Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

, 2021, and ending For the 2021 calendar year, or tax year beginning , **20** 2022 Check if applicable: D Employer identification number Address change ONE WORLD CHILDREN'S FUND 77-0479205 PO BOX 849129 Telephone number Name change LOS ANGELES, CA 90084-9129 (415) 255-3014 Initial return Final return/terminated **G** Gross receipts \$ Amended return 332,162 F Name and address of principal officer: AUGUST PABST H(a) Is this a group return for subordinates Application pending **H(b)** Are all subordinates included? If "No," attach a list. See instructions. SAME AS C ABOVE Yes No Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 501(c) () ◀ (insert no.) Website: ► WWW.OWCF.ORG **H(c)** Group exemption number ▶ Κ Association L Year of formation: M State of legal domicile: CA Form of organization: X Corporation Other > 1998 Summary Briefly describe the organization's mission or most significant activities: ONE WORLD'S MISSION IS TO UNITE A PHILANTHROPIC COMMUNITY IN FUNDING GRASSROOTS ORGANIZATIONS THAT PROVIDE FOOD HEALTH, SHELTER, SAFETY, EDUCATION, AND OPPORTUNITY FOR CHILDREN LIVING IN POVERTY AROUND THE WORLD. Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)..... 11 5 3 Total number of volunteers (estimate if necessary)..... 6 24 7a Total unrelated business revenue from Part VIII, column (C), line 12..... 0. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11..... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 5,726,835 4,329,535. Program service revenue (Part VIII, line 2g)..... 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 18,452 2,627. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 5,745,287. 332,162. 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 4,937,157 3,446,349 Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 352,626 400,679. **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 99,469 106,968. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 5,389,252 3,953,996. Revenue less expenses. Subtract line 18 from line 12..... 356,035. 378,166. **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16)..... 2,975,420. 2,538,917. 21 Total liabilities (Part X, line 26) 18,273. 76,610. Net assets or fund balances. Subtract line 21 from line 20..... 22 2,520,644. 2,898,810. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Here JONATHAN HSU CURRENT TREASURER Type or print name and title Print/Type preparer's name Preparer's signature SUZANNE R. HEALY SUZANNE R. HEALY P00533689 **Paid** self-employed Preparer ► HEALY AND ASSOCIATES Use Only Firm's address 1200 CONCORD AVE STE 250 Firm's EIN ► 81-1489821 Phone no. 925-603-0800 CONCORD, CA 94520

Nο

Yes

Par	t III	Statement of Program Service Accomplishments	v
1	Driofle	Check if Schedule O contains a response or note to any line in this Part III	. X
'		CCHEDITE O	
	<u> 255</u>		
2	Did th	e organization undertake any significant program services during the year which were not listed on the prior	
	Form	990 or 990-EZ?	No
		s," describe these new services on Schedule O.	
3			No
_		s," describe these changes on Schedule O.	
4	Section	ribe the organization's program service accomplishments for each of its three largest program services, as measured by expens on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense	ses. es,
	and r	evenue, if any, for each program service reported.	
4 -	(Cada) (Everyone C 2 COZ 010 including graphs of C 2 44C 240) (Daylong C	
4 a		e:) (Expenses \$3,627,010. including grants of \$3,446,349.) (Revenue \$)
	SEE_	SCHEDULE O	
	(Ol -	Commence C installing quarter of C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	`
4 13	(Code		<u> </u>
		<u>ALSO BROUGHT FOUR VOLUNTEERS FROM SIMILARLY SITUATED MEMBER ORGANIZATIONS TOGETH</u> SHARE THEIR EXPERTISE THROUGH GROUP DISCUSSION AND JOINT PROBLEM SOLVING.	ILK_
		RTERLY MEETINGS FOCUSED ON SUCCESSION PLANNING AND FUNDRAISING FOR FINANCIAL	
		TAINABILITY. ALL PARTICIPANTS REPORTED THAT THE DISCUSSIONS SUPPORTED THEM IN	
		IR ROLE AND HELPED THEM GENERATE ACTIONABLE IDEAS TO SUPPORT MEMBER ORGANIZATION	NS -
	AS	THEY PLAN FOR LEADERSHIP SUCCESSIONS. USING STRATEGIES SUGGESTED BY THE GROUP, C	ONE
		TICIPANT RECEIVED TWO NEW MAJOR GIFTS TOTALING AN AMOUNT EQUAL TO 50% OF HER	
		BER ORGANIZATION'S TYPICAL ANNUAL BUDGET. SHE ALSO USED GROUP LEARNINGS TO HELP	
	<u>MEM</u>	BER ORGANIZATION COMPLETE THEIR FIRST EMERGENCY SUCCESSION PLAN.	
1.0	(Code	e:) (Expenses \$ including grants of \$) (Revenue \$	``
40		LAUNCHED OUR SUSTAINABILITY GRANT FUND. ONE WORLD BELIEVES THAT A STRONG)
		ANIZATIONAL FOUNDATION IS ESSENTIAL TO ENSURE THE LONGEVITY OF IMPACTFUL	
		SSROOTS PROGRAMS. THE SUSTAINABILITY FUND HELPS ORGANIZATIONS ESTABLISH A STRONG	
		NDATION ON WHICH TO BUILD EFFECTIVE PROGRAMS SERVING CHILDREN LIVING IN POVERTY.	
		ANIZATIONS WERE AWARDED ONE-YEAR OR TWO-YEAR GRANTS TO HELP THEM DEVELOP STAFF	
		O STRONG AND SUCCESSFUL LEADERS WHO CAN CARRY ON THE ORGANIZATION'S WORK FOR YEA	
		COME, ADD REVENUE GENERATING COMPONENTS TO THEIR PROGRAMS FOR INCREASED FINANCIA	<u> </u>
		TAINABILITY, IMPROVE THEIR FACILITIES FOR LASTING USE, AND MEET ESSENTIAL	
	ORG.	ANIZATIONAL NEEDS.	
<u> </u>	l Other	program services (Describe on Schedule O.) SEE SCHEDULE O	
70	(Ехре		
4 e		program service expenses ► 3,627,010.	

Form 990 (2021) ONE WORLD CHILDREN'S FUND 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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</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 Revenue Procedure 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 provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a		Х
t	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.	11 b		Х
C	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
c	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.	11 d		Х
6	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Χ
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	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
Ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Χ
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ŀ	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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

Form 990 (2021) ONE WORLD CHILDREN'S FUND 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		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		Х
24	a 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		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Χ
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
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? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a 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? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		103	
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
ο Λ /			990 (0001

Form 990 (2021) ONE WORLD CHILDREN'S FUND

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

			Yes	No
2 8	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
ı	a If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
4 8	a 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)?	4 a		Х
	olf '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).			37
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b 5 c		Λ
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	эc		
6	a 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?	6 a		Х
ı	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
ä	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			37
	services provided to the payor?	7 a		Х
	a If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
•	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year	, ,		
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Χ
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
	as required?	7 g		
ı	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	of If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
č	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
ı	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			
(Enter the amount of reserves on hand			
14 a	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
ı	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14 b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		v
	excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	4-		
	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

Form 990 (2021) ONE WORLD CHILDREN'S FUND 77-0479205 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 No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 11 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. **b** Enter the number of voting members included on line 1a, above, who are independent..... 11 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?.... 10 a Χ 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 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? X a The organization's CEO, Executive Director, or top management official. SEE . SCHEDULE. . O. 15 a **b** Other officers or key employees of the organization...SEE .SCHEDULE .Q..... 15 b X 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 X taxable entity during the year?..... 16 a **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?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain on Schedule O) SEE SCH. 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 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records ORGANIZATION 3108 GLENDALE BOULEVARD #506 LOS ANGELES CA 90039 (415) 255-3014

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		(C)								
(A) Name and title	(B) Average hours per	d		box, an o ector/	unles	s pers and a ee)	ion	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	week (list any hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) AUGUST PABST	40									
CEO	0			Χ				144,863.	0.	0.
(2) LAUREL ADCOCK CSOO	$-\frac{40}{0}$	-				Х		129,112.	0.	0.
(3) LAUREN COBERLY	2									
BOARD CHAIR	0	Χ		Χ				0.	0.	0.
(4) NIRAV PATEL	2									
SECRETARY	0	X		Χ				0.	0.	0.
(5) SONNY GREWAL	2									
TREASURER	0	X		Χ				0.	0.	0.
(6) W. GABRIEL SELASSIE I	2									
BOARD MEMBER	0	X						0.	0.	0.
_(7)_ANYA_SOLOVIEVA	2									
BOARD MEMBER	0	X						0.	0.	0.
(8) SHAMARA GRAHAM	2									
BOARD MEMBER	0	X						0.	0.	0.
(9) ANDREW BOYER	2									
BOARD MEMBER	0	X						0.	0.	0.
(10) COURTNEY OSBORN	2									
BOARD MEMBER	0	X						0.	0.	0.
(11) AYANNA DACOSTA	2	.,						•		•
BOARD MEMBER	0	Χ						0.	0.	0.
(12) BHAVESH SHAH	2	37						0	0	0
BOARD MEMBER	0	Х						0.	0.	0.
ONATHAN HSU BOARD MEMBER	2	v						0.	0.	0
(14) RICHARD KADEG	2	X						υ.	0.	0.
BOARD MEMBER	2	Х						0.	0.	0
DOWND MEMDEK	U	Λ						υ.	0.	0.

Part VII Section A. Officers, Directors, 11		ney		•		es, a	anc	a riignest Com	ipensated Emp	oyees	S (contii	nuea)
	(B)			(C	•							
(A)	Average hours	(do	Position (do not check more than one box, unless person is both an		(D) Reportable	(E) Reportable		(F)				
Name and title	per week	offi	cer ar	nd a	direct	or/trust	tee)	compensation from	compensation from	C	ated amo of other	
	(list any hours	or d	Insti	Officer	Key	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	the o	nsation t rganizati	ion
	for related	Individual or director	utio	cer	emp	loyer	ner	,	,		d related anization	
	organiza - tions	Individual trustee or director	nstitutional trustee		Key employee	omp						
	below dotted line)	Istee) str		0	ensa						
	iiiic)		Ö			ted						
(15)												
(16)												
(17)												
(18)		-										
(19)												
(20)												
(21)												
(22)												
(22)												
(23)												
(24)												
<u></u>		•										
(25)												
1 b Subtotal							>	273,975.	0.			0.
c Total from continuation sheets to Part VII, Secti							. .	0.	0.			0.
d Total (add lines 1b and 1c)								273,975.	0.			0.
2 Total number of individuals (including but not limited from the organization ► 2	i to triose i	istea	abov	ve) \	WHO	recen	vea	more than \$100,00	o or reportable comp	ensatio	Π	
											Yes	No
3 Did the organization list any former officer, direct	tor trusts	ما مد) / At	mnl	٥٧٨٥	orl	hiak	nest compensated	employee		100	
on line 1a? If 'Yes,' complete Schedule J for such	ch individu	ial						·····	· · · · · · · · · · · · · · · · · · ·	. 3		Χ
4 For any individual listed on line 1a, is the sum o	f reportab	le co	mpe	ensa	tion	and	oth	er compensation	from			
the organization and related organizations greate such individual										4		Х
5 Did any person listed on line 1a receive or accru									individual			
for services rendered to the organization? If 'Yes	s,' comple	te So	chea	lule	J fo	r suc	th p	erson		. 5		Χ
Section B. Independent Contractors									4100 000 (
1 Complete this table for your five highest compen compensation from the organization. Report comper	sated indisation for	epen the c	dent alen	t coi dar '	ntrad vear	ctors endir	tha ng w	t received more th vith or within the or	nan \$100,000 of ganization's tax year			
(A) Name and business add				•			J	(B)		(C)	
Name and business add	ress							Description (of services	Compè	eńsatio	n
2 Total number of independent contractors (including l	out not lim	ited to	o thr	se I	ister	aho	ve) ı	Mho received more	than			
\$100,000 of compensation from the organization							-,					

Form 990 (2021) ONE WORLD CHILDREN'S FUND 77-0479205 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII.... (B) Related or (A) Total revenue (D) Unrelated Revenue business exempt excluded from tax under sections 512-514 function revenue revenue 1 a Federated campaigns Gifts, Grants, ilar Amounts **b** Membership dues..... 1 b c Fundraising events..... 1 c 3,407 d Related organizations 1 d e Government grants (contributions) 1 e and Other Sin Contributions, f All other contributions, gifts, grants, and similar amounts not included above . . . 1 f 4,326,128 **q** Noncash contributions included in lines 1a-1f. h Total. Add lines 1a-1f 4,329,535 **Business Code** Program Service Revenue b **f** All other program service revenue. . . g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6 a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss). 7с **d** Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). 8a 8b **b** Less: direct expenses..... c Net income or (loss) from fundraising events **9 a** Gross income from gaming activities. See Part IV, line 19. 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... **10 a** Gross sales of inventory, less..... returns and allowances. I O a 10b **b** Less: cost of goods sold.... **c** Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous 11a MISCELLANEOUS 900099 2,627 2,627 Revenue d All other revenue . .

2,627

627

0

332,162

e Total. Add lines 11a-11d.

Total revenue. See instructions......

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 re	esponse or note to any			
Do i 6b,	not include amounts reported on lines 7b, 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			3 1	. ,
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	3,446,349.	3,446,349.		
4 5	Benefits paid to or for members	126 500	40.445	46.204	40.751
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	136,500.	49,445.	46,304.	40,751.
7	Other salaries and wages				<u>0.</u>
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	220,872.	80,008.	74,925.	65,939.
9	Other employee benefits	13,598.	4,636.	4,991.	3,971.
10	Payroll taxes	29,709.	10,739.	10,112.	8,858.
11	Fees for services (nonemployees):	·			•
á	Management				
ŀ	Legal				
(Accounting	22,582.		22,582.	
(Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	19,221.	5,500.	13,721.	
13	Office expenses				
14	Information technology	13,568.	2,502.	10,811.	255.
15	Royalties	-,	,	, , ,	
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	82.		30.	52.
20	Interest	7,435.		2,600.	4,835.
21	Payments to affiliates	·		·	·
22	Depreciation, depletion, and amortization				
23 24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).	3,154.	1,143.	1,068.	943.
á	DUES AND MEMBERSHIPS	16,212.	9,090.	4,268.	2,854.
ŀ	TRANSACTION FEES	14,753.	14,753.	-, -001	_,
(OTHER	7,084.	2,594.	4,411.	79.
(PRINTING AND PUBLICATIONS All other expenses.	2,877.	251.	439.	2,187.
25	Total functional expenses. Add lines 1 through 24e	3,953,996.	3,627,010.	196,262.	130,724.
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)	2,333,330.	5,521,520.	150,202.	230, 121.

		Check if Schedule O contains a response or note to an	ny line in this Part X	<u></u>	<u></u>	
				(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing		1,661,353.	1	1,478,177.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	870,038.	4	1,479,786.	
	5	Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial co controlled entity or family member of any of these person		5		
	6	Loans and other receivables from other disqualified pers	<u> </u>			
	J	section 4958(f)(1)), and persons described in section 495			6	
	7	Notes and loans receivable, net			7	
ts	8	Inventories for sale or use			8	
Assets	9	Prepaid expenses and deferred charges	 	7,526.	9	17,457.
As	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	0 a	.,, 0=00		= - 7 - 2 - 1
			0 b		10 c	
	11	Investments – publicly traded securities			11	
	12	Investments – other securities. See Part IV, line 11		12		
	13	Investments – program-related. See Part IV, line 11			13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,538,917.	16	2,975,420.	
	17	Accounts payable and accrued expenses		18,273.	17	76,610.
	18	Grants payable	<u></u>		18	
	19	Deferred revenue	<u> </u>		19	
٠,	20	Tax-exempt bond liabilities	<u> </u>		20	
ties	21	Escrow or custodial account liability. Complete Part IV of	L_		21	
Liabilities	22	Loans and other payables to any current or former office key employee, creator or founder, substantial contributor controlled entity or family member of any of these person	r. or 35%		22	
	23	Secured mortgages and notes payable to unrelated third	parties		23	
	24	Unsecured notes and loans payable to unrelated third pa	arties		24	
	25	Other liabilities (including federal income tax, payables tand other liabilities not included on lines 17-24). Comple			25	
	26	Total liabilities. Add lines 17 through 25		18,273.	26	76,610.
nces		Organizations that follow FASB ASC 958, check here ► and complete lines 27, 28, 32, and 33.	X			
ala	27	Net assets without donor restrictions		774,710.	27	834,345.
B	28	Net assets with donor restrictions		1,745,934.	28	2,064,465.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33.	here ►			
ō	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equipmen	t fund		30	
SSI	31	Retained earnings, endowment, accumulated income, or	other funds		31	
1 7	32	Total net assets or fund balances		2,520,644.	32	2,898,810.
×	33	Total liabilities and net assets/fund balances	<u></u>	2,538,917.	33	2,975,420.
RΔ	Δ	TEE	A0111L 09/22/21		-	Form 990 (2021)

Form **990** (2021)

Form	Form 990 (2021) ONE WORLD CHILDREN'S FUND 77-0				age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,	332,	162.
2	Total expenses (must equal Part IX, column (A), line 25).	2	3,	953,	996.
3	Revenue less expenses. Subtract line 2 from line 1	3		378,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		520,	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2	898,	
Par	t XII Financial Statements and Reporting	10	۷,	000,	<u> </u>
ı aı					
	Check if Schedule O contains a response or note to any line in this Part XII				<u>:- </u>
_	A 15 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a .	Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	ewed on a			
_				37	
t	Were the organization's financial statements audited by an independent accountant?		21	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both:	parate			
	X Separate basis Consolidated basis Both consolidated and separate basis				
	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	ıdit.			
	review, or compilation of its financial statements and selection of an independent accountant?		2	e X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	e 	3	3	Х
k	of Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3		
BAA				~	(2021)
			1 01	550	(2021)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number ONE WORLD CHILDREN'S FUND 77-0479205 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. 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). 1 2 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). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 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 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 10 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 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 12 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 **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) 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	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	3,198,256.	3,617,217.	3,170,691.	5,726,835.	4,329,535.	20,042,534.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 3 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)	3,198,256.	3,617,217.	3,170,691.	5,726,835.	4,329,535.	20,042,534. 4,813,030.
6	Public support. Subtract line 5 from line 4						15,229,504.
Sec	tion B. Total Support						· · · · · · · · · · · · · · · · · · ·
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	3,198,256.	3,617,217.	3,170,691.	5,726,835.	4,329,535.	20,042,534.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	520.	920.	1,536.	1,956.	2,627.	7,559.
11	Total support. Add lines 7 through 10						20,050,093.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20 Public support percentage from						75.96%
	33-1/3% support test—2021. If t and stop here. The organization	he organization di	id not check the b	oox on line 13. an	d line 14 is 33-1/3	B% or more, chec	74.99 % k this box
b	33-1/3% support test—2020. If the and stop here. The organization	ne organization did	d not check a box	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more,	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this I	box and stop here	. Explain in Part	VI how
	10%-facts-and-circumstances to or more, and if the organization organization meets the facts-and Private foundation. If the organization	meets the facts-a d-circumstances to	nd-circumstances est. The organiza	s test, check this l tion qualifies as a	box and stop here publicly supporte	e. Explain in Part ed organization	VI how the ►

Page 3

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.)

_	ians to quanty under the te	ista listed below,	picase complete i	aremy				
Sec	tion A. Public Support							
	lar year (or fiscal year beginning in) >	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1	(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 performed, or facilities furnished in any activity that is related to the organization's							
3	tax-exempt purpose							
	that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 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							-
	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support				1			
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1	(f) Total
	Amounts from line 6	(4) = 0	(2) 2010	(0) 20 10	(4) 2020	(0) = 0 =	•	(.)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from							
	similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.							
	Add lines 10a and 10b Net income from unrelated business activities not included 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.).							
	Total support. (Add lines 9, 10c, 11, and 12.)							
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	fifth tax year as a	section 501	(c)(3)	▶
	tion C. Computation of Pul							
15	Public support percentage for 20	21 (line 8, colum	n (f), divided by li	ne 13, column (f)))		15	%
	Public support percentage from 2	•	•			L	16	%
	tion D. Computation of Inv						l l	
	Investment income percentage for				umn (f))		17	%
	Investment income percentage for					L	18	%
	33-1/3% support tests—2021. If t is not more than 33-1/3%, check	the organization of	did not check the b	oox on line 14, ar	nd line 15 is more	than 33-1/3	%, and I	ine 17
b	33-1/3% support tests—2020. If t		•	•		-		
	line 18 is not more than 33-1/3%	check this hox	and stop here . Th	e organization di	ile 19a, and illie i Jalifies as a nublic	o is more in dv supported	an 33-17. Lorganiz	ation ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section	1		
_	509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
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.	3b		
С	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.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	: 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.	4 c		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons,	J		
	as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
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 .	9b		
С	: 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.	9с		
0 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer line 10b below.	10a		
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.)	10b		

BAA TEEA0404L 08/31/21 Schedule A (Form 990) 2021

11. Has the organization accepted a gift or contribution from any of the following persons? a A person who directly in ridinately controls, either alone or together with persons described on lines 11h and 11c below, the governing body of a supported organization. b A family member of a person described on line 11a above? c A 35% carolite miting of a person described on line 11a above? c A 35% carolite miting of a person described on line 11a above? c A 35% carolite miting of a person described on line 10 above? c A 35% carolite miting of a person described on line 10 above? 1 Did the governing body, members of the giverning body, officers acting in their official capacity, or membership of one or more supported organizations have the power to requirely appoint or elect at least a majority of the organization of granizations is have the power to requirely appoint or elect at least a majority of the organization of organizations have the power or received and a majority of the organization of controlled the supported organization of the organization of the supported organizations or instincts at all times during the tax year? If No. (escribe in Part VI how the supported organization of the supported organization of VI Yes, explain in Part VI how providing such benefit carried out the purposes of the supported organizations of VI Yes, explain in Part VI how providing such benefit carried out the purposes of the supported organizations? If Yes, explain in Part VI how providing such benefit carried out the purposes of the supported organizations of Yes, explain in Part VI how providing such benefit carried out the purposes of the supported organizations of Yes, explain in Part VI how providing such benefit carried out the purposes of the supported organization was vested in the same persons that controlled or managed the supported organization (E.). 1 Were any often organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its suppo	Part	t IV	Supporting Organizations (continued)			
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organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) 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? 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's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 3 The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization's and explain how these activities during the tax year directly further the exempt purposes of the supported organization's position that its supported organization determined that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement. 3 P	1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
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THE TANK THE STATE OF THE STATE	b	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its			

	ONE WORLD CHILDREN D TOND		, , ,	1,000
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	v. 20, 1970 (explain in t complete Sections A	n Part VI). See through E.
Sec	tion 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		
Sec	tion 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):			
a	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	e 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		
Sec	tion 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-functionally integrated Type III supporting organization (see instructions).

BAA Schedule A (Form 990) 2021

9 Distributable amount for 2021 from Section C, line 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continu	ed)					
Sec	Section D — Distributions						
1	Amounts paid to supported organizations to accomplish exempt purposes	1					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3					
4	Amounts paid to acquire exempt-use assets	4					
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5					
6	Other distributions (describe in Part VI). See instructions.	6					
7	Total annual distributions. Add lines 1 through 6.	7					
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8					

10 Line 8 amount divided by line 9 amount		10	
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA Schedule A (Form 990) 2021

77-0479205

Page 8

Part VI

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

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE		2021	2020	2019	2018	2017
MISCELLANEOUS TO	\$	2,627.	\$ 1,956.	\$ 1,536.	\$ 920.	\$ 520.
	DTAL	2,627.	\$ 1,956.	\$ 1,536.	\$ 920.	\$ 520.

BAA TEEA0408L 08/31/21 Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

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

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

ONE WORLD CHILDREN'S FUND

				77-047920	5
Par	₹ Organizations Maintaining Donoi	Advised Funds or Other	Similar Funds of	r Accounts.	
	Complete if the organization answ	vered 'Yes' on Form 990, F	art IV, line 6.		
		(a) Donor advised fund	ds	(b) Funds 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 are the organization's property, subject to the organization	or advisors in writing that the ass organization's exclusive legal cor	ets held in donor actrol?	lvised funds	No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	s, and donor advisors in writing t of the donor or donor advisor, or	hat grant funds can for any other purpo	be used only se conferring Yes	□No
_	· · ·				
Par		ranad Waal on Fama 000 F	1 - 1 1 / 1 in - 7		
	Complete if the organization answ Purpose(s) of conservation easements held by				
1			<u></u>	historically importan	land area
	Preservation of land for public use (for examp	ie, recreation or education)		historically important	
	Preservation of open space		Preservation of a	a certified historic stru	cture
2	Complete lines 2a through 2d if the organization he	old a gualified concentation contribu	ition in the form of a	concorrection accoment	on the
_	last day of the tax year.	ela a quaimea conservation contribi	illoit iii liie ioitii oi a l	conservation easement	on the
				Held at the End	of the Tax Year
a	a Total number of conservation easements			ła	
k	Total acreage restricted by conservation easem	nents		?b	
C	Number of conservation easements on a certifi	ed historic structure included in	(a)	?c	
C	Number of conservation easements included in structure listed in the National Register			¹d	
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguished, or t	erminated by the orga	nization during the	
4	Number of states where property subject to conser	vation easement is located ►			
5	Does the organization have a written policy reg and enforcement of the conservation easemen				No
6	Staff and volunteer hours devoted to monitoring, in				ne year
7	Amount of expenses incurred in monitoring, inspec ▶\$	cting, handling of violations, and en	forcing conservation e	easements during the year	ear
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the require	rements of section 1	70(h)(4)(B)(i) Yes	No
9	In Part XIII, describe how the organization repoinclude, if applicable, the text of the footnote to	orts conservation easements in it of the organization's financial state	s revenue and experements that describe	nse statement and ba es the organization's a	lance sheet, and accounting for
Day	conservation easements.	tions of Art Historical Tre	asures or Othe	r Similar Accete	
Par	Complete if the organization answ	vered 'Yes' on Form 990, F	art IV, line 8.	i Sililiai Assets.	
1 a	a If the organization elected, as permitted under historical treasures, or other similar assets held Part XIII the text of the footnote to its financial	d for public exhibition, education,	or research in furth		
t	b If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	r public exhibition, education, or res	earch in furtherance	of public service, provid	s of art, e the
	(i) Revenue included on Form 990, Part VIII, I				
	(ii) Assets included in Form 990, Part X			·	
2	If the organization received or held works of art, hi amounts required to be reported under FASB A	ASC 958 relating to these items:			
a	a Revenue included on Form 990, Part VIII, line	1			

Part III Organizations Maintai	ning Collect	ions of Art, H	istorica	i ireasures, or	Other Similar Ass	ets (con	inuea)
3 Using the organization's acquisition, items (check all that apply):	accession, and	_	-	-	ke significant use of its	collection	
a Public exhibition		d Lo	oan or exc	change program			
b Scholarly research		e O	ther				
c Preservation for future genera	ations						
4 Provide a description of the organization Part XIII.		·		· ·			
5 During the year, did the organizat to be sold to raise funds rather th	an to be mainta	ained as part of the	he organi:	zation's collection?		Yes	No No
Part IV Escrow and Custodial line 9, or reported an a	Arrangement on Fo	orm 990, Part	X, line	rganization ans 21.	wered 'Yes' on Fo	rm 990, I	Part IV,
1 a Is the organization an agent, trust on Form 990, Part X?	tee, custodian d	or other intermed	iary for co	ontributions or othe	r assets not included	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII and	complete the fol	lowing tal	ole:			
						Amount	
c Beginning balance					1c		
d Additions during the year							
e Distributions during the year							
f Ending balance							
2a Did the organization include an ar						Yes	No
b If 'Yes,' explain the arrangement	in Part XIII. Che	eck here if the ex	planation	has been provided	I on Part XIII		🔲
Port V Endoument Fundo Co	amamlata if the	iti		rad IVaal on Far	000 Dort IV/ lim	10	
Part V Endowment Funds. Co					(d) Three years back		vooro hook
1 a Beginning of year balance	(a) Current yea	r (b) Prio	r year	(c) Two years back	(a) Three years back	(e) Four	years back
b Contributions							
b Continuations						1	
c Net investment earnings, gains, and losses							
d Grants or scholarships						1	
e Other expenditures for facilities							
and programs							
q End of year balance							
2 Provide the estimated percentage	of the current	vear end halance	line 1a	column (a)) held a	S.		
a Board designated or guasi-endowme		%	, (iiiic 1g,	column (a)) nela a			
b Permanent endowment ►							
c Term endowment ►	%						
The percentages on lines 2a, 2b, an	d 2c should equa	al 100%.					
3a Are there endowment funds not in the	ne possession of	the organization the	hat are he	ld and administered	for the	Ye	es No
organization by: (i) Unrelated organizations						3a(i)	55 110
(ii) Related organizations						3a(ii)	
b If 'Yes' on line 3a(ii), are the relation						3b	
4 Describe in Part XIII the intended	-	·				0.5	
Part VI Land, Buildings, and E		,					
Complete if the organization		red 'Yes' on F	Form 99	0, Part IV, line	11a. See Form 99	0, Part X	, line 10.
Description of property	(a)	Cost or other ba (investment)	sis (b	Cost or other basis (other)	(c) Accumulated depreciation	(d) Boo	k value
1 a Land							
b Buildings							
c Leasehold improvements							
d Equipment							
e Other							
Total. Add lines 1a through 1e. (Column	n (d) must equa	l Form 990, Part	X, colum	n (B), line 10c.)			0.
BAA					Sched	ule D (Form	990) 2021

Complete if the organization answere (a) Description of security or category (including name of security)	(b) Book value		ation: Cost or end-of-year market value
) Financial derivatives	` '	(0)	
2) Closely held equity interests			
3) Other			
	-		
A) B) C) D) E)			
<u>"</u>	_		
<u>" </u>			
<u>′</u>	_		
-)	-		
<u>3)</u>	_		
	_		
l)			
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.)		27./2	
Part VIII Investments – Program Related. Complete if the organization answere	d 'Vas' on Form 991	N/A Deart IV line 11c	See Form 990 Part Y line 1
(a) Description of investment	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
	(b) Dook value	(c) motilod of valuation	on Jose of Gra of year market value
(1)	+		
(2)	+		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
10)			
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.	N/A	Part IV line 11d	Soo Form 990 Part V Jino 15
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere	N/A d 'Yes' on Form 990	D, Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D	N/A), Part IV, line 11d.	See Form 990, Part X, line 15 (b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D	N/A d 'Yes' on Form 990	D, Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2)	N/A d 'Yes' on Form 990	D, Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990), Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990	D, Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990	D, Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990), Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990	D, Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990	D, Part IV, line 11d.	
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990	D, Part IV, line 11d.	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990 escription	O, Part IV, line 11d.	(b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A d 'Yes' on Form 990 escription	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Complete if the organization answered 'Yes' on	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Complete if the organization answered 'Yes' on	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (c) complete if the organization answered 'Yes' on	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column Other Liabilities. Complete if the organization answered 'Yes' on (1) Federal income taxes (2)	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column Otal. (Column (b) must equal Form 990, Part X, column Otal. (Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column (b	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column Complete if the organization answered 'Yes' on Complete if the organization answered 'Yes' on (a) Descential income taxes (2) (3) (4) (5)	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column Complete if the organization answered 'Yes' on Complete if the organization answered 'Yes' on (a) Descention (Column (b) must equal Form 990, Part X, column (b) Federal income taxes (2) (3) (4) (5) (6)	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column Cart X Other Liabilities. Complete if the organization answered 'Yes' on (a) Descential income taxes (2) (3) (4) (5) (6) (7)	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column Cart X Other Liabilities. Complete if the organization answered 'Yes' on (a) Descential income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (a) Descential income taxes (b) (c) (d) (d) (d) (d) (d) (e) (f) (g)	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column Cart X Other Liabilities. Complete if the organization answered 'Yes' on (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (18) (19)	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (b) Complete if the organization answere (a) D (c) Complete if the organization answere (b) D (d) Complete if the organization answere (c) Complete if the organization answere (c) Complete if the organization answere (c) Complete if the organization answered (c) Complete if	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value
Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column Cart X Other Liabilities. Complete if the organization answered 'Yes' on (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (18) (19)	N/A d 'Yes' on Form 990 escription (B) line 15.)	O, Part IV, line 11d.	(b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	4,332,162.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1	3	4,332,162.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	4,332,162.
Dort VII Decompiliation of European and Audited Einspeiel Ctatements With European and	D ~ 4	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Retur	n.
	netur 1	3,953,996.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2 a 2 b		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 Donated Services and Use of facilities.		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.).	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d.	1 2e	3,953,996.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	1 2e	3,953,996.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) 4 b Other (Describe in Part XIII.)	1 2e 3	3,953,996.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b	1 2e 3	3,953,996.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) 4 b Other (Describe in Part XIII.)	1 2e 3	3,953,996.

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

BAA Schedule D (Form 990) 2021

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

ONE WORLD CHILDREN'S	FUND			77-04792	
General Informati on Form 990, Par	ion on Activiti	es Outside th	e United States. Comple	te if the organization	n answered 'Yes'
1 For grantmakers. Does the the grantees' eligibility for the	organization ma the grants or assi	intain records to stance, and the s	substantiate the amount of its selection criteria used to award	grants and other assista the grants or assistance	nce, e?XYes No
2 For grantmakers. Describe in United States. PART	•	zation's procedure	s for monitoring the use of its gra	ants and other assistance of	outside the
3 Activities per Region. (The	following Part I,	line 3 table can b	e duplicated if additional space	e is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
				PROGRAMS FOR	
(1) CENTRAL SOUTH AMERICA			GRANTS TO RECIPIENTS	CHILDREN	161,000.
				PROGRAMS FOR	
(2) SOUTH AFRICA			GRANTS TO RECIPIENTS	CHILDREN	385,189.
				PROGRAMS FOR	
(3) SOUTH ASIA			GRANTS TO RECIPIENTS	CHILDREN	28,500.
				PROGRAMS FOR	
(4) SOUTHEAST ASIA			GRANTS TO RECIPIENTS	CHILDREN	222,240.
				PROGRAMS FOR	
(5) SUB SAHARA			GRANTS TO RECIPIENTS	CHILDREN	2,649,420.
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3 a Subtotal					3,446,349.
b Total from continuation sheets to Part I					

0

c Totals (add lines 3a and 3b).

3,446,349.

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			PART V						othery
			CENTRAL S	COMPALCIHT					
			AMERI	ASSOC	161,000.	WIRE TRANS.			
				KLIPTOWN					
			SOUTH AFRICA	YOUTH	385,189.	WIRE TRANS.			
				PRAJNA					
			SOUTH ASIA	VIHAR	28,500.	WIRE TRANS.			
			SOUTHEAST						
			ASIA	EYC	222,240.	WIRE TRANS.			
				ACCESS					
			SUB SAHARA	UGANDA	218,500.	WIRE TRANS.			
				ACTION					
			SUB SAHARA	FOUNDATION	70,291.	WIRE TRANS.			
			SUB SAHARA	AKILI DADA	329,661.	WIRE TRANS.			
			SUB SAHARA	ASFOP	62,835.	WIRE TRANS.			
				BESO					
			SUB SAHARA	FOUNDATION	39,305.	WIRE TRANS.			
				CENTER FOR					
			SUB SAHARA	DOMESTIC	16,927.	WIRE TRANS.			
				DANDELION					
			SUB SAHARA	AFRICA	72,000.	WIRE TRANS.			
				FUNDI					
			SUB SAHARA	ROBOTICS	328,844.	WIRE TRANS.			
				KAJO KEJI					
			SUB SAHARA	HEALTH	29,856.	WIRE TRANS.			
				LWALA					
			SUB SAHARA	COMMUNITY	92,724.	WIRE TRANS.			
				MENTOR					
			SUB SAHARA	COACH	115,000.	WIRE TRANS.			
			SUB SAHARA	OFFIN	38,270.	WIRE TRANS.			

² Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.

Schedule F (Form 990) 2021

23

77-0479205

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18) BAA						Schedule F	(Form 990) 2021

BAA TEEA3505L 10/28/21 Schedule F (Form 990) 2021

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 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US

MEMBER ORGANIZATIONS ARE MONITORED BY ONE WORLD USING ANNUAL REPORTS EVALUATED

AGAINST OUR ELIGIBILITY CRITERIA. THE ANNUAL REPORT CONSISTS OF SEVERAL ELEMENTS,

WHICH ARE REVIEWED/CONDUCTED BY ONE WORLD STAFF AND BOARD MEMBERS: 1) A NARRATIVE

REPORT INCLUDING BUDGET AND EXPENSE DOCUMENTATION AND RESPONSES TO A STANDARD SET OF

QUESTIONS SUBMITTED BY THE MEMBER IN WRITING; 2) CHECKING ONE TO TWO REFERENCES

PROVIDED BY EACH MEMBER; 3) AN INTERVIEW WITH EACH MEMBER ORGANIZATION'S LEADER; 4) AN

INTERVIEW WITH EACH ORGANIZATION'S FUNDRAISING CHAMPION(S) (IF APPLICABLE).

PART II, LINE 1 - METHOD OF ACCOUNTING

ACCRUAL METHOD OF ACCOUNTING, PURSUANT TO ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA. ANNUAL AUDIT IS PERFORMED PER US GAAS BY INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT(S) OF USA AND PRESENTED ON US GAAP BASIS.

BAA TEEA3504L 10/28/21 Schedule F (Form 990) 2021

	Continuation of Grant			ations or Entiti	es Outside the Un	ited States	(Schedule F (Form		line 1)
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	
						WIRE			
			SUB SAHARA	PAUL&ROSE	39,787.	TRANS.			
				PEERLINK		WIRE			
			SUB SAHARA	INITIATIVE	54,404.	TRANS.			
				REACH A		WIRE			
			SUB SAHARA	HAND	760,410.	TRANS.			
				SHARED					
			SUB SAHARA	ACTION	148,548.				
				SHULE		WIRE			
			SUB SAHARA	DIRECT	147,000.	TRANS.			
				ST.		WIRE			
			SUB SAHARA	VINCENTS	60,058.				
			aup alulpi	UJIMA	05.000	WIRE			
-			SUB SAHARA	FOUNDATION	25,000.	TRANS.			
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SCHEDULE 0 (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.

2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

OMB No. 1545-0047

ONE WORLD CHILDREN'S FUND

77-0479205

FORM 990. PART III. LINE 1 - ORGANIZATION MISSION

ONE WORLD PROVIDES FISCAL SPONSORSHIP, COLLABORATIVE EDUCATION, AND STRATEGIC GRANTMAKING FOR INTERNATIONAL GRASSROOTS ORGANIZATIONS. OUR GRASSROOTS MEMBERS USE THAT SUPPORT TO BUILD SUSTAINABLE ORGANIZATIONS THAT DELIVER FOOD, HEALTH, SHELTER, SAFETY, EDUCATION, AND OPPORTUNITY TO LIFT CHILDREN OUT OF POVERTY NOW AND FOR GENERATIONS TO COME.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

IN FYE 22, OUR \$507,647 OPERATIONAL BUDGET ENABLED \$3,177,849 IN FISCALLY SPONSORED FUNDS TO REACH INTERNATIONAL GRASSROOTS ORGANIZATIONS AND \$268,500 IN STRATEGIC GRANTS TO BE AWARDED TO HELP GRASSROOTS ORGANIZATIONS REMAIN RESILIENT AND SUSTAINABLE.

OUR TEAM GREW TO 4 HIGHLY EXPERIENCED STAFF MEMBERS, AND WE FORGED DEEP RELATIONSHIPS WITH MEMBER ORGANIZATIONS THROUGH OUR VETTING AND MONITORING PROCESS, INCLUDING INTERVIEWS, WRITTEN REPORTS, AND REFERENCE CHECKING.

WE LAUNCHED AN ONLINE SUCCESSION PLANNING TRAINING COURSE, WITH THE HELP OF A TRUSTED EXPERT IN NONPROFIT LEADERSHIP SUCCESSIONS AND ORGANIZATIONAL DEVELOPMENT. THE COURSE INCLUDES VIDEOS, CHECKLISTS, TOOLS, CONTENT SUMMARIES, AND TEMPLATES TO HELP ORGANIZATIONS SHARE KNOWLEDGE ACROSS THEIR TEAMS. THE CONTENT IS CUSTOM TAILORED FOR A GRASSROOTS AUDIENCE OF NONPROFIT CEOS, LEADERSHIP, TEAM MEMBERS, AND BOARD MEMBERS AND RESPONDS TO SPECIFIC KNOWLEDGE GAPS IDENTIFIED BY OUR MEMBER ORGANIZATIONS. 100% OF PARTICIPANTS IN OUR FIRST ON-DEMAND COURSE REPORTED: (1) THE VIDEOS, CONTENT SUMMARIES AND TOOLS ARE EASY TO ACCESS; (2) THE TRAININGS AND TOOLS PROVIDED THEM WITH ACTIONABLE STEPS TO TAKE TOWARDS ACHIEVING STABILITY THROUGH LEADERSHIP

Employer identification number

77-0479205

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

UNDERSTAND THE ROLE OF THE OUTGOING LEADER, THE BOARD, AND THE LEADERSHIP TEAM IN SETTING THE ORGANIZATION UP FOR A SUCCESSFUL LEADERSHIP TRANSITION

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

ONE WORLD MEMBER ORGANIZATIONS HELPED OVER 208,000 CHILDREN AND YOUTH IN UNDER-RESOURCED AND RURAL AREAS RECEIVE ACCESS TO BASIC HEALTH AND EDUCATION AND SERVICES. 171,000 GIRLS AND YOUNG WOMEN WERE SUPPORTED BY ONE WORLD MEMBER ORGANIZATIONS WITH HEALTH, SAFETY, SHELTER, EDUCATION, AND ECONOMIC EMPOWERMENT OPPORTUNITIES. 67,000 REFUGEES, A POPULATION UNDERSERVED DURING THE PANDEMIC, WERE PROVIDED WITH ACCESS TO HEALTHCARE, AND EDUCATIONAL AND ECONOMIC OPPORTUNITIES BY ONE WORLD MEMBERS. 13,000 ORPHANS, VICTIMS OF GENDER-BASED VIOLENCE, AND OTHER VULNERABLE POPULATIONS RECEIVED HOLISTIC SUPPORT FROM ONE WORLD MEMBERS TO TRANSFORM THEIR LIVES. 61,000 CHILDREN UNDER 5 WERE GIVEN A STRONG START IN LIFE BY ONE WORLD MEMBER ORGANIZATIONS WITH NUTRITIOUS MEALS, HIGH QUALITY PRESCHOOL, AND DEVELOPMENTAL SUPPORT. IN ADDITION, 41,000 YOUTH RECEIVED EDUCATIONAL SERVICES FROM ONE WORLD MEMBER ORGANIZATIONS, DESPITE MANY OF OUR GRASSROOTS ORGANIZATIONS ENDURING THE WORLD'S LONGEST SCHOOL CLOSURES DUE TO THE PANDEMIC.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE TAX RETURN IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM. AFTER COMPLETION OF SAID RETURNS, THE ORGANIZATION IS SENT A DRAFT OF THE TAX RETURNS TO BE REVIEWED AND EXAMINED. THE ORGANIZATION DISTRIBUTES COPIES OF THE RETURNS TO THOSE INDIVIDUALS CHARGED WITH GOVERNANCE. THOSE INDIVIDUALS AT THAT TIME CAN REVIEW AND IF APPLICABLE DISCUSS ANY LINE ITEMS IN THE RETURN WITH THE ACCOUNTANT WHO HAS PREPARED THE RETURN. IF ALL ITEMS ARE FOUND TO BE ACCEPTABLE, AN AUTHORIZATION IS SIGNED AND PROVIDED TO AUTHORIZE THE OUTSIDE ACCOUNTING FIRM TO PROCESS, SIGN AND PROVIDE COPIES OF THE RETURNS TO BE FILED (PAPER OR ELECTRONICALLY) WITH THE DESIGNATED

ONE WORLD CHILDREN'S FUND

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS (CONTINUED)

GOVERNMENTAL AGENCIES. THE TAX RETURNS ARE THEN SIGNED BY THE ORGANIZATION, STAMPED AND MAILED WITH CERTIFIED RETURN RECEIPT OR THE SIGNED FORM 8879 IS PROVIDED TO THE OUTSIDE ACCOUNTING FIRM ALLOWING ELECTRONIC FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE CONFLICT OF INTEREST POLICY IS BEING MONITORED BY ANNUAL DISCLOSURES. BECAUSE NO
CONFLICT WAS IDENTIFIED DURING THE TAX YEAR, NO ADDITIONAL ENFORCEMENT ACTIONS WERE
NECESSARY. THE BOARD AND THE STAFF ARE TRAINED ON HOW TO IDENTIFY AND ADDRESS
CONFLICTS OF INTEREST IN ACCORDANCE WITH THE ORGANIZATION'S POLICIES. ALL BOARD
MEMBERS AND KEY EMPLOYEES MUST SIGN THE CONFLICT OF INTEREST POLICY UPON JOINING THE
ORGANIZATION AND AGAIN ANNUALLY, ALONG WITH AN ANNUAL SIGNING OF A DISCLOSURE FORM
RELATED TO ACTUAL AND POTENTIAL CONFLICTS. WE MONITOR FOR POTENTIAL CONFLICTS ON AN
ONGOING BASIS AND AT BOARD MEETINGS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT
THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS SALARY COMPENSATION SURVEYS UPON
SETTING THE COMPENSATION OF KEY EMPLOYEES AND BEFORE MAKING ANY SIGNIFICANT CHANGES
TO KEY EMPLOYEE COMPENSATION. THE EXECUTIVE COMMITTEE REPORTS THEIR FINDINGS TO THE
BOARD. THE FULL BOARD REVIEWS THE COMPENSATION OF KEY EMPLOYEES IN THE PROCESS OF
APPROVING THE ORGANIZATION'S ANNUAL BUDGET.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE HIGHLY-PAID AND KEY EMPLOYEES'

ANNUAL SALARIES FOR PERFORMANCE AND INDUSTRY NORMS.

FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION
FEDERAL TAX RETURNS ARE AVAILABLE AT GUIDESTAR.ORG. AND CHARITYNAVIGATOR.ORG.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION AT THE PRINCIPAL PLACE OF

BUSINESS.

Schedule O (Form 990) 2021 Page 2

Name of the organization	Employer identification number		
ONE WORLD CHILDREN'S FUND	77-0479205		

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE (CONTINUED)

THE CONFLICT OF INTEREST POLICY AND THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.