Government grants (contribut	ions) 1e					
tior sr S	f	f All other contributions, gifts, gran	ts, and					
ibu		similar amounts not included abo	ve 1f 3 ,	135,341.				
d O	ç	g Noncash contributions included in lines		903,096.				
an Oc	h	h Total. Add lines 1a-1f		🕨	3,135,341.			
				Business Code				
ce	2 a	a PROGRAM INCOME		900099	246,756.	246,756.		
ervi	b	b						
n Si	c	c						
Jran Rev	c	d						
Program Service Revenue		e						
d	f	f All other program service reve						
	<u>c</u>	g Total. Add lines 2a-2f			246,756.			
	3	Investment income (including			472.			472.
		other similar amounts)			4/2.			4/2.
	4	Income from investment of tax		-				
	5	Royalties						
	c -		(i) Real	(ii) Personal	-			
	6 a				-			
		b Less: rental expensesc Rental income or (loss)						
		d Net rental income or (loss)		<u> </u>				
		a Gross amount from sales of	(i) Securities	(ii) Other				
	, ,	assets other than inventory						
	h	b Less: cost or other basis						
	~	and sales expenses						
	c	c Gain or (loss)						
		d Net gain or (loss)		· · · · · · · · · · · · · · · · · · ·				
Ð		a Gross income from fundraising						
Other Revenue		including \$						
eve		contributions reported on line						
r B		Part IV, line 18	a					
Othe	b	b Less: direct expenses						
0	c	c Net income or (loss) from fund	draising events	<u></u>				
	9 a	a Gross income from gaming ac						
		Part IV, line 19	а					
	b	b Less: direct expenses	b					
		c Net income or (loss) from gam		►				
	10 a	a Gross sales of inventory, less						
		and allowances			-			
		b Less: cost of goods sold						
	C	c Net income or (loss) from sale						
	4.4	Miscellaneous Revenu		Business Code				
	11 a							<u> </u>
		b						<u> </u>
	c							<u> </u>
	c ~	d All other revenue e Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			3,382,569.	246,756.	0.	472.
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Form 990 (2013)

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27-2092468 Page 9

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

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

Part IX Statement of Functional Expenses

	not include amounts reported on lines 6b, 8b, 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			- · · ·	·
	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
	Grants and other assistance to governments,				
	organizations, and individuals outside the	950,157.	950,157.		
	United States. See Part IV, lines 15 and 16	550,157.	,137.		
	Benefits paid to or for members				
	Compensation of current officers, directors,	38,333.		38,333.	
	trustees, and key employees	50,555.		50,555.	
	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	117 E11	224 225	2 260	100.04
	Other salaries and wages	447,541.	324,325.	2,269.	120,94
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		4 - 4		
	Other employee benefits	22,764.	15,195.	1,902.	5,66 9,44
	Payroll taxes	37,954.	25,334.	3,172.	9,44
1	Fees for services (non-employees):				
а	Management				
b	Legal	1,833.	1,191.	642.	
с	Accounting	13,500.	8,769.	4,731.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch 0.)	32,772.	5,526.	27,246.	
	Advertising and promotion	,	,	,	
	Office expenses	88,184.	73,189.	12,334.	2,66
	Information technology	61,369.	50,645.	193.	10,53
	Royalties				
	Occupancy	177,850.	129,276.	46,512.	2,06
	Travel	177,050.	125,270.	±0,5±2•	2,00
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	0 1 6 0	1 645	F12	
	Insurance	2,162.	1,645.	513.	
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	1 057 616	1 057 616		
-	READING DEVICES/CONTENT	1,857,616.	1,857,616.	27 000	
	FACILITIES & EQUIPMENT	32,568.	4,570.	27,998.	4
-	CREDIT CARD FEES	7,465.	5,679.	1,772.	1
	REGISTRATION FEES	1,206.	917.	287.	
	All other expenses	69.	53.	16.	4 = 4 - 0.0
	Total functional expenses. Add lines 1 through 24e	3,773,343.	3,454,087.	167,920.	151,33
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				
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			10		
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27-2092468 Page 11

Form **990** (2013)

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Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	23,521.	1	46,187.
	2	Savings and temporary cash investments	310,272.	2	685,625.
	3	Pledges and grants receivable, net	876,224.	3	174,386.
	4	Accounts receivable, net	4,717.	4	10,594.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disgualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
s		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	3,852.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	106,800.	15	52,253.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,321,534.	16	972,897.
	17	Accounts payable and accrued expenses	3,063.	17	45,200.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
iab.		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	2 062	25	45 200
	26	Total liabilities. Add lines 17 through 25	3,063.	26	45,200.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
ces	07	complete lines 27 through 29, and lines 33 and 34.	474,956.		427,772.
lan	27	Unrestricted net assets	843,515.	27	499,925.
Ва	28	Temporarily restricted net assets	043,313.	28	499,923.
Fund Balances	29	Permanently restricted net assets		29	
Ę		Organizations that do not follow SFAS 117 (ASC 958), check here			
S O	20	and complete lines 30 through 34.		20	
set	30	Capital stock or trust principal, or current funds		30 31	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Nei	32 33	Retained earnings, endowment, accumulated income, or other funds	1,318,471.	32 33	927,697.
	33 34	Total net assets or fund balances Total liabilities and net assets/fund balances	1,321,534.	33 34	972,897.
	34	I ULAI HAVIILIES AHU HEL ASSELS/IUHU DAIAHUES	-,,	34	5,2,057.

Form 990 (2013)
Part X Balance Sheet

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12

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Form	1 990 (2013) WORLDREADER . ORG	27-20	92468	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,382		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,773		
3	Revenue less expenses. Subtract line 2 from line 1	3	-390		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,318	3,4	71.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			_
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	92	7,6	97.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2013)

Form **990** (2013)

SCHEDULE A	
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Department of the Treasury

(Form	990	or	990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Open to Public . Inspection

OMB No. 1545-0047

Name of the organization	
Internal Revenue Service	

.l. A / ... m 990 or 990-EZ) and its instructions is at 000

Nouse of	he enneminet		Sur Schedule A (Form 990	01 990-12			at www.irs			identifier		una la a u
Name of	the organizati							Employer identification number 27-2092468				
D										7-209	2468	;
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions				
The organ	e organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)											
1 🛄	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
	city, and state:											
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental u	nit describ	oed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	A federal, sta	te, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(1)(A)(v).					
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit o	or from th	ne general	public des	cribed	in
	-	b)(1)(A)(vi). (Comple	-			•			U U			
8	-		ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	-		eives: (1) more than 33 ⁻			rom contri	butions. m	nembersl	hip fees. a	nd aross r	eceipts	from
	•		nctions - subject to certa							•	•	
		-	axable income (less sect	-		-				-		
		509(a)(2). (Complete			,		I	, .	,		,	
10			perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	4).				
11	0	•	perated exclusively for the		•				rry out the	ourposes	of one	or
	•	•	ations described in section		· ·				•	•		
			organization and compl		-		.). 000 000				/ that	
	a Type I		· ·	ype III - Fu	-		d	і Пти	ne III - No	n-function	allv inte	arated
e 🗌		•	at the organization is not			•		-	•			•
•			han one or more publicly									
f			ten determination from t							0000101100	,o(u)(L).	
•	-	rganization, check th				pe 1, 13pe	n, or type	5				
g		•	organization accepted ar	ny aift or c	ontribution	n from anv	of the foll	owina pe	ersons?			. —
9	-		irectly controls, either al			-		• •		,	Yes	No
			upported organization?								-	1
			n described in (i) above?									
			person described in (i) a									
h			about the supported or							[119(1	<u> </u>	
		Silowing information	about the supported of	gamzation	(0).							
(i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did ye							i notify the	(vi)	ls the	(vii) Amou	at of mo	notony
.,	anization	(ii) EIN	(iii) Type of organization (described on lines 1-9		in col (i) listed in your organization in col 0		organizá	nizátion in col. ((Anoun		pport	neidiy	
Jigi	ameation		above or IRC section	governing	document?	(i) of your	support?	U.	U.S.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
									-			

<u>Total</u>

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

Schedule A (Form 990 or 990-EZ) 2013

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Schedule A (Form 990 or 990-EZ) 2013 WORLDREADER.ORG 27-20924 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

0	
(C	complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
fa	ils to qualify under the tests listed below, please complete Part III.)

Calendar year (or fise) year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total membership fees received, (Do not include any "unusual grants.") 196, 394. 1, 095, 036. 3, 452, 225. 3, 135, 341. 7, 878, 996. 2 Tax revenues level of the tor ognarization's benefit and either paid to or expended on its behalf 196, 394. 1, 095, 036. 3, 452, 225. 3, 135, 341. 7, 878, 996. 3 The value of services or facilities furnished by a governmental unit to the organization without charge 196, 394. 1, 095, 036. 3, 452, 225. 3, 135, 341. 7, 878, 996. 4 Total. Add lines 1 through 3 196, 394. 1, 095, 036. 3, 452, 225. 3, 135, 341. 7, 878, 996. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 28: of the amount shown on line 1, column (f) 1, 751, 290. 6, 127, 706. Section B. Total Support Calendar year (or fise) year beginning in) Total way and the stem interest, divideds, payments received on securities loans, rents, royalites and income from initarest. 160. 484. 284. 472. 1, 400. Total support. Additions fitters, ecoived not securities loans, rents, royalites and income from initarest. 160. 484. 284.	Sec	ction A. Public Support							
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14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2012 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □ b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □	500	organization, check this box and stop	<u>nere</u> c Support Pe	rcentage					
 15 Public support percentage from 2012 Schedule A, Part II, line 14					- L				
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and stop here. The organization qualifies as a publicly supported organization									
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									
	17a								
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization									
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	b								
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organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	1 did not check a	box on line 13, 16a	, 16b, 17a, or 17b				

Schedule A (Form 990 or 990-EZ) 2013

332022 09-25-13

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(-) 0000	(1-) 0010	(-) 0011	(-1) 0010	(-) 0010	(6) T - + - 1
-	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after Jupe 20, 1075						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is						
regularly carried on						
or loss from the sale of capital						
assets (Explain in Part IV.)		1				1
14 First five years. If the Form 990 is for	the organization'	l s first second thi	ird fourth or fifth	tax year as a sectiv		l zation
	-			-		
Section C. Computation of Publ						····· 🚩 🖵
15 Public support percentage for 2013 (I			column (f))		15	9
16 Public support percentage from 2012					16	9
Section D. Computation of Inves						/
					17	9
 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2012 Schedule A, Part III, line 17 						/ 9
19a 33 1/3% support tests - 2013. If the					18 33 1/3%, and line	
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2012. 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						
20 Private foundation. If the organizatio						
332023 09-25-13			2., 0. 100, 01100K		hedule A (Form 99	0 or 990-F7) 201
			15			

15590818 745960 39645

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

332024 09-25-13	Schedule A	(Form 990 or 990-EZ) 201
5590818 745960 39645	16 2013.04010 WORLDREADER.ORG	396451

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 . OMB No. 1545-0047

2013

Employer identification number

27-2092468

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Name of the organization

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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Schedule B	(Form	990,	990-EZ,	or 990-PF	(2013)
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Part I

Employer identification numbe	r
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Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

X

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27-2092468

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$7,280.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$76,723.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u> </u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>10,585.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 323452 10-2	4-13	\$ <u>6,740.</u> Schedule B (Form	Person Payroll Noncash X (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)
020402 10-2	18		

2013.04010 WORLDREADER.ORG

Employer	identification	number

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27-2092468

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7		_ \$\$ 5,785. Person Description: Payroll Description: Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8		\$10,000. Person X \$10,000. Payroll I Noncash I (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9		\$\$
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
10		Subscription Person X \$
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
11		\$ 32,760. Person Payroll \$ 32,760. Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
12		_ \$ Person Payroll Payroll Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

323452 10-24-13

19 2013.04010 WORLDREADER.ORG

Employer identification number

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27-2092468

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		- \$ <u>22,050.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$100,000. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$6,430.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$9,480.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>18</u> 323452 10-24		- \$\$ Schedule B (Form	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)
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Schedule B	(Form	990,	990-EZ,	or 990-PF	(2013)
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Employer identification number

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27-2092468

(a) No. <u>19</u>	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
<u> 19</u>	Name, address, and ZIP + 4	Total contributions Type of contribution
(a)		\$ 20,620. \$ 20,620. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
20		\$ 397,983. \$ 397,983. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		_ \$ <u>15,000.</u> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
22		\$ 15,000. \$ 15,000. Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		_ \$\$ \$,000. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
24		\$6,170. \$\$6,170. Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2013

21 2013.04010 WORLDREADER.ORG

Schedule B	(Form	990,	990-EZ,	or 990-PF	(2013)
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Employer identification number

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27-2092468

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 25 Person Payroll 39,185. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 26 Person Payroll 17,380. X Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 27 Person Payroll 23,405. X Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 28 Person Payroll 5,920. Noncash X (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 29 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 30 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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22 2013.04010 WORLDREADER.ORG

Schedule B	(Form	990,	990-EZ,	or 990-P	F) (2013)
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Employer identification number

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27-2092468

(a) No. 31 - - - - (a) No. - - - - - - - - - - - - - - - - - - -	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b)	(c) Total contributions (d) Type of contribution \$ 10,181. Person Payroll Noncash X (Complete Part II for noncash contributions.) (c) Total contributions (d) Type of contributions.) (c) Total contributions (d) Type of contribution \$ 65,395. Person Payroll Noncash X (Complete Part II for noncash contributions.) (c) (d)
<u></u>	(b) Name, address, and ZIP + 4	
<u>No.</u>	Name, address, and ZIP + 4	Total contributions Type of contribution \$ 65,395. Person Payroll Payroll Noncash X \$ 65,395. Complete Part II for noncash contributions.)
32 -		\$ 65,395. Payroll (Complete Part II for noncash contributions.)
		(c) (d)
(a) No.	Name, address, and ZIP + 4	Total contributions Type of contribution
33 -		\$5,000. Person X Payroll D Noncash D (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
<u>34</u>		\$5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
<u></u>		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
36		\$10,000. \$\$10,000. \$\$Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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Schedule B	(Form 99	90, 990-EZ	, or 990-PF)	(2013)
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Employer identification number

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15590818 745960 39645

27-2092468

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

		•	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ <u>172,345.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$ <u>10,575.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.		Total contributions	Type of contribution Person
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 40 (a) No.	Name, address, and ZIP + 4	Total contributions \$ 8,370. (c) Total contributions	Type of contribution Person Payroll Payroll Noncash Noncash X (Complete Part II for noncash contributions.) (d) (d) Type of contribution Person Payroll Noncash X (Complete Part II for Noncash Variable X (Complete Part II for Noncash
No. 40 (a) No. 41 (a)	Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	Total contributions \$ 8,370. (c) Total contributions \$ 33,685. (c) Total contributions \$ 32,225.	Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.) (d)

Employer identification number

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27-2092468

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		- \$\$5,115.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		- \$\$7,190.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		- \$\$10,140.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		- \$ <u>25,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		- \$ <u>289,880.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>48</u> 323452 10-24		- \$ <u>88,415.</u> - Schedule B (Form	Person Payroll Noncash X (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)
	25		

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Schedule B	(Form	990,	990-EZ,	or 990-P	F) (2013)
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Part I

Employer identification number	r
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Person

(d)

Type of contribution

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27-2092468

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

		\$9,005.	Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$ <u>17,585.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$18,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$33,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$ <u>200,250.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54 323452 10-2		\$33,605. Schedule B (Form	Person Payroll Noncash X (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)
	26		

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Employer identification number

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27-2092468

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
55		\$ 15,000. Person X Payroll I Noncash I (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
56		\$
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
<u> </u>		\$ 6,000. \$ 6,000. Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
<u>58</u>		\$\$ 501,845. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
59		\$ 5,000. \$ 5,000. Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
<u>60</u> 323452 10-24		\$

Employer identification number

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27-2092468

61 Person Payroll (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contrib (a) (b) (c) (d) Type of contrib (a) Name, address, and ZIP + 4 Total contributions Type of contrib (a) Name, address, and ZIP + 4 Total contributions Person (a) Name, address, and ZIP + 4 Total contributions Type of contrib (a) Name, address, and ZIP + 4 Total contributions Type of contrib (a) Name, address, and ZIP + 4 Total contributions Type of contrib (a) Name, address, and ZIP + 4 Total contributions Type of contrib (a) Name, address, and ZIP + 4 Total contributions Type of contrib (a) Name, address, and ZIP + 4 Total contributions Type of contrib (a) Name, address, and ZIP + 4 Total contributions Type of contrib (a) Name, address, and ZIP + 4 Total contributions Type of contrib (b) No. Name, address, and ZIP + 4 Total contributions	Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additionadditional additionadditionadditionadditionad additionadd	tional space is needed.	
(a) (b) (c) ((c) Total contributions	(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of contril 62	61		\$11,820.	Payroll
(a) (b) (c) (c) (d) (a) No. Name, address, and ZIP + 4 Total contributions Type of contril (a) (b) (c) (c) (d) Type of contril (a) No. Name, address, and ZIP + 4 Total contributions Person [Complete Part II] (a) (b) (c) Total contributions Person [Complete Part II] (a) (b) (c) (d) Noccash [Complete Part II] [Complete Par				(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of contril 63	62		\$16,330.	Payroll
(a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contril 64				(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of contributions 64	63		\$112,000.	Payroll
(a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contributions 65				(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of contributions 65	64		\$5,000.	Payroll
\$ 5,000. Payroll				(d) Type of contribution
	65		\$5,000.	Payroll
(a)(b)(c)(d)No.Name, address, and ZIP + 4Total contributionsType of contributions				(d) Type of contribution
	323452 10-24-			Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2013)
Name of organization

Employer identification number

27-2092468

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

artii	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions) (d) Date received
1	DIGITAL BOOKS	
		\$ <u>8,350</u> <u>12/31/13</u>
(a) No. from Part I	(b) Description of noncash property given	(c) (d) FMV (or estimate) (d) (see instructions) Date received
2	DIGITAL BOOKS	
		\$7,280. <u>12/31/13</u>
(a) No. from Part I	(b) Description of noncash property given	(c) (d) FMV (or estimate) (d) (see instructions) Date received
3	E-READER SOLAR CASES	
		\$ <u>76,723.</u> <u>12/31/13</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions) (d) Date received
4	DIGITAL BOOKS	
		\$11,120. <u>12/31/13</u>
(a) No. from Part I	(b) Description of noncash property given	(c) (d) FMV (or estimate) (see instructions) Date received
5	DIGITAL BOOKS	
		\$10,585. <u>12/31/13</u>
(a) No. from Part I	(b) Description of noncash property given	(c) (d) FMV (or estimate) (see instructions) Date received
	DIGITAL BOOKS	—
6		

15590818 745960 39645

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)
Name of organization

Employer identification number

27-2092468

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

		art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	DIGITAL BOOKS		
		\$5,785.	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9	DIGITAL BOOKS		
		\$7,250.	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
11	DIGITAL BOOKS		
		\$ <u>32,760.</u>	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
12	DIGITAL BOOKS		
		\$10,670.	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
16	DIGITAL BOOKS		
		\$6,430.	12/31/13
	<i>"</i>)	(c) FMV (or estimate)	(d)
from	(b) Description of noncash property given	(see instructions)	Date received
(a) No. from Part I 17		(see instructions)	Date received

15590818 745960 39645

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)
Name of organization

Employer identification number

27-2092468

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

artii	Noncash Property (see instructions). Use duplicate copies of P	art il il additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
19	DIGITAL BOOKS		
		\$20,620.	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
24	DIGITAL BOOKS		
		\$6,170.	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
25	DIGITAL BOOKS		
		\$	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
26	DIGITAL BOOKS		
		\$17,380.	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
27	DIGITAL BOOKS		
		\$\$	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
28	DIGITAL BOOKS		

15590818 745960 39645

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)
Name of organization

Employer identification number

27-2092468

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

(a) No.	(b)	(c)	(d)
rom art I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
	143 CONOCO PHILLIPS STOCK SHARES		
31			
			12/31/13
		\$	12/31/13
(a)	<i>a</i> .	(c)	())
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(see instructions)	
32	DIGITAL BOOKS	_	
54		—	
		\$65,395 .	12/31/13
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
Part I	E-READER CASES AND LIGHTS		
37	E-VEADER CASES AND TIGULS	—	
		<u> </u>	
		\$ 172,345.	12/31/13
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
	DIGITAL BOOKS		
39		_	
			12/31/13
(a) No	4.5	(c)	())
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(see instructions)	
10	DIGITAL BOOKS	_	
40		—	
		\$8,370.	12/31/13
(a) No.	(b)	(c)	(d)
from	(0) Description of noncash property given	FMV (or estimate) (see instructions)	Date received
Part I			
41	DIGITAL BOOKS	—	
		—	
— I			

15590818 745960 39645

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)
Name of organization

Employer identification number

27-2092468

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

	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
42	DIGITAL BOOKS		
		\$32,225.	12/31/13
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
43	DIGITAL BOOKS		
		\$5,115.	12/31/13
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
44	DIGITAL BOOKS		
		\$7,190.	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
45	DIGITAL BOOKS		
		\$10,140.	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
47	DIGITAL BOOKS		
		\$\$	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	DIGITAL BOOKS		
48			

15590818 745960 39645

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)
Name of organization

Employer identification number

27-2092468

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

	Noncash Property (see instructions). Use duplicate copies of P	art in in additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
49	DIGITAL BOOKS		
		\$9,005.	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
50	DIGITAL BOOKS		
		\$\$	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
54	DIGITAL BOOKS		
		\$\$.33,605.	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
58	866 AMAZON.COM STOCK SHARES		
		\$\$	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
60	E-READER SKINS/CASES		
		\$36,240.	12/31/13
	(b)	(c) FMV (or estimate)	(d) Date received
	Description of noncash property given	(see instructions)	
	Description of noncash property given DIGITAL BOOKS	(see instructions)	

15590818 745960 39645

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)
Name of organization

Employer identification number

27-2092468

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
62 DIG	ITAL BOOKS		
		\$\$16,330.	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
$- \equiv$		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- =		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

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Part III	Exclusively, religious, charitable, etc., indi year. Complete columns (a) through (e) and t the total of exclusively religious, charitable, et Use duplicate copies of Part III if additior	the following line entry. For organization cc., contributions of \$1,000 or less for nal space is needed.	(7), (8), or (10) organizations completing Part III, enter the year. (Enter this information on	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
	Transferee's name, address, a	(e) Transfer of gift		ansferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
	Transferee's name, address, a	(e) Transfer of gift		ansferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
	Transferee's name, address, a	(e) Transfer of gift		ansferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
	Transferee's name, address, a	(e) Transfer of gift		ansferor to transferee
-				

SCHEDULE D)
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(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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047
2012
ZU 1.5
Open to Public
Inspection

Attach to Form 990.
Inspection
Inspection
Inspection
Employer identification

Name of the organization

Nam	WORLDREADER . ORG		27-2092468
Pa	rt I Organizations Maintaining Donor Advised F	unds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		·
		(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 advisors in writin	g that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's exclu	usive legal control?	Yes 🛛 No
6	Did the organization inform all grantees, donors, and donor adviso	ors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor or dor	nor advisor, or for any other purpose cont	ferring
_	impermissible private benefit?		
Pa	TII Conservation Easements. Complete if the organize	ation answered "Yes" to Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization (c		
	Preservation of land for public use (e.g., recreation or educa		
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified of	onservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Hold at the End of the Tax Veer
_	Table and the state of the stat		Held at the End of the Tax Year
	Total number of conservation easements		
	Number of conservation easements on a certified historic structure Number of conservation easements included in (c) acquired after		2c
u			2d
3	listed in the National Register		
5	year	d, extinguished, or terminated by the org	
4	Number of states where property subject to conservation easeme	ent is located	
5	Does the organization have a written policy regarding the periodic		
	violations, and enforcement of the conservation easements it hold		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and		
7	Amount of expenses incurred in monitoring, inspecting, and enfor		
8	Does each conservation easement reported on line 2(d) above sa	tisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 🛛 No
9	In Part XIII, describe how the organization reports conservation ea		
	include, if applicable, the text of the footnote to the organization's	financial statements that describes the	organization's accounting for
_	conservation easements.		
Pa	t III Organizations Maintaining Collections of Ar		r Similar Assets.
	Complete if the organization answered "Yes" to Form 990,		
1a	If the organization elected, as permitted under SFAS 116 (ASC 95		
	historical treasures, or other similar assets held for public exhibition		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes t		
D	If the organization elected, as permitted under SFAS 116 (ASC 95		
	treasures, or other similar assets held for public exhibition, education	tion, or research in furtherance of public s	service, provide the following amounts
	relating to these items:		► ¢
	(i) Revenues included in Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasure the following amounts required to be reported under SFAS 116 (A		וו, אוסעומב
а	Revenues included in Form 990, Part VIII, line 1		► \$
	Assets included in Form 990, Part X		
5			🚩 🤟
LHA	For Paperwork Reduction Act Notice, see the Instructions for	Form 990.	Schedule D (Form 990) 2013
33205 09-25-			

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	dule D (Form 990) 2013 WORLDREA						-20924		
Pa	rt III Organizations Maintaining C	ollections of Art,	Historical T	reasures, o	r Other	Similar A	ssets(con	tinued	d)
3	Using the organization's acquisition, accession	on, and other records,	check any of the	e following that	are a sign	ificant use	of its collect	ion ite	ems
	(check all that apply):								
а	a Public exhibition d Loan or exchange programs								
b	e 🗌 Scholarly research e 🛄 Other								
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain h	ow they further	the organizatio	n's exemp	ot purpose i	n Part XIII.		
5	During the year, did the organization solicit or							_	
	to be sold to raise funds rather than to be ma						Yes		No
Pa	t IV Escrow and Custodial Arrang		if the organization	on answered ""	Yes" to Fo	rm 990, Par	t IV, line 9,	or	
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodia							Г	
	on Form 990, Part X?						📖 Yes	L	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follow	ving table:						
							Αποι	Int	
	Beginning balance					1c			
	Additions during the year					1d			
-	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fo								
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete if							L	
Fa	Lindowinent Funds. Complete if					Three veers	hook () Fr		ra haali
4.	De sinsis a eferen helene e	(a) Current year	(b) Prior year	(c) Two years	5 Dack (a)	THIEE years		ui yea	IS DACK
	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	•	line 1g, column (⁄	a)) neid as:					
	Board designated or quasi-endowment	%	0						
	Permanent endowment Temporarily restricted endowment	%							
C	The percentages in lines 2a, 2b, and 2c should								
20	Are there endowment funds not in the posses	•	n that are hold	and administor	od for the	orgonizatio	n		
Jd		ssion of the organizatio	on that are new a			organizatio	11	Ye	s No
	by: (i) unrelated organizations						3a(i	-	
	(i) unrelated organizations								-
h	If "Yes" to 3a(ii), are the related organizations							<u> </u>	
4	Describe in Part XIII the intended uses of the								
	t VI Land, Buildings, and Equipm								
	Complete if the organization answered		art IV line 11a S	See Form 990	Part X line	e 10			
	Description of property	(a) Cost or othe	1	t or other		umulated	(d) Bo	ok va	lue
		basis (investmer	• • •	(other)	• •	ciation	(4) 20		liae
1a	Land		· ·						
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
	Add lines 1a through 1e. (Column (d) must ed		column (B). line	10(c).)		•			0.
		. ,,				Sche	edule D (Fo	rm 99	

332052 09-25-13

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

Part VIII Investments - Program Related.

v		
Complete if the organization answered "Yes"	to Form 990, Part IV, line ⁻	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ADVANCE TO AFFILIATES	52,253.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	52,253.

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

	dule D (Form 990) 2013 WORLDREADER • ORG				2092400 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per R	eturr	n.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,417,022.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	34,453.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	34,453.
3	Subtract line 2e from line 1			3	3,382,569.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,382,569.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	onte With	Evnoncos nor	Dotu	
	Reconcination of Expenses per Addited Financial Statem		i Expenses per	neiu	irn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		i Expenses per	neiu	
1				1	3,807,796.
1 2	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			1	
_	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements			1	
2	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		1	
2 a	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b		1	
2 a b	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c		1	3,807,796.
2 a b c	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	34,453.	1	<u>3,807,796.</u> 34,453.
2 a b c d	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	34,453.	1	3,807,796.
2 a b c d e	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	34,453.	1 2e	<u>3,807,796.</u> 34,453.
2 a b c d e 3	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	34,453.	1 2e	<u>3,807,796.</u> 34,453.
2 a b c d e 3 4	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	34,453.	1 2e	<u>3,807,796.</u> 34,453.
2 a b c d e 3 4	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	34,453.	1 2e	<u>3,807,796.</u> 34,453.
2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	34,453.	1 2e 3	3,807,796. 34,453. 3,773,343.

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

PART X, LINE 2:

FOR THE YEAR ENDED DECEMBER 31, 2013, WORLDREADER HAS

DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT

PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS

DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER

RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

332054 09-25-13

15590818 745960 39645

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SCHEDULE F (Form 990)				ivities Outside the Ur n answered "Yes" on Form 990, Part			OMB No. 1545-0047
Department of the Treasury			Attach to F	orm 990. 🕨 See separate instructio	ns.		Open to Public
Internal Revenue Service		nformation abo	out Schedule F	(Form 990) and its instructions is at	www.irs.gov/fo		Inspection
Name of the organizatio	on					Employer id	lentification number
WORLDREADER.						27-209	
			ctivities Ou	tside the United States. Comple	ete if the organ	ization answei	red "Yes" on
Form 990, 1 For grantmakers			maintain racar	ds to substantiate the amount of its gra	anto and other	assistance	
				the selection criteria used to award the			X Yes No
United States.			-	procedures for monitoring the use of it	-	ther assistanc	e outside the
	ion. (Th			an be duplicated if additional space is i			
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d gram service, e specific type ce(s) in region	expenditures
				GRANTS TO RECIPIENTS			
EUROPE		0	0	LOCATED IN REGION			826,112.
				GRANTS TO RECIPIENTS			
SUB-SAHARAN AFRICA	A I	0	0	LOCATED IN REGION			124,045.
3 a Sub-total		0	0				950,157.
b Total from continues sheets to Part I		0	0				0.
c Totals (add lines 3							
and 3b)		0	0				950,157.

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

Schedule F (Form 990) 2013

332071 10-03-13

Schedule F (Form 990) 2013

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL OPERATIONS OF FUNDACION WORLDREADER	826,112.	WIRE	0.				
			WORLDREADER GHANA, IREAD PROJECT	0.		124,045.	KINDLES AND CASES	FMV		
the IRS, or for which t	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									

27-2092468

Page 2

43

WORLDREADER.ORG Schedule F (Form 990) 2013 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(c) Number of

recipients

(d) Amount of

cash grant

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

(b) Region

(f) Amount of

non-cash

assistance

(g) Description of

non-cash assistance

(h) Method of valuation (book, FMV, appraisal, other)

27-2092468

(e) Manner of

cash disbursement

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

Schedule F (Form 990) 2013

Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.
PART I, LINE 2:
ORLDREADER GRANTS WENT TO FOREIGN AFFILIATES IN SPAIN AND
HANA. WORLDREADER REVIEWS THE FINANCIAL STATEMENTS OF THE AFFILIATE
NTITIES QUARTERLY AND CONTINUALLY MONITORS HOW GRANT FUNDS ARE SPENT.
32075 10-03-13 Schedule F (Form 990) 2013 45

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

Part I

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990
 Inspection
 Employer identification number

Open to Public

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			_
Name	of the	organizatio	n

WORLDREADER.ORG **Types of Property**

		(a)	(b)	(c)	(d)			
		Check if	Number of	Noncash contribution	Method of d		•	
		applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contrib	ution ar	nount	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	X		1,029,039.	AVERAGE COS	ST		
5	Clothing and household goods			, ,		-		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	2	512,026.	FMV			
10	Securities - Closely held stock			512/0201				
11	Securities - Closely field Slock							
10	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other \blacktriangleright (<u>E-READER ACCE</u>)	X	3	362,031.	RETAIL PRIC	E .		
26	Other ()							
27	Other ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organi						•	
	for which the organization completed Form 82	83, Part IV,	Donee Acknowledg	gement 29			0	
							Yes	No
30a	During the year, did the organization receive b							
	at least three years from the date of the initial							
	the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standard contril	outions?	31		X
32a	a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is c	hecked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule M	(Form	990) (2013)

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBERS REPORTED IN COLUMN (B) REPRESENT THE NUMBER OF

CONTRIBUTIONS.

Schedule M (Form 990) (2013)

332142 09-03-13

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990



Employer identification number 27 - 2092468

WORLDREADER.ORG

FORM 990, PART III, LINE 1:

THE MISSION OF WORLDREADER IS TO ERADICATE ILLITERACY BY

DELIVERING THE LARGEST CULTURALLY RELEVANT LIBRARY OF E-BOOKS TO PEOPLE

IN LOW-INCOME COUNTRIES - DIGITALLY AND INEXPENSIVELY. WITH ITS

SPAIN-BASED AFFILIATE, FUNDACION WORLDREADER.ORG, WORLDREADER.ORG WORKS

WITH SCHOOLS, LIBRARIES, COMMUNITIES AND PUBLISHERS TO BRING DIGITAL

BOOKS TO CHILDREN AND THEIR FAMILIES IN THE DEVELOPING WORLD.

FORM 990, PART III, LINE 4A:

IN 2013, WE PARTNERED WITH CHARITABLE ORGANIZATIONS TO

BRING WORLDREADER PROGRAMS TO 52 SCHOOLS IN GHANA, KENYA, TANZANIA,

ETHIOPIA, UGANDA, MALAWI, ZAMBIA, SOUTH AFRICA AND ZIMBABWE INCLUDING A

PROJECT WITH THE UN REFUGEE AGENCY (UNHCR) TO DELIVER 30,000 E-BOOKS TO

STUDENTS AND FAMILIES IN TWO REFUGEE SETTLEMENTS IN WESTERN TANZANIA.

IN PARTNERSHIP WITH THE BILL AND MELINDA GATES FOUNDATION, WE

IMPLEMENTED OUR FIRST E-READER PROGRAMS IN EIGHT LIBRARIES IN KENYA.

IN PARTNERSHIP WITH NOKIA AND UNESCO, WORLDREADER COMPLETED A ONE-YEAR RESEARCH PROJECT WHOSE GOAL IS TO PROMOTE MOBILE READING AND ENSURE THAT NEW TOOLS ARE USED TO ADVANCE LITERACY AND LEARNING IN COUNTRIES THAT FACE CHRONIC BOOK SHORTAGES. THE REPORT ISSUED IN APRIL 2014. MILLIONS OF PEOPLE IN THE DEVELOPING WORLD HAVE ACCESS TO A LIBRARY OF BOOKS USING A DEVICE THEY ALREADY OWN: THEIR MOBILE PHONE. WITH ITS APPLICATION FOR FEATURE AND ANDROID PHONES, WORLDREADER HAS REACHED 335,000 READERS EACH MONTH WITH A LIBRARY OF NEARLY 3000 BOOKS IN 23

LANGUAGES.

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2013)

 332211 09-04-13
 4.8

 Name of the organization

WORLDREADER.ORG

Employer identification number 27 - 2092468

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND

REVIEWED BY THE FINANCE COMMITTEE. A COPY OF THE FINAL FORM 990 WAS

PROVIDED TO THE FULL BOARD PRIOR TO FILING WITH THE IRS.

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

ALL OFFICERS AND DIRECTORS ARE REQUIRED TO ANNUALLY SIGN THE CONFLICT OF INTEREST POLICY. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON DISCLOSES THE EXISTENCE OF THE FINANCIAL INTEREST AND IS GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE LEAVES THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS DECIDE IF A CONFLICT OF INTEREST EXISTS.

THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE, IF APPROPRIATE, APPOINTS A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE DETERMINE BY A MAJORITY VOTE OF $\frac{3326712}{9904-13}$ Schedule O (Form 990 or 990-EZ) (2013) 49

15590818 745960 39645

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
WORLDREADER.ORG	27-2092468

THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION IT MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.

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

WORLDREADER CURRENTLY DOES NOT COMPENSATE ITS PRESIDENT/CEO.

IF IN THE FUTURE THE PRESIDENT/CEO IS COMPENSATED, WORLDREADER'S BOARD OR A

COMMITTEE THEREOF, WILL SET THE PRESIDENT/CEO'S COMPENSATION, USING

COMPARABLE DATA AND WILL DOCUMENT ITS DELIBERATIONS AND CONCLUSIONS.

COMPENSATION FOR ALL EMPLOYEES, INCLUDING SENIOR MANAGEMENT, IS SET BY THE PRESIDENT/CEO AS DETERMINED BY MARKET BASED PAY SCALES AND JOB LEVEL AND RESPONSIBILITY. THE BOARD DOES NOT DIRECTLY DETERMINE OR APPROVE EACH EMPLOYEE'S COMPENSATION, BUT DOES APPROVE THE BUDGET WHICH INCLUDES THESE SALARY FIGURES. THE LAST COMPENSATION REVIEW WAS PERFORMED IN JULY, 2013.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON

REQUEST. THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE THROUGH THE

ORGANIZATION'S WEBSITE, WWW.WORLDREADER.ORG.

FORM 990, PART VI, LINES 1A AND B:

ON FORM 990, PART VI, LINES 1A AND B, WORLDREADER HAS

INDICATED THAT ALL MEMBERS OF THE BOARD OF DIRECTORS ARE INDEPENDENT.

THIS CONCLUSION IS CONSISTENT WITH THE FORM 990 INSTRUCTIONS FOR THESE

LINES. IN THE SPIRIT OF TRANSPARENCY, WORLDREADER WISHES TO PROVIDE 332212 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

15590818 745960 39645

Schedule O (Form 990 or 990-EZ) (2013)	Page 2				
Name of the organization WORLDREADER • ORG	Employer identification number $27 - 2092468$				
ADDITIONAL INFORMATION REGARDING TWO OF THE MEMBERS OF THE BOARD OF					
DIRECTORS THAT IT FEELS IS IMPORTANT TO THE READER OF FOR	M 990. TWO OF				
THE DIRECTORS, DAVID RISHER AND COLIN MCELWEE PLAY A SIGN	IFICANT ROLE				
IN THE EXERCISE OF THE ORGANIZATION'S EXEMPT FUNCTION. DAT	VID RISHER IS				
A FULL-TIME, NON-COMPENSATED PRESIDENT AND CEO. HE IS RE	PORTED ON FORM				
990 PART VII AS BOTH A MEMBER OF THE BOARD AND AN OFFICER	OF THE				
ORGANIZATION. IF MR. RISHER RECEIVED COMPENSATION FROM W	ORLDREADER OR				
A RELATED PARTY FOR HIS ROLE AS PRESIDENT AND CEO, HE WOU	LD NOT BE				
CONSIDERED INDEPENDENT.					
COLIN MCELWEE IS A FULL-TIME, PAID EMPLOYEE OF FUNDACION WORLDREADER, A					
SPANISH ENTITY THAT RECEIVES A MAJORITY OF ITS FUNDING FROM					
WORLDREADER. HE IS ALSO REPORTED ON FORM 990 PART VII AS BOTH A MEMBER					
OF THE BOARD AND AN OFFICER OF THE ORGANIZATION. FUNDACION WORLDREADER					
IS NOT A RELATED ORGANIZATION UNDER THE DEFINITION PROVIDED IN THE FORM					
990 INSTRUCTIONS; HOWEVER, IT IS AN ORGANIZATION WITH WHICH WORLDREADER					
HAS A CLOSE WORKING RELATIONSHIP. IF FUNDACION WORLDREADER WAS					

CONSIDERED A RELATED ORGANIZATION, MR. MCELWEE WOULD NOT BE CONSIDERED INDEPENDENT.

FORM 990, PART VII, SECTION A:

THE DAY-TO-DAY AFFAIRS OF THE ORGANIZATION ARE RUN BY A

NON-COMPENSATED PRESIDENT & CEO.

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