-	99	n 1		Poturr	of Organiz	ation Exemp	t Erom Ir	nooma	Tav		Ļ	OMB No. 1545-0047
Form	33			netun	i ui uiganiza			COME	; 10.			2019
(Rev.	January	(2020)	Under	-) of the Internal Rev	-			ndation	is)	
•		the Treasury			•	numbers on this fo	-		•			Open to Public
		ue Service	voor ort			90 for instructions a						Inspection
_		2019 calendar	<u> </u>	, ,	e For The Wo		·01 , 2019, a	and endi				, 2020
<u> </u>	ddress c	applicable:		business as	e for the wo	ria, inc.				о етрі	•	2124550
	lame cha	-			O. box if mail is not delive	red to street address)		Room/sui	te	E Telep		
V	nitial retu	-		hird Ave						L lolop		9)509-1496
=		rn/terminated			vince, country, and ZIP or	foreign postal code		1		G Gros	s receipts	•
#	mended	return		ork, NY 1						\$		457,892
#	pplicatio	n pending	F Name	and address of pri	ncipal officer:				H(a) Is this a g	group return	for subordi	nates? Yes X No
									H(b) Are all s	subordinat	tes includ	ed? Yes No
1 1	ax-exemp	pt status: X 50	01(c)(3)	501(c) () ┥ (insert no.)	4947(a)(1) or	527		lf "No,"	attach a li	st. (see in	structions)
J١	Vebsite:		theworl	ld.org					H(c) Group	exemptio	n number	•
		-	orporation	Trust Ass	ociation 🗌 Other 🏲		L Year of format	ion: 201	. 9 м з	State of leg	gal domic	ile: NY
Pa		Summary										
	1				on or most significar		for the					
ЭСe		provide pl	hilanth	nropic awa	reness and c	haritable giv	ring to s	upport	nonpro	ofit d	organ	izations.
nar												
Activities & Governance	2	Check this box	▶ ☐ if th	ne organization	discontinued its on	erations or disposed	of more than 2	5% of its	not accote			
õ	3			-	ning body (Part VI, I					3		5
s S	4		-	-		dy (Part VI, line 1b)				4		4
itie	5		-	-	calendar year 2019					5		1
ž	6	Total number of			-					6		50
Ă	7a				Part VIII, column (C)	. line 12 • • • •				7a		0
					from Form 990-T, lin	-				7b		0
									Prior Year			Current Year
	8	Contributions a	nd grants	(Part VIII, line	1h) • • • • • •			-				457,783
iue	9	Program servic	e revenue	(Part VIII, line	2g) • • • • • •							109
Revenue	10	Investment inco	ome (Part	VIII, column (A), lines 3, 4, and 7d)		•				0
Re	11	Other revenue	(Part VIII,	column (A), lin	es 5, 6d, 8c, 9c, 10d	c, and 11e) •••		•				0
	12			0 (column (A), line 12)		•				457,892
	13	Grants and sim	ilar amour	nts paid (Part I)	X, column (A), lines	1-3) • • • • • •		•				0
	14	-			, column (A), line 4)			•				0
ŝ		-	•			olumn (A), lines 5-10) ••••	·				147,169
Expenses			Ŭ		olumn (A), line 11e)			•				0
xpe					umn (D), line 25)		10,492					
Ш			· ·	():	es 11a-11d, 11f-24e	,		•				103,983
	18 19	•			equal Part IX, colum	():		•				251,152
_ "	-	neveriue iess e	xpenses.	Subtract line i	6 ITUIT IIITE 12 •							206,740
Net Assets or Fund Balances	20	Total assets (P	art X line	16)				. Begir	nning of Curre	ent rear		End of Year 386, 738
Asse	21	Total liabilities (,								28,588
Net	22	· · · · · · · · · · · · · · · · · · ·	,	,	ine 21 from line 20							358,150
	rt II	Signature										
						ng schedules and stateme			wledge and b	elief, it is		
true,	correct, a	and complete. Decla	ration of prep	parer (other than of	ficer) is based on all infor	mation of which preparer h	nas any knowledge).				
		Jack I	Lewars									
Sig	n	Signature of	of officer							Da	ite	
Her	e	Jack I	Lewars,	Ex Direc	tor and Trus	tee						
			nt name and	title								
		Print/Type prepa	rer's name		Preparer's signature		Date		Check	X if	PTIN	
Paie		Melissa	Gilroy		Melissa Gilr	оу	05-05-20)21	self-em	ployed	P0	1069703
	parer		•	Melissa	Gilroy, CPA			F	irm's EIN 🕨			
Use	Only	Firm's address	•	80 Green	acre Rd			P	hone no.			
					IMA 02090						696-4	
May	the IRS	discuss this re	turn with t	he preparer sh	own above? (see ins	structions) • • •						Yes X No

For Paperwork Reduction Act Notice, see the separate instructions.

Form	1990 (2019) One For The World, Inc.	84-2124550	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission:		
	One for the World has been organized to provide philanthropic awa	reness and charitable	<u>giving t</u> o
	support nonprofit organizations.		
2	Did the organization undertake any significant program services during the year which were not listed on the	ho	
2	prior Form 990 or 990-EZ?		No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?		X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program servic	es, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a	allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ including grants of \$		
	One for the World has been organized to provide philanthropic awa		
	support nonprofit organizations. More specifically, the organizat		
	among students and young professionals about the importance of ph		
	contributions can help to end extreme poverty through donations o		
	OFTW will then provide distributions to qualifying nonprofit orga and around the world. By providing this philanthropic awareness a		
	OFTW will help to improve the quality of life for individuals aro		rogram,
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	·		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 200,788		
EEA		Form	n 990 (2019)

Form	990 (2019) One For The World, Inc. 84-2	21245	50	F	Page 3
Par	rt IV Checklist of Required Schedules				
				Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
	complete Schedule A		1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		2	x	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				<u> </u>
•	candidates for public office? If "Yes," complete Schedule C, Part 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 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,		-		
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		5		
6		•••	5		<u> </u>
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	• • •	7		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments				
	or in quasi endowments? If "Yes," complete Schedule D, Part V	• • •	10		Х
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		11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		11f		x
1 2 9	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
120	Schedule D, Parts XI and XII		12a		v
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		120		X
U	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional • • • • • •		12b		
10	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?		13	.,	x
14a		• • •	14a	х	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,				
	fundraising, business, investment, and program service activities outside the United States, or aggregate				
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	• • •	14b		X
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? If "Yes," complete Schedule F, Parts II and IV	• • •	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other				
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	• • •	16		X
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 (see instructions)	• • •	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? If "Yes," complete Schedule G, Part II		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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		21		x

Form 990 (2019)

		1245	50	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
		Г		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
00	Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	•••	22		X
23	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		25		<u> </u>
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		х
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 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	•••	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III	•••	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part				
	IV instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV	•••	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	•••	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				
	"Yes," complete Schedule L, Part IV	•••	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	•••	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
~	conservation contributions? If "Yes," complete Schedule M	•••	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	•••	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		20		
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	•••	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		22		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	•••	33		X
34	or IV, and Part V, line 1.		34		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		34 35a		X X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	••••	3 5a		
D.	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		000		
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-	• •		
	19? Note: All Form 990 filers are required to complete Schedule O.		38	х	
Par					
	Check if Schedule O contains a response or note to any line in this Part V.				\square
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	1			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c	х	

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Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
с	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 any contributions that were not tax deductible as charitable contributions?	6a		х
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year ••••••••••••••••••••••••••••••••••••			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			x
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • •			x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:	-		
 a	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·			
b	Gross income from other sources (Do not net amounts due or paid to other sources	-		
-	against amounts due or received from them.) • • • • • • • • • • • • • • • • • • •			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ••••••••••••••••••••••••••••••••••••			
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?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	ivu		
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			
с	Enter the amount of reserves on hand			
14a	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 on Schedule O	14a		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		v
	If "Yes," see instructions and file Form 4720, Schedule N.	15		<u>x</u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		v
	If "Yes," complete Form 4720, Schedule O.		1	<u>X</u>

	990 (2019) One For The World, Inc. 84-21245		Р	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "I	No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			_
	Check if Schedule O contains a response or note to any line in this Part VI		• • •	. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	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			
L	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		v
3	Did the organization delegate control over management duties customarily performed by or under the direct	~		Х
5	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		x
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-		
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b		х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b 10-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b		
С	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	120		v
14	Did the organization have a written document retention and destruction policy?	14		x x
15	Did the process for determining compensation of the following persons include a review and approval by	17		~
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b		х
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed 📃 🏲 California, Massachusetts, New Yor	k		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Jack Lewars (929)509-1496, 880 Third Ave Floor 12, New York, NY 10022-4730			

Form 990 (201		84-2124550	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	npensated Employe	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete th	is table for all persons required to be listed. Report compensation for the calendar year ending with or within the	ıe	
organization's ta	ax year.		
 List all of 	the organization's current officers, directors, trustees (whether individuals or organizations), regardless of am	ount of	
compensation.	Enter -0- in columns (D), (E), and (F) if no compensation was paid.		

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

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

• List all of the organization's former officers, key employees, and highest compensated employees who received more than

\$100,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos eck m s per	son i	han one s both a /trustee employee	n	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Jack_Lewars	40.00									
Ex Director and Trustee		х			Х			69,241	0	0
(2) Jennifer Wong	5.00								_	
Chair		х		х				0	0	0
(3) Joshua McCann	5.00								_	
Trustee		х						0	0	0
(4) Nadav_Steinmetz	5.00									
Trustee		х						0	0	0
(5) Rossa_O'Keefe-O'Donovan	<u>5.0</u> 0									
Trustee		х						0	0	0
<u>(6)</u>										
[7]										
<u>[8]</u>										
<u>(9)</u>										
<u>(10)</u>										
(11)										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										
							· · · · · ·		1	E 200 (0010)

Form 990 (2019) One

One For The World, Inc.

84-2124550

Page 8

Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hest	t Com	pen	sated Employees	(continued)			
						(C)							
	(A)	(B)	(da.:	at ab		sition		_	(D)	(E)		(F)	
	Name and title	Average					han one s both a		Reportable	Reportable	Esti	mated an	nount
		hours	offic	er an	d a d	irecto	r/trustee	e)	compensation from the	compensation from related		of other ompensat	
		per week (list any			-	_		_	organization	organizations		from the	
		hours for	or dir	nstitu	Officer	Key e	Highe	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		anization ed organi:	
		related organizations	dual	utiona	ų	Key employee	est co oyee	er,				g	
		below	Individual trustee or director	Institutional trustee		yee	Highest compensated employee						
		dotted line)	ĕ	stee			nsate						
							9d						
<u>(</u> 15)													
											_		
(16)													
(47)													
<u>(17)</u>													
(18)											-		
<u>(</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,													
(19)													
<u> </u>													
(20)													
<u>(21</u>)													
											_		
(22)													
(00)													
(23)													
(24)											_		
<u>(</u> <u></u> <u></u> <u></u> <u></u>)													
(25)													
<u> </u>													
1b	Subtotal			• •	• •	• •		• •					
С	Total from continuation sheets to Part VII, Sec	tion A 🛛 -		•••	• •	• •		• 🕨					
d	Total (add lines 1b and 1c)			• •	• •	• •		• 🕨	69,241	0			0
2	Total number of individuals (including but not limite		ted ab	ove)	who	rec	eived ı	more	e than \$100,000 of				
	reportable compensation from the organization	•											0
•	Did the ergenization list any former officer director	tructoo kov	omploy		or hi	aboo	toom		atad			Yes	No
3	Did the organization list any former officer, director, employee on line 1a? <i>If "Yes," complete Schedule</i> of					-					. 3		v
4	For any individual listed on line 1a, is the sum of re												X
-	organization and related organizations greater than 9												
											. 4		х
5	Did any person listed on line 1a receive or accrue of	compensatior	n from	any	unre	elate	d orga	nizat	tion or individual				
	for services rendered to the organization? If "Yes," of	complete Sch	nedule	J for	suc	h pe	erson				. 5		х
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation	-											
	compensation from the organization. Report compo	ensation for t	he cale	enda	r ye	ar er	nding v	vith o	or within the organiz	zation's tax year.			
	(A)								(B)		(C)		
	Name and business addres	SS							Description of servic	es	Comper	sation	
-													

2	Total number of independent contractors (including but not limited to those listed above) who	1
	received more than \$100,000 of compensation from the organization	

Form 99			d, I	nc.			84-21245	50 Page 9
Part '	VIII	Statement of Revenue						-
		Check if Schedule O contains a response	e or note	e to any line in this				_ _
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a					
ts t	b	Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events	1c		-			
Amo (d	Related organizations	1d		-			
ilar İlar	е	Government grants (contributions) • •	1e		-			
Sim	f	All other contributions, gifts, grants,						
her		and similar amounts not included above	1f	457,783	-			
ğ	g	Noncash contributions included in	4	¢				
	h	lines 1a-1f		\$	457 702			
				Business Code	457,783			
•	29	Misc Income	6	41900	109	109		
lice	b	Misc Income		41900	109	109		
Ser	c							
E 2	d							
Program Service Revenue	e		-					
Pro	f	All other program service revenue						
	1	Total. Add lines 2a-2f	_		109			
	3	Investment income (including dividends, inter	rest. an	d				
		other similar amounts)						
	4	Income from investment of tax-exempt bond	procee	ds 💶 🕨				
	5	Royalties	••••	· · · · · •				
		(i) Real		(ii) Personal	-			
		Gross rents · · · · · 6a			-			
		Less: rental expenses • • 6b			-			
		Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7a	Gross amount from (i) Securitie	es	(ii) Other	-			
		sales of assets other than inventory						
e	b	Less: cost or other basis and sales expenses •• 7b			-			
enue		Gain or (loss) · · · · · 7c			-			
Other Reve		Net gain or (loss)						
erl		Gross income from fundraising		· · ·				
oth		events (not including \$						
-		of contributions reported on line						
		1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events		🕨				
	9a	Gross income from gaming						
		activities, See Part IV, line 19 • • • • • •	9a		-			
		Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities	•••	<u></u>				
	10a	Gross sales of inventory, less						
		returns and allowances	10a		-			
		Less: cost of goods sold	10b	•				
	C	Net income or (loss) from sales of inventory	<u>···</u>	<u></u> . ►				
S	11-		┝	Business Code				
nou ne	11a b							
Miscellanous Revenue	D C		—					
Rev Rev		All other revenue	<u> </u>					
ž		Total. Add lines 11a-11d	_					
		Total revenue. See instructions			457 892	109	0	0

Part IX

	Check if Schedule O contains a response or note to a not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
_	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	69,241	41,545	20,772	6,924
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	62,128	62,128		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions) .				
9	Other employee benefits	10,342	10,342		
10	Payroll taxes	5,458	5,458		
11	Fees for services (nonemployees):				
а	Management • • • • • • • • • • • • • • • • • • •				
b	Legal • • • • • • • • • • • • • • • • • • •				
С	Accounting	6,326		6,326	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	39,057	33,187	5,157	713
12	Advertising and promotion	2,970		115	2,855
13	Office expenses	1,284	139	1,145	
14	Information technology	18,120	18,120		
15	Royalties • • • • • • • • • • • • • • • • • • •				
16	Occupancy	9,316	8,938	378	
17	Travel	7,004	5,268	1,736	
18	Payments of travel or entertainment expenses	,		,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		2,778		2,778	
24	Other expenses. Itemize expenses not covered	2,770		2,770	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Software subscriptions	4,976	4,976		
a h	Volunteer expenses	10,504	10,504		
c			10,504	1,465	
d d	Misc exp	1,648	183	1,405	
-	All other expenses				
е 25	All other expenses	051 150	000 500		10.100
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	251,152	200,788	39,872	10,492
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here 🕨 🗌 if				

Form 990	(2019)	One	For	The	World,	Inc.

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Page 1	1	
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Part	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			🗌
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	372,619
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
set	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	14,119
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D •••••• 10a			
	b	Less: accumulated depreciation • • • • • • • • • • • • • • • • • • •		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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	0	16	386,738
	17	Accounts payable and accrued expenses		17	6,184
	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	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
-iat		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	22,404
	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		25	
	26	Total liabilities. Add lines 17 through 25	0	26	28,588
s		Organizations that follow FASB ASC 958, check here 🛛 🕨 🔀			
Fund Balances		and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions		27	223,150
ä	28	Net assets with donor restrictions		28	135,000
pur		Organizations that do not follow FASB ASC 958, check here			
ц Ц		and complete lines 29 through 33.			
s o	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	0	32	358,150
	33	Total liabilities and net assets/fund balances	0	33	386,738

EEA

Form 990 (2019)

Form	990 (2019) One For The World, Inc.	84-212455	0	Pa	age 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		457,	892				
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		251,	152				
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	- 4							
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		151,	410				
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	32, column (B))	. 10		358,	150				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				· 🗌				
				Yes	No				
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🛛 Accrual 🔲 Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in								
	Schedule O.								
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								
	reviewed on a separate basis, consolidated basis, or both:								
	X 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								
	separate basis, consolidated basis, or both:								
	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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c						
	If the organization changed either its oversight process or selection process during the tax year, explain on								
	Schedule O.								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Single Audit Act and OMB Circular A-133?		3a		х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the								
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b						
EEA			Form	990 (2	2019)				

S	CI	HI	ΞD)U	L	Ε	Α

Public Charity Status and Public Support

(Form 990 or 990-EZ)

Depa	rtn	nent	of	the	Tr	eas	sury
		-			~		

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

OMB No. 1545-0047

2019

Inspection

 uuuu	· ·		_	en to	-	-	
		O	ben	to	P	ubl	ic

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

	_
Name of the organization	

Attach to Form 990 or Form 990-EZ.

Employer identification number

Ivanie	or the	organization					Employer identificat	Ion number
One	Fo	r The World, Inc.					84-212455	
Pa	rt I	Reason for Public Charity	y Status (All or	ganizations must co	omplete	this part.	.) See instructions.	
The	orgar	nization is not a private foundation beca	use it is: (For lines	1 through 12, check only	one box.)			
1		A church, convention of churches, or a	ssociation of churcl	hes described in section	170(b)(1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach So	chedule E (Form 990 or 9	90-EZ).)			
3		A hospital or a cooperative hospital ser	vice organization de	escribed in section 170(b	o)(1)(A)(iii).			
4		A medical research organization operation	ted in conjunction w	ith a hospital described in	section 1	70(b)(1)(A))(iii). Enter the	
		hospital's name, city, and state:						
5		An organization operated for the bene	it of a college or un	iversity owned or operate	ed by a gov	ernmental	unit described in	
		section 170(b)(1)(A)(iv). (Complete F	art II.)					
6		A federal, state, or local government or	governmental unit o	described in section 170	(b)(1)(A)(v).		
7	х	An organization that normally receives	a substantial part of	of its support from a gove	ernmental u	nit or from	the general public	
		described in section 170(b)(1)(A)(vi).					0	
8		A community trust described in sectio	n 170(b)(1)(A)(vi).	(Complete Part II.)				
9	Ē	An agricultural research organization d		,	d in conjun	ction with a	a land-grant college	
		or university or a non-land-grant colleg						
		university:			, ,	,		
10	Π	An organization that normally receives	: (1) more than 33	1/3% of its support from	contributior	is. membe	rship fees, and gross	
-		receipts from activities related to its ex						
		support from gross investment income	•	, ,	,			
		acquired by the organization after June		,				
11		An organization organized and operate)(4).		
12	П	An organization organized and operate		, ,	•		arry out the purposes	
		of one or more publicly supported orga					, , ,	
		Check the box in lines 12a through 12						
	а	Type I. A supporting organization					-	
	-	the supported organization(s) the				. ,		
		supporting organization. You mus		,,				
	b	Type II. A supporting organization	•		s supported	l organizati	ion(s), by having	
	~	control or management of the sup	•			•	.,	
		organization(s). You must compl					anage the supported	
	с	Type III functionally integrated.			ction with, a	and functio	nally integrated with.	
	Ŭ	its supported organization(s) (see		·				
	d	Type III non-functionally integra	,	•				
	ŭ	that is not functionally integrated.		•			•	
		requirement (see instructions). Yo	• •	• •		•		
	е	Check this box if the organization	•		•		ne II. Type III	
	C	functionally integrated, or Type III				a Type I, Ty	pe ii, i ype iii	
	f	Enter the number of supported organiz						
	g	Provide the following information about						[
) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the or	appization	(v) Amount of monetary	(vi) Amount of
	ų	Iname of supported organization	(1) – 14	(described on lines 1-10		ir governing	support (see	other support (see
				above (see instructions))	docum	ient?	instructions)	instructions)
					Yes	No		
					103			
(A)								
(B)								
(C)								
(D)								
(E)								

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

Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4		dule A (Form 990 or 990-EZ) 2019 One For T Irt II Support Schedule for Organiz	he World, ations Desc		tions 170(b)	(1)(A)(iv) and	84-212455 d 170(b)(1)(A)(
Section A. Public Support Calendar year (or fiscal year beginning in) include any "unusual grants.") (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership floes received. (Do not include any "unusual grants.") 457, 783 457, 783 457, 783 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 457, 783 457, 783 3 The value of services or facilities furnished by a governmental unit to the organization without charge		(Complete only if you checked the	he box on lin	e 5, 7, or 8 of	f Part I or if th	ne organizatio	on failed to qua	lify under
Calendar year (or fiscal year beginning in) (if) (f) (f) (f) (f) (f) (f) (f) (f) (f) (-
1 Gits, grants, contributions, and membership floes received. (Do not include any "unusual grants.") 457, 783 457, 783 2 Tax revenues level for the organization's benefit and either paid to or expended on its behall 457, 783 457, 783 3 The value of services or failtiles furnished by a governmental unit to the organization included on through a governmental unit to the organization' included on line 11 the traceds 2% of the amount shown on to total contributions by each person (other than a governmental unit or publicly supported or total contributions by each person (other than a governmental unit or publicly supported organization' included on line 11, column (f) 529, 509 6 Public support. Subtract line 5 from line 4 (71, 726) Calendar year (or fiscal year beginning in); rents, royaties and income from similar sources (a) 2015 (b) 2016 (c) 2017 (d) 2019 (f) Total 7 Mounts from line 4. 109 109 109 109 109 2 Gross received on securities bans, rents, royaties and income from similar sources 109 109 109 109 1 Total support. 109 109 109 109 109 109 2 Gross receipts from related business a activities, whether or not include gain or loss from the sale of capital assets (Explain in Part VI,) 109 109 109 1 Total support. Add lines 7 through 10 <td< td=""><td>See</td><td>ction A. Public Support</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	See	ction A. Public Support						
membership fees received. (Do not include any "runsual grants", "	Cal	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
include any "unusual grants.")	1	Gifts, grants, contributions, and						
2 Tax revenues levide for the organization's benefit and either paid to or expended on its behalt		membership fees received. (Do not						
organization's benefit and either paid to or expended on its behaft		include any "unusual grants.")					457,783	457,783
to or expended on its behalf	2	Tax revenues levied for the						
3 The value of services of facilities turnished by a governmental unit to the organization without charge		organization's benefit and either paid						
function for the degree of the organization without charge 4 4 Total. Add lines 1 through 3 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 529, 509 6 Public support. Subtract line 5 from line 4 711, 726 7 Amounts from line 4 711, 726 8 Gross income from interest, dividends, payments received on securities lonan, rents, royalties and income from similar sources and lines from line 4 457, 783 9 Net income from unrelated business as through the organization for the sale of capital assets (Explain in Part VI). 109 10 Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI). 109 12 Gross receipts from related activities, etc. (see instructions) 12 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 14 5 Public support percentage form 2018 Schedule A, Part II, line 14. 5% 14 109 5% 15		to or expended on its behalf						
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4 Total. Add lines 1 through 3		furnished by a governmental unit to the						
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each person (other than a governmental unit or publicly supported organization) included on line 11 that exceeds 2% of the amount shown on line 11, column (f)	4	Total. Add lines 1 through 3					457,783	457,783
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	5	The portion of total contributions by						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (1)		each person (other than a						
line 1 that exceeds 2% of the amount shown on line 11, column (f)		governmental unit or publicly						
shown on line 11, column (f) 529, 509 6 Public support. Subtract line 5 from line 4 (71, 726) Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4		supported organization) included on						
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rents, royalties and income from similar sources income from unrelated business activities, whether or not the business is regularly carried on	8	Gross income from interest, dividends,						
similar sources image: similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on		payments received on securities loans,						
9 Net income from unrelated business activities, whether or not the business is regularly carried on		rents, royalties and income from						
activities, whether or not the business is regularly carried on		-						
is regularly carried on	9	Net income from unrelated business						
is regularly carried on		activities, whether or not the business						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
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organization, check this box and stop here Image: Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) Image: I								(3)
Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2019. 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.								
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 15 Public support percentage from 2018 Schedule A, Part II, line 14					. column (f))		14	%
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 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		••						_
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 organization		-						
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supported organization Image: 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								licly
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see								
	18							🗆
instructions		0						🕨 🗆

Schedule A (Form 990 or 990-EZ) 2019

Sche	dule A (Form 990 or 990-EZ) 2019 One For T	he World,	Inc		
	Int III Support Schedule for Organiz	zations Des	cribed in Se	ction 509(a)	(2)
	(Complete only if you checked t	the box on li	ne 10 of Part	I or if the org	anizatio
	If the organization fails to qualif	y under the	tests listed be	low, please o	complete
	ction A. Public Support				
Cal	endar year (or fiscal year beginning in)>	(a) 2015	(b) 2016	(c) 2017	(d) 20
1	Gifts, grants, contributions, and membership fees				
	received. (Do not include any "unusual grants.")				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				
3	Gross receipts from activities that are not an				
	unrelated trade or business under section 513				
4	Tax revenues levied for the				
	organization's benefit and either paid to				
	or expended on its behalf				
5	The value of services or facilities				
	furnished by a governmental unit to the				
	organization without charge				
6	Total. Add lines 1 through 5				
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				
	Add lines 7a and 7b				
8	Public support. (Subtract line 7c from				
	line 6.)				
	ction B. Total Support				1
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2
	Amounts from line 6				
10a	Gross income from interest, 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 June 30, 1975				
-	Add lines 10a and 10b				<u> </u>
11	Net income from unrelated business				

b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	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							
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
14	First five years. If the Form 990 is for the o	rganization's fir	rst, second, thi	rd, fourth, or fi	fth tax year as	a sectio	n 501(c)((3)
	organization, check this box and stop here							🕨 🗌
Se	ction C. Computation of Public Suppo	ort Percentaç	je					
15	Public support percentage for 2019 (line 8,	column (f), div	ided by line 13	s, column (f)).		15		%
16	Public support percentage from 2018 Schee	Jule A, Part III,	line 15			16		%
Se	ction D. Computation of Investment Ir							
17	Investment income percentage for 2019 (line) 10c, column (f), divided by li	ne 13, column	(f))	17		%
18	Investment income percentage from 2018 Se	chedule A, Part	t III, line 17.			18		%
19a	19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line							
	17 is not more than 33 1/3%, check this box	and stop here	. The organiza	tion qualifies a	as a publicly su	pported	organiza	ation 🕨 🗌
b	33 1/3% support tests - 2018. If the organiz	zation did not c	heck a box on	line 14 or line	19a, and line 1	6 is mo	re than 3	33 1/3%, and
	line 18 is not more than 33 1/3%, check this	box and stop !	here. The orga	nization qualif	ies as a publici	y suppo	orted orga	anization 🕨 🗌
20	Private foundation. If the organization did n	not check a box	on line 14, 19	a, or 19b, cheo	k this box and	see inst	tructions	🕨 🗌

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(e) 2019

(e) 2019

(f) Total

(f) Total

n failed to qualify under Part II. Part II.)

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing 1 documents? If "No." describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the 3b organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b Did the organization support any foreign supported organization that does not have an IRS determination С under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action: and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a Did one or more disgualified persons (as defined in line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit С from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to b determine whether the organization had excess business holdings.) 10b EEA Schedule A (Form 990 or 990-EZ) 2019

One For The World, Inc.

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Schedule A (Form 990 or 990-EZ) 2019

Supporting Organizations

Part IV

Schee	iule A (Form 990 or 990-EZ) 2019 One For The World, Inc.	84-2124550	F	Page 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) a	and (c)		
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail	il in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the powe regularly appoint or elect at least a majority of the organization's directors or trustees at all times of tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervise controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the s organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	during the sed, or	Yes	No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain VI how providing such benefit carried out the purposes of the supported organization(s) that operated supervised, or controlled the supporting organization.	n in Part		
260	tion C. Type II Supporting Organizations		Vee	Na
4	Ware a majority of the argonization's directors or trustops during the tay year also a majority of the	o directore	Yes	No
I	Were a majority of the organization's directors or trustees during the tax year also a majority of the or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how			

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. *Answer (a) and (b) below.*
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain* how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

ard. 3b Schedule A (Form 990 or 990-EZ) 2019

2a

2b

3a

Yes No

1

(A) Prior Year (A) Prior Year	(B) Current Year (optional)
	(optional)
(A) Prior Year	
	(B) Current Year (optional)
	Current Year
	ted Type III supportir

EEA

Schedule A (Form 990 or 990-EZ) 2019

Schedu Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	84-212 zations (continued)	4550 Page 7
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organiza	tions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is respor	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
-	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
-	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			
EEA			Schedu	ule A (Form 990 or 990-EZ) 2019

Schedulo A /Ear	m 990 or 990-EZ) 2019 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury

Internal Revenue Service Name of the organization

Schedule of Contributors

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

Go to www.irs.	gov/Form990	for the lat	test infoi	matio

Employer identification number

Nume of the organization	Employer lacit induitor number
One For The World, Inc.	84-2124550
Organization type (check one):	

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

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



S	CH	EDL	JLI	Ξ	0
(F	orm	990	or	99	0-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047
2019
Open to Public
Inspection

Employer identification number

84-2124550

One For The World, Inc.

01. Committee meeting documentation (Part VI, line 8b)

Trustee meeting minutes are kept for all meetings.

02. Form 990 governing body review (Part VI, line 11)

The Trustees review the 990 prior to it being filed.

03. CEO, executive director, top management comp (Part VI, line 15a)

The Exec. Director salary is set by the Trustees.

04. Governing documents, etc, available to public (Part VI, line 19)

Governing documents are available upon request.

05. List of other fees for services expenses (Part IX, line 11g)

Other fees for services include program work done by contract staff.

2019 NY 500 Filing Instructions One For The World, Inc.

Form filed:

NY 500 and supplemental forms and schedules

Filing method:

Your return will not be e-filed. Sign and date your return and check or money order. Mail them on or before the due date of the return to the address listed below.

Due date:

05-17-2021

Payment:

\$100.00

Transaction method:

Make check or money order payable to the New York Department of Law All fees must be paid by a single payment. Do not staple the payment to the return Do not submit payment separately from the CHAR500/C

Mail-to address:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1.	General	Information	n
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For Fiscal Year Begin	ning (mm/dd/yyyy) 10	/01 2019 an	d Ending (mm/dd/yyy	y) <u>06/30/2020</u>	
Check if Applicable:	Name of Organiz			Employer Identificat	tion Number (EIN):
	ONE FOR T	HE WORLD,		84-2124550	
Address Chang					
Name Change	Mailing Address:	AVE FLOOR 12		NY Registration Nu 47-74-35	nber:
X Initial Filing		AVE FLOOR IZ		47-74-55	
Final Filing	City / State / Zip			Telephone:	
Amended Filing		NY 10022-473	0	929-509-149	96
	Website:			Email:	
Reg ID Pending	IFORTHEWO	RLD.ORG		JACK@1FORTH	IEWORLD
Check your organization's registration category:	7A only	EPTL only X DUAL (7.	A & EPTL)	 Confirm your Registration Charities Registry at <u>www.</u> 	
2. Certification					
See instructions for certif signatories.	cation requirements. Improp	per certification is a violation	of law that may be subjec	t to penalties. The certification	requires two
-		•	-	to the best of our knowledge	
ti	hey are true, correct and cor	•		w York applicable to this report.	
	0.47		JACK		
President or Authorized	Officer: Signature		LEWARS Print N	TRUSTEE	05-05-21 Date
	Ũ				Duit
Chief Financial Officer o	r Treasurer: Signature		Print N	Jame and Title	Date
3. Annual Report	3				Duit
3. Annual neport					
				egory (7A and EPTL only filers ified Char500. No fee, schedule	
				tion, you must file applicable sc	
attachments and pay app	licable fees.				
				nent agencies, etc. did not exce	
and the organiza	ation did not engage a profes	sional fund raiser (PFR) or fi	und raising counsel (FRC)	to solicit contributions during the	ne fiscal year.
<u>3b. EPTL filing e</u>	exemption: Gross receipts did	d not exceed \$25,000 and th	e market value of assets d	id not exceed \$25,000 at any ti	me during the
fiscal year.					
4. Schedules and	Attachments				
See the following page	La La 4a Did	your organization use a prof	essional fund raiser, fund	raising counsel or commercial	co-venturer for
for a checklist of schedules and		sing activity in NY State? If			
attachments to					
complete your filing.	Yes X No 4b. Did	the organization receive gov	ernment grants? If yes, co	omplete Schedule 4b.	
5. Fee					
J. I CC					

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee:	EPTL filing fee:	Total fee: \$ 100.	Make a single check or money order payable to: <u>"Department of Law"</u>
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
 - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Annual Filing Checklist

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)

If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable

All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.

Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.

Audit Report if you received total revenue and support greater than \$750,000

No Review Report or Audit Report is required because total revenue and support is less than \$250,000

We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- X \$0, if you checked the 7A exemption in Part 3a
 - \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b

- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- X \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov <u>Is my Registration Category 7A, EPTL, DUAL or EXEMPT?</u> Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

84-2124550

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activites for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY aw at <u>www.CharitiesNYS.com.</u>

Where do I find my organization's NET WORTH?

- NET WORTH for fee purposes is calculated on:
- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I line 21
- IRS Form 990 PF, calculate the difference between
- Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).