			EXTENDED TO MAY 15, 2023		-	OMB No. 1545-0047
For	" Q	90	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e			0004
FUI		50	Do not enter social security numbers on this form as it may			
		of the Treasury enue Service	 Go to www.irs.gov/Form990 for instructions and the late 	-		Open to Public Inspection
_			ar year, or tax year beginning JUL 1, 2021 and ending			
Β	heck if pplicab	C Name of	organization		oyer identifica	ation number
	Addre	SS ONE	FOR THE WORLD, INC.			
	chang Name		usiness as	84	-212455	0
	_chang Initial returr	0	and street (or P.O. box if mail is not delivered to street address) Room/sui		hone number	<u> </u>
	Final return	880	THIRD AVE FLOOR 12		29)509-	1496
	termi	n-	own, state or province, country, and ZIP or foreign postal code	G Gross r		1,432,361.
	Amer returr		YORK , NY 10022-4730	H(a) Is th	nis a group ret	urn
	Appli tion	F Name a	nd address of principal officer: JACK LEWARS	for	subordinates?	Yes X No
	pend	SAME .	AS C ABOVE		Il subordinates incl	uded? Yes No
		empt status:				st. See instructions
			THEWORLD.ORG		up exemption	
	orm o art I	f organization: [Summary	X Corporation I Trust Association Other ► IL Ye	ar of formation	n: 2019 m	State of legal domicile: NY
ГС						• (THE
e	1		e the organization's mission or most significant activities: ONE FOR T ATION) IS TO BUILD A MOVEMENT OF PEOPLI			
ano	2		x ► if the organization discontinued its operations or disposed of mo			
Governance	3		ing members of the governing body (Part VI, line 1a)			7
ĝ	4		ependent voting members of the governing body (Part VI, line 1b)			6
ა ა	5		of individuals employed in calendar year 2021 (Part V, line 2a)			3
itie	6		of volunteers (estimate if necessary)			506
Activities &	7 a		d business revenue from Part VIII, column (C), line 12			0.
_<	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior		Current Year
ē	8		and grants (Part VIII, line 1h)	49	8,834.	1,431,576.
enu	9	•	ce revenue (Part VIII, line 2g)		0.	0.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		88.	122.
_	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10	0.	<u> 663.</u> 1,432,361.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	49	0,922.	295,793.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	<u> </u>
	14		o or for members (Part IX, column (A), line 4)	2.6	4,494.	332,056.
Expenses	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.
ben	b		ng expenses (Part IX, column (D), line 25) \blacktriangleright <u>58,050.</u>			
ň	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	42	6,120.	133,505.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		0,614.	761,354.
	19		expenses. Subtract line 18 from line 12	-19	1,692.	671,007.
OC				Beginning of (End of Year
sets	20	Total assets (F	Part X, line 16)		4,376.	884,190.
Net Assets or	21		(Part X, line 26)		7,918.	46,727.
			fund balances. Subtract line 21 from line 20	16	6,458.	837,463.
	art II			monte en la	the best of mer !	
			declare that I have examined this return, including accompanying schedules and state			chowledge and belief, it is
true,	corre	ci, and complete.	Declaration of preparer (other than officer) is based on all information of which prepare	ier nas any kno	owieage.	

Sign	Signature of officer			Date							
Here	JACK LEWARS, EXECUTIVE	DIRECTOR & TRUSTEE									
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN							
Paid	BRIAN KINDORF			self-employed P01463837							
Preparer	Firm's name 🕒 NON PROFIT CAPIT.	AL MANAGEMENT LLC		Firm's EIN 🕨 38-3697447							
Use Only	Firm's address 🖌 153 CLINTON RD										
	STERLING, MA 015	642357		Phone no. 781 - 933 - 6726							
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No							
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	ONE FOR THE WORLD, INC.	84-2124550 P	Page 2
Par			
1	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
	THE ORGANIZATION'S MISSION IS TO BUILD A MOVEMENT OF PEO		
	REVOLUTIONIZING CHARITABLE GIVING TO END EXTREME POVERTY	THROUGH	
	EDUCATION, TRAINING, AND COMMUNITY BUILDING.		
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 🛛	🖸 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?	Yes X	 No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$529,138. including grants of \$295,793.) (Rever)
	THE ORGANIZATION HAS BEEN ORGANIZED TO PROVIDE PHILANTHR		i
	AND CHARITABLE GIVING TO SUPPORT NONPROFIT ORGANIZATIONS SPECIFICALLY, THE ORGANIZATION WILL WORK TO RAISE AWAREN		
	STUDENTS AND YOUNG PROFESSIONALS ABOUT THE IMPORTANCE OF		
	AND HOW THEIR CONTRIBUTIONS CAN HELP TO END EXTREME POVE		
	DONATIONS OF 1% OF THEIR YEARLY INCOME. THE ORGANIZATION		
	PROVIDE DISTRIBUTIONS TO QUALIFYING NONPROFIT ORGANIZATI		
	UNITED STATES AND AROUND THE WORLD. BY PROVIDING THIS PH		
	AWARENESS AND CHARITABLE GIVING PROGRAM, THE ORGANIZATIO	N WILL HELP TO)
	IMPROVE THE QUALITY OF LIFE FOR INDIVIDUALS AROUND THE W	ORLD.	
4b	(Code:) (Expenses \$ including grants of \$) (Rever	iue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Rever	iue\$)
4d	Other program services (Describe on Schedule O.)	1	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 529,138.)	
-10		Form 990	(2021)
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805	3 3 209 161775 ONFRORTHEWORLD 2021 05080 ONF FOR THE WO		JEEO.

 Form 990 (2021)
 ONE FOR THE WORLD, INC.

 Part 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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? If "Yes," complete Schedule C, Part I	3		<u> </u>
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		<u> </u>
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
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,			37
	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			v
	Schedule D, Part III	8		<u> </u>
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?			v
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a		х
h	Part VI			- 23
b		11b		х
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
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)? 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	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	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			
	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? If "Yes," complete Schedule F, Parts II and IV	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			
	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		X
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		X
	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		<u> </u>
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	
132003	12-09-21	Form	330 ((2021)

Form **990** (2021)

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 Form 990 (2021)
 ONE FOR THE WORLD, INC.
 84-2124550
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Ves
 No

			Yes	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, 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? 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 \$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		x
h		24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	270		
U		24c		
	any tax-exempt bonds?			
	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), 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		X 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		X
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 of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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 the 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? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV	20a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	280		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If		v	
	"Yes," complete Schedule L, Part IV	28c	X	37
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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	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			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			_
	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 related organization?			
50		36		x
07	If "Yes," complete Schedule R, Part V, line 2	30		- 23
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
~~	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Dor	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	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included on 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	Х	
132004	12-09-21	Form	990	(2021)
	5			

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				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	a 3			
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.				
			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority over, a			
b	financial account in a foreign country (such as a bank account, securities account, or other financial account If "Yes," enter the name of the foreign country	ount)?	4a		X
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acco	unts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactio	n?	5b		X
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 or	ganization solicit			
	any contributions that were not tax deductible as charitable contributions?	-	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions				
	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 service	s provided to the payor?	7a		X
		1 1 9	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re-				
-	to file Form 8282?		7c		X
d		d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contri	I	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		
9 h	If the organization received a contribution of qualified intellectual property, did the organization merority in the organization of cars, boats, airplanes, or other vehicles, did the organization		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by				
0			8		
~	sponsoring organization have excess business holdings at any time during the year?		<u> </u>		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
0	Section 501(c)(7) organizations. Enter:				
		Da			
)b			
1	Section 501(c)(12) organizations. Enter:	.			
a		la			
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 10		12a		
-		2b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		<u>13a</u>		
	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	I			
		3b			
С		Bc			-
4a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule C)	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	come?	16		X
	If "Yes," complete Form 4720, Schedule O.				
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	1			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
					-

Form 9	990 (2	021)
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Section A. Governing Body and Management

ONE	FOR	THE	WORLD,	INC
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X

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

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

			_	Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7		
	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 on Schedule O.		6		
	Enter the number of voting members included on line 1a, above, who are independent	1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?		. 2		x
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision			
	of officers, directors, 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 99				X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?	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 app more members of the governing body?		. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto				
	persons other than the governing body?		. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?				X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac	hed at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	venue Code.)			
				Yes	N
0a	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 cha	apters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	Х	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form?	2 11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12 b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," describe			
	on Schedule O how this was done		. 12c		
3	Did the organization have a written whistleblower policy?				X
4	Did the organization have a written document retention and destruction policy?		14		X
5	Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by independent			
а	The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a			
	taxable entity during the year?		. 16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation's			
	exempt status with respect to such arrangements?		16b		
ec	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed NY, CA, PA, WA, W	I			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-T (section 501(c)(3)s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request Other (explain	on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict of interest policy,	and finan	cial	
	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 book JACK LEWARS - (929) 509-1496	ks and records			
	880 THIRD AVE FLOOR 12, NEW YORK, NY 10022-4730				
32006	\$ 12-09-21		Forr	n 990	(20
2000					

Form 990 (2021) ONE FOR THE WORLD, INC.	84-2124550	Page 7								
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employees, and Independent Contractors										
Check if Schedule O contains a response or note to any line in this Part VII										
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.										
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.										

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position check more than one				Reportable	Reportable	Estimated		
	hours per	box	, unle	ss per	a director/trustee)			compensation	compensation	amount of
	week		cer ar I	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	truste		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		vold	t con	_	1099-INEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JACK LEWARS	40.00				-					
EXECUTIVE DIRECTOR & TRUSTEE	0.00	х		х				114,897.	0.	0.
(2) JOSHUA MCCANN	5.00									
TRUSTEE	0.00	Х						0.	0.	0.
(3) ROBERT COLONEL	5.00									
TRUSTEE	0.00	Х						0.	0.	0.
(4) NADAV STEINMETZ	5.00									
TRUSTEE	0.00	Х						0.	0.	0.
(5) ROSSA O'KEEFFE-O'DONOVAN	5.00									
CO-CHAIR	0.00	Х		Х				0.	0.	0.
(6) KATHARINA SCHWARZ	5.00									_
CO-CHAIR	0.00	Х		х				0.	0.	0.
(7) JENNIFER WONG	5.00									
TRUSTEE & AUDIT LEAD	0.00	Х		X				0.	0.	0.
						-				
		1								
		1								
		1								
		1								
132007 12-09-21										Form 990 (2021)

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132007 12-09-21

	990 (2021) ONE FOR 7		-							84-212	455	0 г	age 8
Par	t VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	t C		, ,		(5)	
	(A) Name and title	(B) Average hours per week	box offi	not c , unle:	ss per	itior more rson i	than c s both pr/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimat amount other	of
		(list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	C	ompensa from th organiza and rela rganizat	ne tion ted
		line)	Ind	Inst	Offi	Key	Hig	For					
											+		
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							<u>114,897.</u> <u>0.</u> 114,897.	0 0 0	•		0. 0. 0.
2	Total number of individuals (including but no compensation from the organization							o re			•		1
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	-			•	•		Ŭ	• • •	•	3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl),000? <i>If</i> "Yes,	e co " <i>co</i>	mpe mple	ensa ete S	tion Sche	and edule	oth J f	ner compensation from the for such individual	he organization			x
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> tion B. Independent Contractors										5		x
1	Complete this table for your five highest con the organization. Report compensation for t	•	•							•	sation		
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	Com	(C) pensatio	on
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	d to f	thos (ted	above) who received mo	ore than			
						-					For	m 990	(2021)

132008 12-09-21

Form **990** (2021)

			2021) ONE	E FOR THE	E WO	RLD, IN	с.		84-2124	550 Page 9
Pa	rt V	111	Statement of Re	evenue						
			Check if Schedule O	contains a respo	onse or	r note to any lir		(D)		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ູ	1	а	Federated campaigns	1a						
unt				1b						
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events				1			
ar A			Related organizations							
s, s mil			Government grants (contr							
ri Si		f	All other contributions, gifts,							
the lou			similar amounts not included			31,576.	4			
		÷	Noncash contributions included in							
<u>ה</u> כ		h	Total. Add lines 1a-1f			Business Code	1,431,576.			
	~	_			-	Business Code				
2	2	a b								
oer Jue		c								
Program Service Revenue		d								
БЩ.		e								
ž		f	All other program service	revenue	[
			Total. Add lines 2a-2f							
	3		Investment income (inclue	-						
			other similar amounts) $_{\ldots}$				122.			122.
	4		Income from investment of		•	-				
	5		Royalties	(i) Real						
	~	_	Overe verte		·	(ii) Personal	-			
	6	a b	Gross rents Less: rental expenses	6a 6b			-			
		c	Rental income or (loss)	6c			-			
			Net rental income or (loss			•				
			Gross amount from sales of	(i) Securit		(ii) Other				
			assets other than inventory	7a]			
		b	Less: cost or other basis							
anu			and sales expenses				-			
evenue		С	Gain or (loss)	7c						
			Net gain or (loss)		·····	🕨				
Other R	8	а	Gross income from fundraisi including \$	of						
			contributions reported on	,						
		L	Part IV, line 18 Less: direct expenses		8a 8b		-			
			Net income or (loss) from							
			Gross income from gamir			·····				
	-	-	Part IV, line 19		9a					
		b	Less: direct expenses		9b					
			Net income or (loss) from			►				
	10	а	Gross sales of inventory,	less returns						
			and allowances				4			
			Less: cost of goods sold		10b					
		С	Net income or (loss) from	sales of inventor						
2					-	Business Code	663.			663.
ne	11		OTHER REVENUE	<u>.</u>	— -	999999	003.			003.
Ven		b c			— -					
Miscellarieous Revenue			All other revenue		— -					
Σ			Total. Add lines 11a-11d				663.			
	12		Total revenue. See instruction				1,432,361.	0.	0.	785.
32009	9 12-0	09-2								Form 990 (2021)
- 1										(=-

10 2021.05080 ONE FOR THE WORLD, INC.

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ONEFORT1

Form 990 (2021)

ONE FOR THE WORLD, Part IX Statement of Functional Expenses

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

INC.

Do	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	275,789.	275,789.		
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	20,004.	20,004.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	110 111	05 000	44 44 6	45 050
	trustees, and key employees	113,414.	25,039.	41,116.	47,259
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	104 000	116 100	65 084	0.000
7	Other salaries and wages	184,290.	116,180.	65,274.	2,836
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	10 505	12 (10		100
9	Other employee benefits	18,505.	13,612.	4,765.	128
10	Payroll taxes	15,847.	9,685.	5,905.	257
11	Fees for services (nonemployees):				
а					
b	F	10.005		10.005	
с	• • • • • • • • • • • • • • • • • • •	12,625.		12,625.	
d	, , , , , , , , , , , , , , , , , , ,				
е	°				
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch 0.)	5,445.	5,445.		
12	Advertising and promotion	3,248.	3,192.		56
13	Office expenses	7,589.	3,760.	2,675.	1,154
14	Information technology	39,866.	35,795.	2,523.	1,548
15	Royalties	00.004	44 055		
16	Occupancy	22,924.	11,357.	8,082.	3,485
17	Travel	7,419.	3,676.	2,615.	1,128
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			440	
19	Conferences, conventions, and meetings	449.		449.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 000	<u> </u>	4.60	4.0.0
23	Insurance	1,309.	648.	462.	199
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а		17,528.		17,528.	
b	MEALS	5,990.	3,618.	2,372.	
c	PROFESSIONAL DEVELOPMEN	5,263.		5,263.	
d	BAD DEBT	2,485.		2,485.	
	All other expenses	1,365.	1,338.	27.	
25	Total functional expenses. Add lines 1 through 24e	761,354.	529,138.	174,166.	58,050
26	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 Filling in and runardition groups of the second				

11

132010 12-09-21

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Form 990 (2021)

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2021.05080 ONE FOR THE WORLD, INC.

132011	12-09-21

166,458.

194,376.

29

30

31

32

33

837,463.

884,190.

Form 990 (2021)

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

(A) Beginning of year

144,386.

1

2	Savings and temporary cash investments		2	190,999.	
3	Pledges and grants receivable, net	35,871.	3	322,097.	
4	Accounts receivable, net		4		
5	Loans and other receivables from any current or				
	trustee, key employee, creator or founder, subst	tantial contributor, or 35%			
	controlled entity or family member of any of thes			5	
6	Loans and other receivables from other disqualit				
	under section 4958(f)(1)), and persons described	d in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	_		14,119.	9	24,919.
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 1	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 equa	al line 33)	194,376.	16	884,190. 46,727.
17	Accounts payable and accrued expenses		27,918.	17	46,727.
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete I	Part IV of Schedule D		21	
22	Loans and other payables to any current or form	ner officer, director,			
	trustee, key employee, creator or founder, subst	tantial contributor, or 35%			
	controlled entity or family member of any of thes	se persons		22	
23	Secured mortgages and notes payable to unrela	ated third parties		23	
24	Unsecured notes and loans payable to unrelated	d third parties		24	
25	Other liabilities (including federal income tax, pa	-			
	parties, and other liabilities not included on lines				
	of Schedule D		25		
26	Total liabilities. Add lines 17 through 25		27,918.	26	46,727.
	Organizations that follow FASB ASC 958, che	eck here 🕨 🔀			
	and complete lines 27, 28, 32, and 33.				
27	Net assets without donor restrictions		146,806.		554,341.
28	Net assets with donor restrictions		19,652.	28	283,122.
1					

ONE FOR THE WORLD, INC. Part X | Balance Sheet

Cash - non-interest-bearing

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

Organizations that do not follow FASB ASC 958, check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Form 990 (2021)

1

Assets

Liabilities

Net Assets or Fund Balances

29

30

31

32

33

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(B) End of year

346,175.

Form	ONE FOR THE WORLD, INC.	84	-2124550	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	1,432		
2	Total expenses (must equal Part IX, column (A), line 25)	2	761	.,3!	54.
3	Revenue less expenses. Subtract line 2 from line 1	3	671	.,0	07.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	166	5,4	58.
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			-2.
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	837	7,4	63.
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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		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:				
	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				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au			
	Act and OMB Circular A-133?		<u>3a</u>		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			200	<u> </u>

Form **990** (2021)

132012 12-09-21

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Nan	ne of t	the organization							identification number				
Do	rtl		FOR THE WOI						4-2124550				
		Reason for Public (see instructions	S					
	organ	ization is not a private found											
1		A church, convention of ch				on 170(b)(1	1)(A)(i).						
2		A school described in sect		-									
3		A hospital or a cooperative											
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 organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).						
7	X	An organization that norma	Ily receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	oublic described in				
		section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or				
		university:											
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from				
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment				
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.				
		See section 509(a)(2). (Con	mplete Part III.)										
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	09(a)(4).						
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to car	ry out the	purposes of one or				
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 5	6 09(a)(3) . (Check the box on				
	_	lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.					
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving				
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	upporting				
		organization. You must o	complete Part IV, Se	ections A and B.									
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organizatior	n(s), by hav	ving				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	ported				
	_	_ organization(s). You mus	t complete Part IV,	Sections A and C.									
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionall	y integrate	ed with,				
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.						
d		Type III non-functionally	<pre>/ integrated. A supp</pre>	orting organization oper	ated in co	nnection v	vith its support	ted organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness				
	_	_ requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .						
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III					
		functionally integrated, or		nally integrated supporting	ng organiz	ation.							
		er the number of supported o											
<u> </u>		vide the following information			(iv) is the ora:	anization listed							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)				
		organization		above (see instructions))	Yes	No							
Tota	ıl												

2 Tax revenues levid for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities through 3 4 Total. Addines 1 through 3 5 The portion of total contributions by each person (biter than a governmental unit to the organization) included on line 1 that exceeds 2% of the amount shown on line 11, course if the support substant ine 5 ben ine 4. 5 The portion of total contributions by each person (biter than a government) unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, course if the support substant ine 5 ben ine 4. 6 Public support. Substant ine 5 ben ine 4. 8 Gross income from similar sources and the substant ine 5 ben ine 4. 9 Net income from interest, dividends, payments received on securities loans, rents, royalles, and income from similar sources and substants, whether or not the business is regularly carried on or load to gain a sets (Explain in Part Vi) and the sale or capital assets (Explain in Part Vi) and the sale or capital assets (Explain in Part Vi) and bit for the granization 'first, second, third, fourth, or fifth taxy ear as a section EOI (c) computation or first, second bit for the organization in the 14. 16 Public support Parcentage for 2021 (first, sch be bre or the sale or capital assets (Explain in Part Vi) bit for the sale or capital assets (Explain in Part Vi). 12 17 Total support. Add lines 2 through 10 12 18 First 5 yers if t		membership fees received. (Do not									
is inclusion is benefit and either paid to or expended on its behalf		include any "unusual grants.")			457,783.	498,934.	1431576.	2388293.			
or expended on its behalf	2	Tax revenues levied for the organ-									
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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 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		meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	ublicly supported or	rganization					
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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		more, and if the organization meets th	ne facts-and-circum	stances test, che	ck this box and st	op here. Explain i	n Part VI how the				
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		-									
	<u>18</u>										
		Schedule A (Form 990) 2021									

Schedule A	(Form 990)	2021	ONE	FOR	THE	WORLD,	INC.		84-2	124
Part II	Suppor	t Schedule fo	or Org	anizati	ions D	escribed in	n Sections	170(b)(1)(A)(iv) and	170(b)(1)(A	<u>(vi)</u>

Section A. Public Support

Calendar year (or fiscal year beginning in) 🕨

1 Gifts, grants, contributions, and

ONE FOR THE WORLD, INC.

(b) 2018

fails to qualify under the tests listed below, please complete Part III.)

(a) 2017

(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

(c) 2019

(d) 2020

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(f) Total

(e) 2021

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Schedule A (Form 990) 2021	ONE FOR	THE WORLD,	INC.
Part III Support Schedule for	or Organizatio	ons Described in	Section 509(a)(2)

	ONE	FOR	THE	WORLD,	INC.
--	-----	-----	-----	--------	------

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

	qualify	/ under	the tes	ts listec	l below,	please	comple	ete F	'art I	I.)
Section /	A Pu	blic S	unnoi	t						

Sec	Stion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
Ū	furnished by a governmental unit to the organization without charge						
6	• • • • • • • • • • • • • • • • • • • •						
	Total. Add lines 1 through 5						
/ a	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 Sec	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6			(0) 2010	(4) 2020		
	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						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organ	ization,
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2021 (ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
1 9a	33 1/3% support tests - 2021. If the						ne 17 is not
	more than 33 1/3%, check this box a	-	-		•••••		
b	33 1/3% support tests - 2020. If the	-					
	line 18 is not more than 33 1/3%, che			-		-	
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
13202	23 01-04-22		16			Sched	ule A (Form 990) 2021

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

ONE FOR THE WORLD, INC.

Section A. All Supporting Organizations

Part IV | Supporting Organizations

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

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

| 10b | Schedule A (Form 990) 2021

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Schedule A	(Form 990) 202	1	ONE	FOR	THE	WORLD,
Part IV	Supporting	g Organ	izations	(contin	ued)	

2

V. N

Yes No

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		

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2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

 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
 Image: Control of the support of the support of the support of the same persons that control or managed
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Section D. All Type III Supporting Organizations	

			res	INO
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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	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 org	anization used to satisfy	the Integral Part Test durin	a 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.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions)	
---	--	---	--	--

- 2 Activities Test. Answer lines 2a and 2b 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 on line 2a, above, 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 lines 3a and 3b 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? *If* "Yes" or "No" 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.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

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Schedule A (Form 990) 2021 ONE FOR THE WORLD INC Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Ilv integrated	Type III supporting orga	nization (see

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

Schedule A (Form 990) 2021

e Excess from 2021

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	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	าร	(iii) Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				

Schedule A (Form 990) 2021

Section D - Distributions

1 Amounts paid to supported organizations to accomplish exempt purposes

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

1

Current Year

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 ONE FOR THE WORLD, INC.	84-2124550 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part I Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sectin line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for	tion B, lines 1 and 2; Part IV, Section C, line 1: Part V. Section B. line 1e: Part V.
(See instructions.)	
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER IN	NCOME:
MISCELLANEOUS INCOME	
2021 AMOUNT: \$ 663.	
2021 AMOUNT: \$ 663.	
132028 01-04-22 21	Schedule A (Form 990) 202

		Supplement	l Financial Statementa		OMB No. 1545-0047					
	(Form 990) (Form 990) (Form 990)									
Departi	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public					
Internal	Revenue Service		orm990 for instructions and the latest information. Inspection							
Nam	e of the organizati	on ONE FOR THE WORLD,	INC.	Emp	loyer identification number $84 - 2124550$					
Par	t I Organiza		d Funds or Other Similar Funds or Ac	coun						
		n answered "Yes" on Form 990, Part IV, lin								
			(a) Donor advised funds (I	b) Fund	ds and other accounts					
1		nd of year								
2		f contributions to (during year)								
3		f grants from (during year)								
4		t end of year								
5	-		writing that the assets held in donor advised fund		Yes No					
6			exclusive legal control? dvisors in writing that grant funds can be used or							
U			r donor advisor, or for any other purpose conferri							
	impermissible priv			U	Yes No					
Par			ganization answered "Yes" on Form 990, Part IV,							
1		servation easements held by the organization								
	Preservation	n of land for public use (for example, recrea	tion or education) Preservation of a histo	rically i	mportant land area					
	Protection o	f natural habitat	Preservation of a certif	ied his	toric structure					
		n of open space								
2		c c .	ied conservation contribution in the form of a cor	iservat						
	day of the tax year			-	Held at the End of the Tax Year					
a				2a						
b	•		usture included in (a)	2b						
			ucture included in (a)	2c						
u				2d						
3			eased, extinguished, or terminated by the organiz		during the tax					
•	vear ►									
4	Number of states	where property subject to conservation eas	sement is located							
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of							
	violations, and enf	orcement of the conservation easements it	holds?		Yes No					
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	n easer	ments during the year					
	▶									
7		es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation eas	ement	s during the year					
•	►\$:)						
8			e satisfy the requirements of section 170(h)(4)(B)(Yes No					
9			on easements in its revenue and expense stateme							
5			note to the organization's financial statements that							
		ounting for conservation easements.								
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other Si	milar	Assets.					
	Complete it	f the organization answered "Yes" on Form	990, Part IV, line 8.							
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	nce sh	eet works					
	of art, historical tre	easures, or other similar assets held for put	blic exhibition, education, or research in furtheran	ce of p	ublic					
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.							
b	-		8, to report in its revenue statement and balance							
			exhibition, education, or research in furtherance	of pub	lic service,					
	-	ng amounts relating to these items:			`					
0	. ,		asuras, or other similar assots for financial gain, p		•					
2	•	received or neid works of art, historical treaunts required to be reported under FASB A	asures, or other similar assets for financial gain, p	ovide						
а	-		SC 956 relating to these items.							
		eduction Act Notice, see the Instructions			, Schedule D (Form 990) 2021					
	10-28-21	,			, ,					

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Sche	dule D (Form 990) 2021 ONE FOR	THE WORLD	, IN	с.					24550		age 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	easures, o	r Other	Similar	Asset	Gentin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	k any of the	following tha	t make sig	nificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition		d 🗌	Loan or exc	hange progra	am					
b	Scholarly research		e 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how th	ney further th	ne organizatio	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		lete if the	e organizatio	on answered	"Yes" on F	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	ian or other intermed	diary for	contribution	s or other as	sets not in	cluded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table:							
									Amount		
	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
	Did the organization include an amount on F						y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i										
		(a) Current year	(b) H	Prior year	(c) Two yea	irs back (d) Three y	ears back	(e) Four	years	back
1 a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С		<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	red for the	organiza	tion	г		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		owment f	funds.							
Par	t VI Land, Buildings, and Equipm		0	/ l'a - dd - C			10				
	Complete if the organization answere			Í							
	Description of property	(a) Cost or o		• •	t or other		cumulate	d	(d) Bool	< value	е
		basis (invest	ment)	Dasis	(other)	dep	reciation				
-	Land										
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other										0
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X. colun	nn (B), line 1	0c.)						0.
							:	Schedule	D (Form	ı 990)	2021

Complete if the organization answered "Yes"	on 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	1-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(2) 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.	<u> </u>		
Complete if the organization answered "Yes"	on 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	h of voor morket value
	(D) DOOK value	(c) Method of Valuation. Cost of end	1-01-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.	<u> </u>		
		Add. One France 200, Deat V. Kan 45	
Complete if the organization answered "Yes"		Tru. See Form 990, Part A, line 15.	(h) De alexadore
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>9 15.)</u>		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>ə 25.)</u>		
2. Liability for uncertain tax positions. In Part XIII, provide			hat reports the
organization's liability for uncertain tax positions under			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

08380509 161775 ONEFORTHEWORLD

84-2124550 Page 3

Part VII Investments - Other Securities.

Sche	dule D (Form 990) 2021 ONE FOR THE WORLD, INC.		8	4-2	2124550	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With F				
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,448,	,501.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	16,140.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	16, 1,432,	140.
3	Subtract line 2e from line 1			3	1,432,	<u>,361.</u>
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	1,432,	,361.
Pa	t XII Reconciliation of Expenses per Audited Financial St		Expenses per Re	turr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li		I			
1	Total expenses and losses per audited financial statements			1	777,	,494.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	16,140.			
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		140.
3	Subtract line 2e from line 1			3	761,	,354.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		5	761,	354.
Pa	rt XIII Supplemental Information.					

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.

30

132054 10-28-21

SC	HEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ites	OM	B No. 1545-0047
(Fo	rm 990)			n answered "Yes" on Form 990, Part			2	N21
Depar	tment of the Treasury			Attach to Form 990.				to Public
	al Revenue Service	Go to v	www.irs.gov/Fo	rm990 for instructions and the latest	information.		Inspec	
Nam	e of the organization					Employer	Identific	cation number
ON	E FOR THE WOR	RLD, INC.				84-21	2455	0
Pa	rt I General Info	ormation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answ	vered "Ye	es" on
	Form 990, Part							
1	•	0		ds to substantiate the amount of its gra the selection criteria used to award the		,	🗶 ,	Yes 🗌 No
2	For grantmakers. Des United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistand	ce outsic	le the
3	Activities per Region. (1	The following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)			
	(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in the region	(e) If acti	vity listed in		(f) Total
		offices in the region	agents, and	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram service e specific typ	· .	expenditures for and
		in the region	contractors	recipients located in the region)		(s) in the reg		investments in the region
			in the region					
					EXECUTIVE D	TRECTOR		
EURO	OPE (INCLUDING			GRANTMAKING AND PROGRAM	MANAGES THE		TION	
	LAND & GREENLAND)	0	1	SERVICES	FROM HIS HO	ME IN EUR	OPE	134,901.
3 a	Subtotal	0	1					134,901.
b	Total from continuation							
	sheets to Part I	0	0					0.
С	Totals (add lines 3a	n	1					134 901.

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

132071 12-20-21

Schedule F (Form 990) 2021

ONEFORT1

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND &						
		GREENLAND)	GENERAL SUPPORT	20,004.	WIRE TRANSFER	٥.		
			recognized as charities by the f			•		1
	•	-	or counsel has provided a sect		• • • • • • • • • • • • • • • • • • • •			<u> </u>
3 Enter total number of	Enter total number of other organizations or entities							

Schedule F (Form 990) 2021

84-2124550

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.

Part III can be duplicated if additional space is needed.

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

Schedule F (Form 990) 2021

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>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <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? <i>If</i> "Yes," <i>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)</i>	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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

132074 12-20-21

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. See instructions.

PART I, LINE 2:

THE ORGANIZATION REQUESTS A REPORT ON THE ANNUAL USAGE OF FUNDS FROM EACH

FOREIGN GRANTEE ORGANIZATION. THE ORGANIZATION ALSO USES A MIX OF

PUBLICLY AVAILABLE DATA, AND THE DATA REPORTED BACK FROM THE FOREIGN

GRANTEE ORGANIZATION, TO MONITOR THE USE OF FUNDS.

Schedule F (Form 990) 2021

132075 12-20-21

SCHEDULE I	G	arants and Oth	ner Assistan	ce to Organ	izations,		OMB No. 1545-0047
(Form 990)	Go	vernments, ar ete if the organizatio	nd Individual	s in the Ŭni	ted States		2021
Department of the Treasury	Comp		Attach to For				Open to Public
Internal Revenue Service		Go to www.ir	rs.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization ONE FOR T	HE WORLD,	INC.					Employer identification number $84 - 2124550$
Part I General Information on Grants a							
 Does the organization maintain records to criteria used to award the grants or assist 	stance?						
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to recipient that received more than S	-				anization answered "	/es" on Form 990, Parl	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							TO FUND THE HIGHLY
THE CLEAR FUND D/B/A GIVEWELL							COST-EFFECTIVE CHARITIES
1714 FRANKLIN ST #100335							THAT GIVEWELL RECOMMENDS
OAKLAND, CA 94612	20-8625442	501(C)3	224,493.	0.			THROUGH ITS RESEARCH OR,
							TO FUND THE PURCHASE OF
AGAINST MALARIA FOUNDATION							ANTI-MALARIA NETS,
310 W 20TH STREET ST 300							SPECIFICALLY LONG-LASTING
KANSAS CITY, MO 64108	20-3069841	501(C)3	49,632.	0.			INSECTICIDAL NETS
EVERY.ORG 1714 FRANKLIN ST #100335 OAKLAND, CA 94612	61-1913297	501(C)3	1,664.	0.			GENERAL SUPPORT
2 Enter total number of section 501(c)(3) a	l nd government er	 nanizations listed in th	line 1 table				▶ 3.
 2 Enter total number of section 50 n(c)(3) a 3 Enter total number of other organizations 			יש וווש ו נמטוש				
LHA For Paperwork Reduction Act Notice.							Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2021

ONE FOR THE WORLD, INC.

84-2124550

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information Provide the information re-	 		(I_),		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION REQUESTS A REPORT ON THE ANNUAL USAGE OF FUNDS FROM EACH

GRANTEE ORGANIZATION. THE ORGANIZATION ALSO USES A MIX OF PUBLICLY

AVAILABLE DATA, AND THE DATA REPORTED BACK FROM THE GRANTEE ORGANIZATION,

TO MONITOR THE USE OF FUNDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: THE CLEAR FUND D/B/A GIVEWELL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND THE HIGHLY COST-EFFECTIVE

Schedule I (Form 990)	ONE FOR	THE	WORLD,	INC.	84-2124550	Page 2
Part IV Supplemental In	offormation					

CHARITIES THAT GIVEWELL RECOMMENDS THROUGH ITS RESEARCH OR, WHERE

APPROPRIATE, THE SPECIFIC PROGRAMMES OF THOSE CHARITIES THAT GIVEWELL HAS

IDENTIFIED AS BEING HIGHLY COST-EFFECTIVE

NAME OF ORGANIZATION OR GOVERNMENT: AGAINST MALARIA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND THE PURCHASE OF ANTI-MALARIA

NETS, SPECIFICALLY LONG-LASTING INSECTICIDAL NETS (LLINS), AND TO WORK

WITH DISTRIBUTION PARTNERS TO ENSURE THEY ARE USED, AS WELL AS TRACKING

AND REPORTING ON NET USE AND MALARIA CASE DATA

Schedule I (Form 990)

132291 04-01-21

SCHEDULE L	1	Tra	nsaction	ns V	Vith	Inte	erested	P	ersons			0	MB No.	1545-00)47
(Form 990)	Complete i	f the o	28b, or 28c, o	or Fori	m 990	-EZ, Pa	art V, line 38a	or	line 25a, 25b, 2 40b.	6, 27,	28a,			02	
Department of the Treasury Internal Revenue Service		Go to s	► Atta www.irs.gov/Fo				Form 990-EZ		st information				pen T spect		olic
Name of the organizatio	-					150 001		late	St mornation.	Em	plover		•		ımber
5		R T	HE WORLD	, II	NC.							245			
Part I Excess	Benefit Trans					ion 501	l (c)(4), and sec	ctior	n 501(c)(29) orga	nizatio	ons on	ly).			
Complete	if the organizatio	n answ	vered "Yes" on F	Form 9	90, Pa	art IV, li	ne 25a or 25b	, or	Form 990-EZ, Pa	art V, I	ine 40	b.			
1 (a) Name of disqual	lified person	(b) F	elationship betv person and or			lified	(0	c) De	escription of tran	sactic	n		· · · ·		ected?
	•			ganiza									Y	es	No
O Fata the area of	- 6 k														
2 Enter the amount of section 4958	-		-	-		-	-	-	•		• •				
3 Enter the amount of	of tax. if anv. on I										► \$				
						5									
	o and/or From														
•	if the organizatio					, Part V	/, line 38a or F	orm	990, Part IV, line	e 26; (or if th	e orga	nizatio	on	
reported an (a) Name of	n amount on For (b) Relation		, Part X, line 5, 6 (c) Purpose		2. an to or	(0) Original	1.) Polonoo duo	(0) In	(h) Ap	proved	<i>(</i> i) V	Vritten
interested person			of loan	fron	n the zation?	(0	ipal amount	a) Balance due		ault?	by bo	ard or		ement?
					From	1				Yes	No	Yes	No	Yes	No
Total Part III Grants of	or Assistance	Ben	efiting Inter	ester	d Per	sons	> \$								
	if the organizatio		•												
(a) Name of intere	•		b) Relationship interested pers	betwe	en	(0	c) Amount of assistance		(d) Type assistan) Purp assist		of
			the organiza	ation											
		+													
		_													
LHA For Paperwork R	Aduction Act N		see the Instruct	tions f	or For		or 900_E7				Scho		(For	n 000) 2021

Schedule L (Form 990) 2021 ONE FC	OR THE WORLD, INC.	84-21245	550 Page 2
Part IV Business Transactions Involv	ing Interested Persons.		
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization (c) Amount of transaction	tionship between interested on and the organization (c) Amount of transaction (d) Description of transaction (e) Sharing of organization's revenues? Yes No	
			Yes No
KAYE LEWARS CONSULTING, LL	JACK LEWARS, EXECUT 114,897	THE ORGANIZ	X
Part V Supplemental Information. Provide additional information for response	onses to questions on Schedule L (see instructions).		.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: KAYE LEWARS CONSULTING, LLP

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

JACK LEWARS, EXECUTIVE DIRECTOR, CO-OWNS KAYE LEWARS, LLP WITH HIS WIFE

(D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION COMPENSATES ITS

EXECUTIVE DIRECTOR, JACK LEWARS, THROUGH HIS JOINTLY-OWNED LLP WITH HIS

WIFE. THIS COMPENSATION IS ALSO REPORTED ON ONE FOR THE WORLD'S FORM

990, PART VII TO ENSURE TRANSPARENCY.

Schedule L (Form 990) 2021

132132 11-02-21

SCHEDULE O (Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

84-2124550

ONE FOR THE WORLD, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHARITABLE GIVING TO END EXTREME POVERTY THROUGH EDUCATION, TRAINING,

AND COMMUNITY BUILDING.

FORM 990, PART VI, SECTION A, LINE 8B:

TRUSTEE MEETING MINUTES ARE KEPT FOR ALL MEETINGS

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

THE TRUSTEES REVIEW THE 990 PRIOR TO IT BEING FILED.

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

THE BOARD OF TRUSTEES PERFORM A COMPENSATION REVIEW OF THE EXECUTIVE

DIRECTOR EACH FISCAL YEAR. THE REVIEW IS APPROVED BY THE BOARD OF TRUSTEES.

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

GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO OTHER COMMITTEES OF THE BOARD OF TRUSTEES.

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

NO OTHER OFFICERS OR KEY EMPLOYEES ARE COMPENSATED BY THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINES 12, 13, 14:

THE ORGANIZATION ADOPTED THE FOLLOWING POLICIES AFTER THE CONCLUSION OF

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21

08380509 161775 ONEFORTHEWORLD

41

			er identificat	ion number
INC.		84-	-212455	50
42		Sche	edule O (For	m 990) 2021
				2TION

08

132161	11-17-21	LHA

	-			
	-			
	-			
	-			
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, b	because it had one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))
ONE FOR THE WORLD UK 167-169 GREAT PORTLAND STREET, 5TH FLOOR				
LONDON, UNITED KINGDOM, UNITED KINGDOM	CHARTIABLE GIVING	UNITED KINGDOM		

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

ONE FOR THE WORLD, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ions. Complete if the organization and	wered "Yes" on Form 990, Pa	rt IV, line 34, becaus	e it had one or more	related tax-exempt

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

Schedule R (Form 990) 2021

(g) Section 512(b)(13)

controlled

entity?

No

Х

Yes

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number

84-2124550

(f)

Direct controlling

entity

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

Schedule R (Form 990) 2021 ONE FOR THE WORLD, INC.

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

(a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) Name, address, and EIN of related organization Primary activity Image: controlling (state or rowity) Predominant income entity Share of total income Share of total income Share of total income Disproprimate end-of-year assets Image: controlling allocations? General or end-of-year assets Image: controlling end-of-year assets Image: controlling end-o			·)									
(state or entry (related, unrelated, income end-of-year allocations? and internet box (state or entry excluded from tax under 20 of Schedule	(a)	(b)		(d)	(e)	(f)	(g)	(1	n)			(k)
Indeptine Insections 512-514) Yes No K-1 (Form 1065) Yes No	Name, address, and EIN of related organization	Primary activity	(state or	Direct controlling entity	(related, unrelated, excluded from tax under	Share of total income	end-of-year	alloca	tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	l or Percentag ^{ing} ownership r?
			country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10
]										
]										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I contr ent	tion b)(13) rolled tity?
		country)		0				Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s I
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			Ŧ
Dividends from related organization(s)			
3 Sale of assets to related organization(s)	1g		
Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			+
Lease of facilities, equipment, or other assets from related organization(s)			I
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)	-		_
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			_
Other transfer of cash or property to related organization(s)	1r		
Cher transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ONE FOR THE WORLD UK	В	20,004.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(-)	(1-)	(-)	(-1)			(6)	()	0		(:)	(1)		(1.)
(a)	(b)	(c)	(d)	(€ Are	a ll	(f)	(g)	(ł	1)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partnei 501(i org	rs sec.	Share of	Share of	Dispr tior allocat	opor- iate	Code V-UBI	Genera	al or P iina	Percentage
of entity		(state or foreign	excluded from tax under	org		total			ions?	of Schedule K-1	partne	er?	ownership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income	assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes I	NO	
												+	

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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132165 11-17-21