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CLIENT'S COPY

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2022
2022
Open to Public
Inspection

A F	or the	\pm 2022 calendar year, or tax year beginning $$ JUL $1,$ 2022 and 0	ending J	<u>UN 30, 2023</u>	
	heck if oplicable	C Name of organization		D Employer identific	cation number
X	Addres change Name	ONE FOR THE WORLD, INC.			
	_change	Doing business as		84-21245	50
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 228 PARK AVE S, PMB 53954	Room/suite	E Telephone number (929)509-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,096,801.
	Ameno return	NEW YORK, NY 10003-1502		H(a) Is this a group re	turn
	Application	F Name and address of principal officer: UACK LEWAKS		for subordinates	? Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u> </u>	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
J۷	Vebsit	e: 1FORTHEWORLD.ORG		H(c) Group exemption	n number
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2019 N	State of legal domicile: NY
Pa	rt I	Summary			
ø.		Briefly describe the organization's mission or most significant activities: ${ m \underline{ONE}}$ ${ m \underline{I}}$			
Governance		ORGANIZATION) IS TO BUILD A MOVEMENT OF P	EOPLE	REVOLUTIONI	ZING
raa	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	6
es &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			6
ξ		Total number of volunteers (estimate if necessary)			0
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
<u>•</u>		Contributions and grants (Part VIII, line 1h)		1,431,576.	2,096,711.
enc		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		122.	90.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		663.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,432,361.	2,096,801.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		295,793.	1,061,244.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		332,056.	325,259.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă. X		Total fundraising expenses (Part IX, column (D), line 25)		122 505	200 151
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		133,505.	308,151.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		761,354.	1,694,654.
	19	Revenue less expenses. Subtract line 18 from line 12		671,007.	402,147.
Net Assets or		- · · · · · · · · · · · · · · · · · · ·	Ве	ginning of Current Year 884,190.	End of Year
Ssel	20	Total assets (Part X, line 16)		46,727.	1,394,767.
et A	21	Total liabilities (Part X, line 26)		837,463.	155,157. 1,239,610.
Pa	rt II	Net assets or fund balances. Subtract line 21 from line 20		037,403.	1,239,010.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and etateme	inter and to the heet of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			knowledge and belief, it is
uu,	COLLEC	t, and complete. Declaration of proparer (other than officer) is based on an information of wir	ion proparoi	ilas arīy kilowicuge.	
Sign		Signature of officer		Date	
Her		JACK LEWARS, EXECUTIVE DIRECTOR & TRUSTEE			
Hei	5	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		BRIAN KINDORF BRIAN KINDORF	lo	1/16/24 if self-employe	P01463837
Prep		Firm's name NON PROFIT CAPITAL MANAGEMENT LLC			8-3697447
Use		Firm's address 153 CLINTON RD		THIII S LIN S	
200	-··· ,	STERLING, MA 015642357		Phone no 78	1-933-6726
May	the IF	RS discuss this return with the preparer shown above? See instructions		1. 110110 110. 7 0	X Yes No
					<u></u>

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	X	
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		Х
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		Х
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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	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,	Ť		
•	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? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
•	Schedule D, Part III	l °		
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?			x
	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			.
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
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,"			
.5	,	19		x
20a	complete Schedule G, Part III	20a		X
		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
4 I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	domestic government on Fartin, column (A), line 1: II "Yes," complete Schedule I, Parts I and II	41	22	

Form 990 (2022) ONE FOR THE WORLD, INC. 84-2124550 Page 4

Part IV Checklist of Required Schedules (continued)

			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		<u> </u>
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		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	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		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			\
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	٥		
00	Schedule L, Part I	25b		<u> </u>
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%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			 -
-	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? <i>If</i> "Yes." <i>complete</i>	<u> </u>		
-	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	X	L
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			igspace
	1 1 .		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

Form 990 (2022) ONE FOR THE WORLD, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Continued)		_	
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
L		_	Х	
b 3a	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Did the organization have unrelated business gross income of \$1,000 or more during the year?	2b 3a	122	Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	l_		
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		Х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u>		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) Coation 4047(AV4) was assessed about the supplied by the assessing filling Form 10410.	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

ONE FOR THE WORLD, INC. 84-2124550 Form 990 (2022) 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 Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year 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 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NY, CA, PA, WA, WI Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request __ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

Form **990** (2022)

NY

State the name, address, and telephone number of the person who possesses the organization's books and records

10003-1502

JACK LEWARS - (929)509-1496

228 PARK AVE S, PMB 53954, NEW YORK.

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, box 6 of 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.

Name and title Average hours per week (list any hours for related organizations organizations) Average hours per week (list any hours for related organizations) Average hours per week (list any hours for related organizations) Average hours per week (list any hours for related organizations) Average hours per week (list any hours for related organizations) Average hours per week (list any hours for related organizations) Average hours per week (list any hours for related organizations) Average hours per week (list any hours for related organizations)	(E)		unect				ipel			ıııza	Jiga	1	Check this box if neither the organization ne	
Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations hours per week (list any hours for related organizations (w.2/1099-MISC/ 1099-NEC) Average hours per week (list any hours for related organizations (w.2/1099-MISC/ 1099-NEC) Average hours per week (list any hours for related organizations (w.2/1099-MISC/ 1099-NEC) Average hours per week (list any hours for related organizations (w.2/1099-MISC/ 1099-NEC) Average hours per week (list any hours for related organizations (w.2/1099-MISC/ 1099-NEC) Average hours per week (list any hours for related organizations (w.2/1099-MISC/ 1099-NEC) Average hours per week (list any hours for related organizations (w.2/1099-MISC/ 1099-NEC) Average hours per week (list any hour	(F)	(E)		(D)			1	رر ition	Pos			(B)	(A)	
Week (list any hours for related organizations below line)	Estimated amount of	I						more	heck	not cl		1	Name and title	
(list any hours for related organizations below line) (1) Jack Lewars EXECUTIVE DIRECTOR & TRUSTEE (3) ROBERT COLONEL (3) ROBERT COLONEL (4) NADAV STEINMETZ (5) ROSSA O'KEEFFE-O'DONOVAN (5) ROSSA O'KEEFFE-O'DONOVAN (5) ROSSA O'KEEFFE-O'DONOVAN (6) KATHARINA SCHWARZ (7) JENNIFER WONG (Iist any hours for related organizations below line) (Iist any hours for related organizations below line) (Iist any hours for related organization (W-2/1099-MISC/ 1099-NEC) (W-2/1099-MISC/ 1099-NEC) (W-2/1099-NEC) (W-2/1099-MISC/ 1099-NEC) (W-2/1099-MISC/ 1099-NEC) (W-2/1099-MISC/ 1099-NEC) (W-2/1099-NEC) (W-2/1099-MISC/ 1099-NEC) (W-2/1099-NEC) (W-2/1099-MISC/ 1099-NEC) (W-2/1099-NEC) (W-2/1099-MISC/ 1099-NEC) (W-2/1099-NEC) (W-2/1099-MISC/ 1099-NEC) (W-2/1099-NEC) (W-2/1099-MISC/ 1099-NEC) (W-2/1099-NEC) (W-2/1099-MISC/ 1099-NEC) (W-2/1099-NEC) (W-2/1099-N	other	I			╛						1			
A	mpensation										ctor			
A	from the	I	()	•			ted				r dire	hours for		
A	rganization	99-NEC)					bensa	au		ruste	stee c			
A	nd related			1099-NEC)			e com	ploye		onal t	ıal tru			
A	ganizations					ormer	Highes	(ey em)fficer	nstitut	ndivid	1		
TRUSTEE					\dagger		1 0	_			_	· · · · · · · · · · · · · · · · · · ·	(1) JACK LEWARS	
TRUSTEE	1,135.	0.	•	118,615.					Х		X		EXECUTIVE DIRECTOR & TRUSTEE	
(3) ROBERT COLONEL TREASURER, AUDIT LEAD & TRUSTEE (4) NADAV STEINMETZ TRUSTEE (5) ROSSA O'KEEFFE-O'DONOVAN CO-CHAIR & TRUSTEE (6) KATHARINA SCHWARZ CO-CHAIR & TRUSTEE X X X O.					Τ							5.00	(2) JOSHUA MCCANN	
TREASURER, AUDIT LEAD & TRUSTEE	0.	0.	•	0.	\perp						X		TRUSTEE	
(4) NADAV STEINMETZ 5.00 TRUSTEE X (5) ROSSA O'KEEFFE-O'DONOVAN 5.00 CO-CHAIR & TRUSTEE X (6) KATHARINA SCHWARZ 5.00 CO-CHAIR & TRUSTEE X (7) JENNIFER WONG 5.00												5.00		
TRUSTEE	0.	0.	•	0.	4				X		X		·	
(5) ROSSA O'KEEFFE-O'DONOVAN 5.00 CO-CHAIR & TRUSTEE X X 0. 0. (6) KATHARINA SCHWARZ 5.00 X X 0. 0. CO-CHAIR & TRUSTEE X X X 0. 0. (7) JENNIFER WONG 5.00 0. 0. 0. 0.				•							┦	5.00		
CO-CHAIR & TRUSTEE	0.	0.	•	0.	+					H	X	F 00		
(6) KATHARINA SCHWARZ CO-CHAIR & TRUSTEE X X X 0. 0. (7) JENNIFER WONG 5.00	0			0							-	5.00		
CO-CHAIR & TRUSTEE X X X 0. 0. (7) JENNIFER WONG 5.00	0.	0.	•	0.	+				X	\vdash	<u> </u>	F 00		
(7) JENNIFER WONG 5.00	0	ا م		0							-	5.00	, , ,	
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Form 990 (2022) ONE FOR	THE WORL	D,	I	NC	•				84-21	24550	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	Hig	hest	C	ompensated Employee	s (continued)		
(A) Name and title	Individual trustee or director (do not check more than one box, unless person is both an officer and a director/trustee) Odificer (ke) ambliohee (highest combensated embolohee (mb) of the child of th			both a	an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISO 1099-NEC)	Estir amo of compe c/ fror orgar and r	mated unt of ther ensation the dization related dizations		
					\dashv	_					
1b Subtotal								118,615.		0. 1	,135.
c Total from continuation sheets to Part V	II, Section A							0.		0.	0. ,135.
d Total (add lines 1b and 1c) Total number of individuals (including but r							re	118,615. ceived more than \$100,		U• I	,133.
compensation from the organization										1.	1 'es No
3 Did the organization list any former officer	, director, truste	ee, k	ey e	mplo	oyee	e, or l	higl	hest compensated emp	loyee on	T	es No
line 1a? If "Yes," complete Schedule J for s										3	X
4 For any individual listed on line 1a, is the standard related organizations greater than \$15										4	Х
5 Did any person listed on line 1a receive or	accrue compen	satio	on fro	om a	any ı	unrel	ate	ed organization or individ	dual for services	5	X
rendered to the organization? f "Yes." con Section B. Independent Contractors	npiete Schedule	9 J 70	or su	cn p	ersc	on				9	
 Complete this table for your five highest co the organization. Report compensation for 	· ·	-							· · · · · · · · · · · · · · · · · · ·	nsation from	1
(A)					111 01	ı vvici	Ϊ	(B)		(C)	
Name and business	address	NC	NE	;			+	Description of s	ervices	Compens	ation
							_				
							+				
							+				
2 Total number of independent contractors (i \$100,000 of compensation from the organi	ŭ	ot lin	nited	to t	hose 0		ed	above) who received mo	ore than		
										Form 99	90 (2022)

08040116 161775 ONEFORTHEWORLD

		(2022) ONE	84-2124	550 Page 9						
Pa	rt VII		venue							
		Check if Schedule O c	ontains	a respons	se or	note to any lin	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1 a	Federated campaigns		1a						
au nu	b									
⊕ ह	С	Fundraising events					-			
ifts Ir A	d	Related organizations					-			
nie.	е	Government grants (contri					-			
Sign	f	All other contributions, gifts,					-			
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included			2,0	96,711.				
텵턴	q	Noncash contributions included in I		1g \$		•	-			
Sor	h	Total. Add lines 1a-1f					2,096,711.			
						Business Code	, ,			
ø	2 a									
, vic	b									
Program Service Revenue	С									
am eve	d									
ge	е									
Ā.	f	All other program service	revenue		[
	g	Total. Add lines 2a-2f								
	3	Investment income (includ	ling divid	dends, int	erest	t, and				
		other similar amounts)					90.			90.
	4	Income from investment o	f tax-exe	empt bond	d pro	ceeds				
	5	Royalties								
				(i) Real		(ii) Personal	_			
		Gross rents	6a				-			
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)				/::\ Other				
	7 a	Gross amount from sales of	 ``	Securitie	s	(ii) Other	-			
		assets other than inventory	7a				-			
ø	a	Less: cost or other basis	_ _{7b}							
enne	_	and sales expenses	7b				-			
eve		Gain or (loss) Net gain or (loss)	10							
Other Rev		Gross income from fundraisir								
Ě	o a	including \$								
١		contributions reported on								
		Part IV, line 18			8a					
	h				8b					
		Net income or (loss) from t								
				- г	Ï					
		a Gross income from gaming activities. See Part IV, line 19 9a								
	b	Less: direct expenses			9b					
		Net income or (loss) from			1					
		Gross sales of inventory, le		Г	T					
		and allowances			10a					
	b	Less: cost of goods sold			10b					

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Form **990** (2022)

2,096,801.

Business Code

e Total. Add lines 11a-11d

12 Total revenue. See instructions

c Net income or (loss) from sales of inventory

d All other revenue

0.

90.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b,

Total expenses

Program service

Management and

Fundraising

	Check if Schedule O contains a respon-	se or note to any line in t	his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	997,127.	997,127.		
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	CA 117	C4 110		
	individuals. See Part IV, lines 15 and 16	64,117.	64,117.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 402	20 201	22 021	20 201
•	trustees, and key employees	109,403.	38,291.	32,821.	38,291.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	174,130.	144,430.	29,061.	639.
8	Pension plan accruals and contributions (include	1/4,1301	144,450.	25,001.	033.
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	16,648.	13,527.	3.070.	51.
10	Payroll taxes	25,078.	16,619.	3,070. 5,387.	51. 3,072.
11	Fees for services (nonemployees):			2,33.4	2,0.20
	Management				
b	Legal	700.		700.	
	Accounting	28,304.		28,304.	
	Lobbying	,		·	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	73,518.	42,530.	22,588.	8,400.
12	Advertising and promotion	11,122.	8,961.		2,161.
13	Office expenses	5,813.	4,415.	825.	573.
14	Information technology	45,396.	10,265.	34,559.	572.
15	Royalties	00.005	00.001	0 500	
16	Occupancy	28,025.	23,391.	2,733.	1,901.
17	Travel	59,668.	52,080.	4,475.	3,113.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	25.		25	
19	Conferences, conventions, and meetings	43.		25.	
20	Interest Payments to offiliates				
21	Payments to affiliates				
22 23	To a company of the c	2,610.	1,592.	600.	418.
23 24	Other expenses. Itemize expenses not covered	2,010	1,554	300•	410•
4 4	above. (List miscellaneous 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	CREDIT CARD PROCESSING	32,531.		32,531.	
b	MEALS	15,650.	14,116.	666.	868.
c	PROFESSIONAL DEVELOPMEN	2,827.	,	2,827.	
d	OTHER EXPENSES	1,962.	1,958.	4.	
е	All other expenses	-			
25	Total functional expenses. Add lines 1 through 24e	1,694,654.	1,433,419.	201,176.	60,059.
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 if following SOP 98-2 (ASC 958-720)				225
					Earm 990 (2022)

Pal	IL A	Balance Sneet							
		Check if Schedule O contains a response or	note to	any	ine in this Part X	<u> </u>	(A)	<u> </u>	(B)
						Beginn	ing of year		End of year
	1	Cash - non-interest-bearing				3	346,175.	1	367,855.
	2	Savings and temporary cash investments					90,999.		536,439.
	3	Pledges and grants receivable, net					322,097.		450,135.
	4	Accounts receivable, net					•	4	,
	5	Loans and other receivables from any curren							
		trustee, key employee, creator or founder, su			· ·				
		controlled entity or family member of any of t						5	
	6	Loans and other receivables from other disqu	ualified	per					
		under section 4958(f)(1)), and persons descri	ibed in	sect	on 4958(c)(3)(B)			6	
S	7	Notes and loans receivable, net						7	
Assets	8	Inventories for sale or use						8	
As	9	Prepaid expenses and deferred charges					24,919.	9	40,338.
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D	1	0a					
	b	Less: accumulated depreciation	1	0b				10c	
	11	Investments - publicly traded securities			11				
	12	Investments - other securities. See Part IV, lir						12	
	13	Investments - program-related. See Part IV, li				13			
	14	Intangible assets			14				
	15	Other assets. See Part IV, line 11			15				
	16	Total assets. Add lines 1 through 15 (must e	8	384,190.		1,394,767.			
	17	Accounts payable and accrued expenses		46,727.	17	50,360.			
	18	Grants payable						18	104,797.
	19	Deferred revenue						19	
	20	Tax-exempt bond liabilities						20	
	21	Escrow or custodial account liability. Comple	ete Parl	t IV	Schedule D			21	
S	22	Loans and other payables to any current or for	former of	offic	, director,				
Liabilities		trustee, key employee, creator or founder, su	ubstant	ial c	ntributor, or 35%				
iab		controlled entity or family member of any of t	-					22	
_	23	Secured mortgages and notes payable to un						23	
	24	Unsecured notes and loans payable to unrela	lated th	ird p	rties			24	
	25	Other liabilities (including federal income tax,							
		parties, and other liabilities not included on li	lines 17	-24)	Complete Part X				
		of Schedule D					46 707	25	155 157
	26	Total liabilities. Add lines 17 through 25					46,727.	26	155,157.
s		Organizations that follow FASB ASC 958, o	check	here	X				
)Ce		and complete lines 27, 28, 32, and 33.				_	E / 2 / 1		1 040 404
ala	27						554,341.	27	1,040,484.
Ä	28	Net assets with donor restrictions					283,122.	28	199,126.
Ë		Organizations that do not follow FASB ASC	iC 958,	cne	k nere				
è		and complete lines 29 through 33.						00	
şţ	29	Capital stock or trust principal, or current fun						29	1
SSE	30	Paid-in or capital surplus, or land, building, o						30	1
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated					337,463.	31	1,239,610.
ž	32	Total net assets or fund balances					384,190.	32	
	33	Total liabilities and net assets/fund balances	·				, 13U •	33	1,394,767.

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ONE FOR THE WORLD, 84-2124550 INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		457,783.	498,934.	1431576.	2096711.	4485004.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		457,783.	498,934.	1431576.	2096711.	4485004.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						173,056.
6	Public support. Subtract line 5 from line 4.						4311948.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	(4,) = 0.10	457,783.	498,934.	1431576.	2096711.	4485004.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		109.	88.	122.	90.	409.
9	Net income from unrelated business		1030		1220	- 30.	103.
9	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	. (5 1:: 5 1)(1)				663.		663.
44					003.		4486076.
	Total support. Add lines 7 through 10	eta (esa inaturatio	200			12	1 44000701
	Gross receipts from related activities,		,	iourth or fifth town			
13	First 5 years. If the Form 990 is for the	-		•			X
Sac	organization, check this box and stopetion C. Computation of Publi						<u>A</u>
				actions (f))		44	0/
	Public support percentage for 2022 (I					15	<u>%</u>
	Public support percentage from 2021						<u>%</u>
108	33 1/3% support test - 2022. If the						
	stop here. The organization qualifies		-		line 45 in 00 4/00/		
C	33 1/3% support test - 2021. If the						
4-	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact						
	meets the facts-and-circumstances te	-	•		-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu						
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box ar		
						Schedule A	(Form 990) 2022

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

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

Section A. Public Support	below, please comp	piete i ait ii.)				
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and			, ,			
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
·						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received	,					
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year					+	
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						<u> </u>
	T () 22/2	(1) 00/0	() 2222	1 , , , , , , ,	() 0000	1
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses	;					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 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 organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
check this box and stop here						
Section C. Computation of Pub	lic Support Per	rcentage				
15 Public support percentage for 2022	(line 8, column (f), o	divided by line 13,	column (f))		15	<u>%</u>
16 Public support percentage from 202					16	%
Section D. Computation of Inve	stment Incom	e Percentage				
17 Investment income percentage for 2						%
18 Investment income percentage from					18	<u>%</u>
19a 33 1/3% support tests - 2022. If the	e organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box	and stop here. The	e organization qual	ifies as a publicly s	supported organization	ation	
b 33 1/3% support tests - 2021. If the	•			•	•	
line 18 is not more than 33 1/3%, ch	eck this box and s	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20 Private foundation. If the organizat	ion did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	

232023 12-09-22

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

Section A. All 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.)

	Yes	No
1		
2		
3a		
3b		
- OD		
3с		
4a		
4b		
12		
4-		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
-		
9b		
9с		
10a		
10b		

Schedule A (Form 990) 2022

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Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	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		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	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? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
OCOL	tion of Type it oupporting organizations		V	NI.
4	Ware a majority of the examination's divectors by twistons during the toy year also a majority of the divectors		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations	•		
	<i>7</i> • •		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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			
Caat	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins Activities Test. Answer lines 2a and 2b below.	truction	yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	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.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
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.	3b		

Pai	¹t V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		·	
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	lly integrated	d Type III supporting orga	nization (see
	instructions).	. •		•

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

e Excess from 2022

F li S	Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)											
SCHEDUL	EА,	PART	II,	LINE	10,	EXPLA	NATION	1 FOR	OTHER	INCOME	:	
MISCELL	ANEOU	JS INC	COME									
2021 AM	OUNT	: \$	663	•								

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

ONE FOR THE WORLD, INC.

Employer identification number 84-2124550

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	r Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	vised	funds	(1	b) Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	vriting that the assets	held	d in donor advised	d fund	s	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	" on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat			Preservation of a	certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribu	tion in the form of	a cor	servat	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	organiz	zation	during the tax
	year						
4	Number of states where property subject to conservation eas	_					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	, and	l enforcing conse	rvatioi	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcina conservatio	on eas	ement	ts during the vear
		,		J			,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents	of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its re	venu	ue and expense st	tateme	ent and	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's f	inancial statemen	its tha	t desc	ribes the
Da	organization's accounting for conservation easements.	Aut Historiaal T		Oth	- · · · ·	:1	w Accete
Pai	t III Organizations Maintaining Collections of		rea	sures, or Oth	er Si	ımııaı	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 956	•					
	of art, historical treasures, or other similar assets held for pub	•				ce of p	DUBLIC
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 956	•					
	art, historical treasures, or other similar assets held for public	exhibition, education	, or	research in furthe	rance	of pub	olic service,
	provide the following amounts relating to these items:						•
	(i) Revenue included on Form 990, Part VIII, line 1						
•							\$
2	If the organization received or held works of art, historical treat				gain, p	rovide	•
_	the following amounts required to be reported under FASB AS						¢
a	Revenue included on Form 990, Part VIII, line 1						Φ
D	Assets included in Form 990, Part X						φ

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

Schedule D (Form 990) 2022

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land							
b Buildings							
c Leasehold improvements							
d Equipment							
e Other							
otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)							

Schedule D (Form 990) 2022

Schedule I		WORLD, INC.		84-2124550 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descr	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	r end-of-year market value
(1) Financ	cial derivatives			
(2) Closel	y held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VII	II Investments - Program Related.			
1 0.110 011	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	r end-of-vear market value
(4)	(a) Besonption of investment	(b) Book value	(b) Wellied of Valuation. Cost of	cha or year market value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
<u>(7)</u>				
(8)				
(9)				
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
Faitix		F 000 D+ IV line -	114 Cas Faura 000 Bart V line 15	
	Complete if the organization answered "Yes"		Tra. See Form 990, Part X, line 15.	(h) Dook volvo
	(a)	Description		(b) Book value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col	lumn (b) must equal Form 990, Part X, col. (B) line	e 15.)		
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	
<u>1. </u>	(a) Description of liability			(b) Book value
(1) Fe	ederal income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col	lumn (b) must equal Form 990. Part X. col. (B) line	25)		

Schedule D (Form 990) 2022

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

Sched	dule D (Form 990) 2022 ONE FOR THE WORLD, INC.			84-2	2124550 Page 4
Part	t XI Reconciliation of Revenue per Audited Financial Stater	nents With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,146,135.
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	49,334.	_	
С	Recoveries of prior year grants	2c		_	
d	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	49,334.
	Subtract line 2e from line 1			3	2,096,801.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)	4b			•
	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	2,096,801.
Pan	t XII Reconciliation of Expenses per Audited Financial State		expenses per F	teturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1			T . T	1 742 000
	Total expenses and losses per audited financial statements			1	1,743,988.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	40 224		
	Donated services and use of facilities		49,334.	-	
	Prior year adjustments			-	
	Other losses			-	
	Other (Describe in Part XIII.)			-	40 224
	Add lines 2a through 2d			2e	49,334. 1,694,654.
	Subtract line 2e from line 1			3	1,034,034.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4-1			
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.)			4-	0.
	Add lines 4a and 4b			4c	1,694,654.
Parl	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.			3	1,001,001.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV lines 1h a	nd 2h: Part V line /	. Dart)	/ line 2: Part YI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	*	, ,	, rait /	t, iiile z, i ait Xi,
11163 2	.u and 4b, and 1 art All, lines 2d and 4b. Also complete this part to provide any a	additional illionne	ation.		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** ONE FOR THE WORLD, 84-2124550 INC. General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region GRANTS TO RECIPIENTS IN EAST ASIA AND THE GRANTS TO RECIPIENTS IN THE PACIFIC 0 REGION THE REGION 14,119. EUROPE (INCLUDING GRANTS TO RECIPIENTS IN THE GRANTS TO RECIPIENTS IN 49,998. ICELAND & GREENLAND) 0 0 REGION THE REGION 64,117. 3 a Subtotal

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

0

Schedule F (Form 990) 2022

and 3b)

b Total from continuation

sheets to Part I Totals (add lines 3a

64,117.

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 n	eeded.

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)
			FUNDRAISING AND GRANT					
		AUSTRALIA	MAKING	14,119.	WIRE TRANSFER	0.	N/A	FMV
			FUNDRAISING AND GRANT					
		GERMANY	MAKING	49,998.	WIRE TRANSFER	0.	N/A	FMV
2 Enter total number of	reginient organization	no listed above that are	recognized as charities by the f	ioroign countra	recognized as a tax			
			or counsel has provided a sect			•		2

3 Enter total number of other organizations or entities

			tes. Complete ii	the organization answered "Yes"	on Form 990, Part	IV, line 16.	
III can be duplicated if a 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)

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

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 I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ONE FOR T	HE WORLD	TNC					Employer identification number $84-2124550$
Part I General Information on Grants a		INC.					04-2124330
Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro	stance?				-		
Part II Grants and Other Assistance to recipient that received more than S					anization answered "Y	es" on Form 990, Part	t 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
THE CLEAR FUND D/B/A GIVEWELL 1714 FRANKLIN ST #100335 OAKLAND, CA 94612	20-8625442	501(C)3	817,961.	0.			TO FUND THE HIGHLY COST-EFFECTIVE CHARITIES THAT GIVEWELL RECOMMENDS THROUGH ITS RESEARCH OR,
AGAINST MALARIA FOUNDATION 310 W 20TH STREET ST 300 KANSAS CITY, MO 64108	20-3069841	501(C)3	178,839.	0.			TO FUND THE PURCHASE OF ANTI-MALARIA NETS, SPECIFICALLY LONG-LASTING INSECTICIDAL NETS
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization:		-	e line 1 table			1	

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2022

(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-	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
THE ORGANIZATION REQUESTS A REPORT	ON THE A	NNUAL USAC	GE OF FUNDS	FROM EACH	
GRANTEE ORGANIZATION. THE ORGANIZA	TION ALSO	USES A MI	IX OF PUBLI	CLY	
AVAILABLE DATA, AND THE DATA REPOR	TED BACK	FROM THE C	GRANTEE ORG	ANIZATION,	
TO MONITOR THE USE OF FUNDS.					
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT	: THE CLE	AR FUND I	D/B/A GIVEW	ELL	
(H) PURPOSE OF GRANT OR ASSISTANCE					

Part IV Supplemental Information
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 O (Form 990)

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.

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ONE FOR THE WORLD, INC.

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 12C:
THE ORGANIZATION ASKS BOARD MEMBERS EACH YEAR FOR CONFLICTS OF INTEREST
DISCLOSURES AND THEN FOLLOW THE POLICY AS WRITTEN RE: RECUSALS OR SIMILAR.
BOARD MEMBERS ARE REMINDED EACH MEETING TO DISCLOSE ANY NEW CONFLICTS OF
INTEREST OR CONFLICTS THAT PERTAIN TO THAT MEETING.
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

SCHEDULE R (Form 990)

Name of the organization

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.

Department of the Treasury Internal Revenue Service

ONE FOR THE WORLD, INC.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

84-2124550

Part I Identification of Disregarded Entities. Comp	lete if the organization answered "Y	es" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total inco	me End-of-year		Direct c	(f) ontrolling ntity)
Part II Identification of Related Tax-Exempt Organi organizations during the tax year.	zations. Complete if the organization	on answered "Yes" on Form 990	, Part IV, line 34, I	pecause it had one	or more i	related tax-exer	mpt	
(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))	Direc	(f) et controlling entity	Section 5 contr	rolled ity?
ONE FOR THE WORLD UK							res	No
167-169 GREAT PORTLAND STREET, 5TH FLOOR LONDON, UNITED KINGDOM, UNITED KINGDOM	CHARTIABLE GIVING	UNITED KINGDOM						х
		1	I	1	I.			

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

Schedule R (Form 990) 2022

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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 of	r more related
	organizations treated as a partnership during the tax year.					
	organizations treated as a partnership daring the tax year.					

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)		
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling		Share of total	Share of	Disproportion		Disproportionate		Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity		excluded from tax under	excluded from tax under	excluded from tax under	der income	income end-of-year all	allocations?		amount in box 20 of Schedule K-1 (Form 1065)	partner
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0		
	1												
	1												
	1												
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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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec.	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		(i) ction (b)(13) rolled tity?
		Couriery)						Yes	No
								Ь	<u> </u>
								↓	<u> </u>

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1 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

b	Gift, grant, or capital contribution to related organization(s)				1b	X
С	Gift, grant, or capital contribution from related organization(s)				1c	X
d	Loans or loan guarantees to or for related organization(s)				1d	X
е	Loans or loan guarantees by related organization(s)				1e	X
	Dividends from related organization(s)				1f	X
g	Sale of assets to related organization(s)				1g	Х
h	Purchase of assets from related organization(s)				1h	X
i	Exchange of assets with related organization(s)				1i	X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х
	Performance of services or membership or fundraising solicitations for related organi				11	X
m	Performance of services or membership or fundraising solicitations by related organic	/ \			1m	X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	X
					10	X
р	Reimbursement paid to related organization(s) for expenses				1p	Х
	Reimbursement paid by related organization(s) for expenses				1q	X
r	Other transfer of cash or property to related organization(s)				1r	X
s	Other transfer of cash or property from related organization(s)				1s	X
2	If the answer to any of the above is "Yes," see the instructions for information on who	o must complete th	is line, including covered re	elationships and transaction thresholds.		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved	
(1)						
(2)						
(3)						
(4)						
(E)						
(5)						
(6)						
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Page 4

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner? Yes No	(k) r Percentage ownership