(Rev January 2020) Department of the Treasury Internal Revenue Service

932001 01-20-20

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047

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 Do not enter social security numbers on this form as it may be made publication. Go to www.irs.gov/Form990 for instructions and the latest information. 	$\Delta \Omega$

Open to Public Inspection

	A F	or the	2019 calendar year, or tax year beginning J	UL 1, 2019 and endir	g JUN	30, 2020								
3	Вс	heck if	C Name of organization		D Er	mployer identificat	tion number							
	ap	oplicable												
		Addres	S ONESCHOOL GLOBAL NA											
名がい	X	Name change				20-0930293	3							
(1		Initial return	Number and street (or P.O. box if mail is not del	ivered to street address) Room		lephone number								
	二	Final	100 CHALLENGER RD	114			-8088							
¥ A A M A	ш	/return -termin	City or town, state or province, country, and			oss receipts \$	8,489,304.							
		ated Amend		7660	<u> </u>	ls this a group retu								
3	\vdash	⊒return ∏Applica			1	for subordinates?	 ☐Yes X No							
 176	_	Jtión pendin	a	E WARRIDOW	(Are all subordinates inclu								
2022			SAME AS C ABOVE		<u>₹</u>		t (see instructions)							
S	1 1	ax-exe	mpt status X 501(c)(3) 501(c)() e: ► WWW.ONESCHOOL GLOBAL.C			•	•							
							State of legal domicile: TN							
ī				Sociation Other	. Year ULIUTHIA	ation. 2004 N 3	tate of legal domicile. 114							
į	Part I Summary 1 Briefly describe the organization's mission or most significant activities PROVIDE SUPPORT FOR AND DEVEL													
1	9	1 !	Briefly describe the organization's mission or most CURRICULUM FOR THE ESTABL	TCUMENT AND ODERATE	TON OF	VI LOV WIN	SCHUUT'S							
y	Governance													
_\	/eri	2	Check this box if the organization discondumber of voting members of the governing body	(Bort VI line 1e)	/FD	276 01 113 1161 2336	7							
∿`	,ģ				<u>v L.D</u>	4	6							
	જ		Numbor of indopondent voting members of the go Total number of individuals employed in calendar y		2021	5	18							
	ties			Veal 2019 (Fait Me 2all (L Z 6	£021 10	6	75							
	Activities &		Fotal number of volunteers (estimate if necessary)	dump (C) line 1	S	7a	0.							
	Ac		Total unrelated business revenue from Part VIII, co	1 ()(-))LN	UT	7a 7b	0.							
-		b	Net unrelated business taxable income from Form	990-1, line 39		ior Year	Current Year							
			Sentularities and exerts (Bort VIII line 1h)			012,954.	8,459,385.							
	e n		Contributions and grants (Part VIII, line 1h)		4/	0.	0,435,303.							
	Revenue		Program service revenue (Part VIII, line 2g)	and 7d)	-	10,576.	10,284.							
	Re		nvestment income (Part VIII, column (A), lines 3, 4			10,831.	19,635.							
			Other revenue (Part VIII, column (A), lines 5, 6d, 8c		1	034,361.	8,489,304.							
			Total revenue - add lines 8 through 11 (must equal			354,041.	4,766,509.							
			Grants and similar amounts paid (Part IX, column (0.	0.							
			Benefits paid to or for members (Part IX, column (A		1	193,859.	1,637,532.							
	Expenses		Salaries, other compensation, employee benefits (<u> </u>	0.	0.							
	en .		Professional fundraising fees (Part IX, column (A), I											
J	Ä		Fotal fundraising expenses (Part IX, column (D), lin			832,856.	1,328,954.							
ب			Other expenses (Part IX, column (A), lines 11a-11d			380,756.	7,732,995.							
ر د			Fotal expenses Add lines 13-17 (must equal Part I			653,605.	756,309.							
ט י	- X	19	Revenue less expenses Subtract line 18 from line	12		of Current Year	End of Year							
	Assets or Balances	20	Fotal assets (Part X, line 16)			391,331.	3,343,138.							
O .	Ball		Fotal liabilities (Part X, line 16)			775,617.	1,971,115.							
	Fund		,	line 20		615,714.	1,372,023.							
j (rt II	Net assets or fund balances Subtract line 21 from Signature Block	Time 20		010,7111	<u> </u>							
_ 1			ties of perjury, I declare that I have examined this return,	including accompanying schedules and	statements an	nd to the hest of my k	nowledge and belief, it is							
			;, and complete. Declaration of preparer (other than office				novilougo ana bollot, k lo							
1	uu,	COLLEC	1 1.11	is j is based on air information of which pr	cparer nas an	7-20	7.21							
•	o:	_	Signature of officer			Date								
	Sign	i	LUKE WARRILOW, TREASUR	FR										
	Here	ت 	Type or print name and title											
			<u> </u>	Preparer's signature	Date	Check	PTIN							
ī	Paid		Print/Type preparer's name DAVID M. FAJE	New 700	7-19-7	2021 If self-employed	P00031371							
		arer	Firm's name WARADY & DAVIS L	T.P	<u></u>		6-2170602							
11		Only	Firm's address 1717 DEERFIELD R			5 2								
1	0 16	Unity	DEERFIELD, IL 60			Phone no (84	7)267-9600							
O	110	the IF	IS discuss this return with the preparer shown abo			17 110110 110 1 0 1	X Yes No							
•			1 HA For Paperwork Reduction Act Notice				Fprm 990 (2019)							

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019) ONESCHOOL GLOBAL NA
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1.	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			_
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			_==
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	ĺ	[l
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
_	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>	X	
О	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	146		х
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	<u>11</u> b		<u> </u>
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45	x	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10	71	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u></u> -
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	\mathbf{x}_{\perp}	

Form **990** (2019)

Part	: IV	Checklist of	f 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		17	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
274	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		_X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	x	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b		Α.
С	"Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part 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	24	х	
05-	Part V, line 1	34 35a	Λ	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- UJA		
IJ	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
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	Na
_ و	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		162	No
_	The state of the s			
b	Delta control of the second with body and before make for speciable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c		
03200	4.01-20-20	Form	990 ((2019)

orm Par	990 (2019) ONESCHOOL GLOBAL NA 20 – 0 9 3 0 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	<u> 293</u>	Р	• age∃
rai	TV Statements Regarding Other INS Filings and Tax Compliance (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NI-
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No
Za	filed for the calendar year ending with or within the year covered by this return 2a 18		1	
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	1		1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5а		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a) }	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			j
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a_		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	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			
	Section 501(c)(12) organizations. Enter		ĺ	
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	,	ŀ	
b	amounts due or received from them)		i	
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a]	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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	.50		
	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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			

Form 990 (2019)

X

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

excess parachute payment(s) during the year?

If "Yes," complete Form 4720, Schedule O

If "Yes," see instructions and file Form 4720, Schedule N $\,$

Form 990 (2019) ONESCHOOL GLOBAL NA 20-0930293 Page
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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 7			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5_		<u>X</u>
6	Did the organization have members or stockholders?	_6_		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_	., l	
h	more members of the governing body? Are any appropriate decisions of the arganization reconsidety (or subject to approved by) members, steel/helders, or	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	76		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			 -
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u>1</u> 1a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	, , , ,	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		.,	
40	In Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	13	X	
14 15	Did the process for determining compensation of the following persons include a review and approval by independent	14	X	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		x
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		ľ	
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		ļ	
	exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3):	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so how) the organization made its governing documents, conflict of interest policy, and	l finan	cıal	
00	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	<u>JONATHAN RAILTON, ONESCHOOL GLOBAL NA - (908) 674-8088</u> 100 CHALLENGER ROAD, SUITE 114, RIDGEFIELD PARK, NJ 07660			
	TOO CHADDEMOEK KORD, DOTTE ILE, KIDGEFIEDD FARK, NO 0/000	Form	990 (2010)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations See instructions for the order in which to list the persons above

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

(A) Name and title	(B) Average		not c	Pos heck	more	than		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any	offi	, unle cer an					compensation from the	compensation from related organizations	amount of other compensation
	hours for related organizations below	Individual trustee or director	institutional trustee	_	Key employee	Highest compensated employee) b	organization (W 2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
	line)	Mpul	Instit	Officer	Key e	Hgha Page	Г огтег			
(1) LUKE WARRILOW	20.00									_
PRESIDENT/COO		X		X	<u></u> .			39,420.	0.	0.
(2) RUSSELL FAWKES	5.00									
DIRECTOR		X				Ĺ		0.	0.	0.
(2) JOHN REID	5.00									
PRESIDENT THROUGH 12/19		X		X				0.	0.	0.
(3) BRAD DREVER	5.00									
VICE PRESIDENT		X		X				0.	0.	0.
(4) MICHAEL STRANGE	10.00									
VICE PRESIDENT THROUGH 12/19		X		X				0.	0.	0.
(5) RONALD COWIE	10.00							_	_	_
SECRETARY/TREASURER ,		X		X			_	0.	0.	0.
(6) JOHN DIPLOCK	10.00							_	_	_
SECRETARY/TREASURER THROUGH 12/19		X		X		<u> </u>		0.	0.	0.
(7) GILBERT EMTAGE	5.00							_	_	_
DIRECTOR		X						0.	0.	0.
(8) STEVE LOGAN	5.00							_	_	
DIRECTOR		X						0.	0.	<u> </u>
(9) HOWARD SCOTT	5.00							_	_	
DIRECTOR		X						0.	0.	0.
(10) TREVOR MORNAN	10.00							_		_
DIRECTOR		X						0.	0.	<u> </u>
(11) RODNEY DIPLOCK	5.00							_		
DIRECTOR THROUGH 12/19		X						0.	0.	0.
(12) JONATHON BORYS	40.00					ļ		404 000		
EDUCATIONAL DIRECTOR	<u> </u>				X			191,969.	0.	28,362.
(13) JONATHAN RAILTON	40.00							4.5		
GENERAL MANAGER					X			165,000.	0.	<u>3,979.</u>
(14) CHARLES YOUNG	40.00							4.74 00-	_	00 455
INFORMATION TECHNOLOGY DIR	40.00					X		171,007.	0.	28,176.
(15) KELLY BALTES	40.00							444 505	_	
HUMAN RESOURCES DIRECTOR	40 00					Х		114,500.	0.	7,263.
(16) DANIEL LAGRONE	40.00							100 10-	_	•
EDUCATIONAL DIRECTOR	<u> </u>					X	<u> </u>	103,125.	0.	0. Form 990 (2019)

932007 01-20-20

Form 990 (2019)

Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	<u>d Hi</u>	ghe	st (Compensated Employe	es (continued)				
(A)	(B)			((C)			(D)	(E)			(F)	
Name and title	Average	(40	Position (do not check more than one		one	Reportable	le Reportable		le Estimate		ed		
	hours per	box,	box, unless person is both an officer and a director/trustee)			compensati	on	ar	nount	of			
	week		cer an	io a o	irecia	orrirus	iee)	T """	from relate			other	
	(list any hours for	recto	[` the	organization		1	pensa	
	related	eord	iee			sated		organization (W-2/1099-MISC)	(W·2/1099-MI	30)	l	rom th janizat	
	organizations	truste	altrus	l	yee	mper		(** 27 1000 (***1000)				d rela	
	below	Individual trustee or director	institutional trustee	, a	Key employee	est co Toyee	 =				1	anızat	
	line)	ind,	Instr	Office	Key	Highest compensated employee	File					_	
											ļ		
					<u> </u>								
					ļ								
							ĺ						
							_						
							l	1					
							_						
							<u> </u>						
]						
								505 004					
1b Subtotal						İ		785,021.		0.	6	7,7	
c Total from continuation sheets to Part VI	I, Section A							0.		0.			<u>0.</u>
d Total (add lines 1b and 1c)								785,021.		0.	6	7,7	80.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wr	no re	eceived more than \$100	,000 of reportab	le			_
compensation from the organization						-						V	<u>5</u>
										ı		Yes	No
3 Did the organization list any former officer,		ee, k	ey e	mpl	oye	e, or	hig	nest compensated emp	oloyee on		_		7,7
line 1a? If "Yes," complete Schedule J for si											3		X
4 For any individual listed on line 1a, is the su	•							· ·	tne organization			v	
and related organizations greater than \$150			•						-l -l f a		_4_	X	
5 Did any person listed on line 1a receive or a	•						eiai	ed organization or indivi	dual for services	'	_		v
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scheaule	JIC	or su	icn į	oers	on					5		<u> X</u>
				n t o	- ntr			hat received more than	\$100,000 of oor		ation f		
Complete this table for your five highest counties or the organization. Report compensation for the organization.	=	-								iheus	alioni	TOITI	
	me calendar ye	ear e	HOI	ig w	/ILIT C	יאי זכ	101111		/ear			••	
(A) Name and business	address							(B) Description of s	ervices	С	(C ompe		n
SEVEN SERVER SOLUTIONS, 8		7 TO T	ים	$\overline{\mathbf{n}}$	DT	<u> </u>	_	HOSTING AND					
STE 15, CHESTERLAND, OH		. г т	. C. L	ענ	ΚL	,	- 1	SUPPORT	**		20	3, <u>9</u>	62
RODGER JACOBSON	14020							OUTSOURCED F	TNANCTAL		_23	<u>, , , , , , , , , , , , , , , , , , , </u>	02.
	HESDA, M	m	2 0	81	6			ADVISOR	THUMCTUM		26	4,0	10
RJ TECHNOLOGIES	IESUM, M	עני	20	, U I	<u>. u</u>			HOSTING AND			20	1 , U	<u> </u>
PO BOX 650, PARRISH, FL 3	2/219						- 1	SUPPORT			16	7,6	67
FO BOY 630' BUKKTOU' LT 3	74417						᠆᠊ᢪ	DOLLOWI			ΤΩ	,, 0	<u> </u>

Form 990 (2019)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization_

			Check if Schedule O contains a response	or note to any li	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
s, G		С	Fundraising events 1c		1			
Sift lar /			Related organizations 1d		1			
imi			Government grants (contributions) 1e	79,633.]	_		•
tion r S		f	All other contributions, gifts, grants, and		·			, i
the				379,752.		•		
d O		g	Noncash contributions included in lines 1a-1f 1g \$					
<u>a</u>		h	Total. Add lines 1a-1f		8,459,385.			
				Business Code		ļ		
ဗွ	2	а						
ervi		b						
n Si		С						
Rev		d						
Program Service Revenue		е						
٦			All other program service revenue	L.—				
		g	Total. Add lines 2a-2f	_		- ·		
	3		Investment income (including dividends, inter	_	10 204			10 004
l			other similar amounts)		10,284.			10,284.
	4		Income from investment of tax-exempt bond p	proceeds -		<u></u>		
	5		Royalties (i) Real	(ii) Personal				
	_	_	_	(ii) i cisoriai	1			-
	6		Gross rents 6a Less rental expenses 6b	ļ ·	1			
			Rental income or (loss) 6c					
			Net rental income or (loss)	•				·
			Gross amount from sales of (i) Securities	(II) Other				
	•	.	assets other than inventory 7a					
	1	b	Less cost or other basis					
ne			and sales expenses 7b					,
Ven		С	Gain or (loss) 7c					
Re			Net gain or (loss)	>				
ther Revenue	8	а	Gross income from fundraising events (not					
ŏ			including \$ of					
-			contributions reported on line 1c) See					
			Part IV, line 18					
			Less direct expenses 8b					
			Net income or (loss) from fundraising events					 ,
	9	а	Gross income from gaming activities See					,
			Part IV, line 19					
			Less direct expenses 9b			 		
ı			Net income or (loss) from gaming activities			-		
	10 (а	Gross sales of inventory, less returns	`				I
		_	and allowances 10a	† 				
			Less cost of goods sold Net income or (loss) from sales of inventory					
-		<u>. </u>	Net income or (loss) from sales of inventory	Business Code				
sno	11 -	a	MISCELLANEOUS	900099	19,635.	19,635.		
ne		a b	MIDCENDANEOUD					
ela Se la		C						· · · · · · · · ·
Miscellaneous Revenue			All other revenue					
≥			Total. Add lines 11a-11d	▶	19,635.			
	12		Total revenue See instructions		8,489,304.	19,635.	0.	10,284.
								000

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

Do	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	4 510 001	4 510 001		
_	and domestic governments See Part IV, line 21	4,512,221.	4,512,221.		·
2	Grants and other assistance to domestic	204 227	204 027		
_	individuals See Part IV, line 22	204,037.	204,037.		
3	Grants and other assistance to foreign			1	
	organizations, foreign governments, and foreign	F0 0F1	E0 0E1		
	individuals See Part IV, lines 15 and 16	50,251.	50,251.		 _
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	164 721	160 656	202 075	
_	trustees, and key employees	464,731.	162,656.	302,075.	
6	Compensation not included above to disqualified	1	1		
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	074 500	206 075	E C O A O E	
7	Other salaries and wages	874,500.	306,075.	568,425.	
8	Pension plan accruals and contributions (include	22 070	0 257	15 501	
_	section 401(k) and 403(b) employer contributions)	23,878.	8,357. 65,275.	15,521. 121,224.	
9	Other employee benefits	186,499.			
10	Payroll taxes	87,924.	30,774.	57,150.	
11	Fees for services (nonemployees)	160 105	ı	160 105	
	Management	160,105.		160,105.	 _
b	Legal	18,966.		18,966.	
С.	Accounting	28,403.		28,403.	·
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17		·		
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	001 070	20 766	251 204	
	column (A) amount, list line 11g expenses on Sch O.)	281,070.	29,766.	251,304.	
12	Advertising and promotion	30 000	10 404	10 725	
13	Office expenses	32,229.	12,494.	19,735.	
14	Information technology				
15	Royalties	06 505	20 077	F.C. 200	
16	Occupancy	86,505.	30,277.	56,228.	
17	Travel	168,251.	168,251.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		F2 FC2	2 101	
19	Conferences, conventions, and meetings	55,754.	53,563.	2,191.	
20	Interest				
21	Payments to affiliates	224 017	117 221	217 606	
22	Depreciation, depletion, and amortization	334,917. 28,448.	117,221.	217,696. 28,448.	
23	Insurance Charge expenses not covered	40,440.		40,440.	
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.)				
а	CURRICULUM AND TESTING	48,133.	48,133.		
	SUBSCRIPTIONS & MEMBERS	37,565.	22,348.	15,217.	
С	STAFF TRAINING & DEVELO	20,723.	20,723.		
d	COMPUTER & VC LINE EXPE	16,458.	16,458.		
е	All other expenses	11,427.	1,843.	9,584.	
25_	Total functional expenses Add lines 1 through 24e	7,732,995.	5,860,723.	1,872,272.	0
 26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined	}	1		
	educational campaign and fundraising solicitation.				
	<u> </u>				

		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash · non-interest-bearing	1,096,582.	1	2,000,691.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	507,336.	4	685,270.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	}	5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	·
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ğ	9	Prepaid expenses and deferred charges	174,314.	9	106,273.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 4,394,801.			
	b	Less accumulated depreciation 10b 4,347,549.	337,901.	10c	47,252.
	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	275,198.	15	503,652.
	_16	Total assets. Add lines 1 through 15 (must equal line 33)	2,391,331.	16	3,343,138.
	17	Accounts payable and accrued expenses	266,297.	17	461,795.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20_	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons	1,500,000.	22	1,500,000.
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D	9,320.	25	9,320.
	26	Total liabilities. Add lines 17 through 25	1,775,617.	26	1,971,115.
(n		Organizations that follow FASB ASC 958, check here			
če		and complete lines 27, 28, 32, and 33.			
ılar	27	Net assets without donor restrictions		27	
I B	28	Net assets with donor restrictions		28	
ŭ,		Organizations that do not follow FASB ASC 958, check here X			
r F		and complete lines 29 through 33.			
ts	29	Capital stock or trust principal, or current funds	0.	29	<u> </u>
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
t A	31	Retained earnings, endowment, accumulated income, or other funds	615,714.	31	1,372,023.
Š	32	Total net assets or fund balances	615,714.	32	1,372,023.
	33	Total liabilities and net assets/fund balances	2,391,331.	33_	3,343,138.
					Form 990 (2019)

					•
	n 990 (2019) ONESCHOOL GLOBAL NA	20-093	<u> 30293</u>	Pag	_{7e} 12
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI			_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,489		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,732		
3	Revenue less expenses Subtract line 2 from line 1	3			<u>09.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	615	, 7	<u> 14.</u>
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	<u>1,37</u> 2	0:	<u>23.</u>
<u>Pa</u>	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C			Yes	No
2a		,	2a	1	х
24	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	00.0	20	-+	
	separate basis, consolidated basis, or both	ла			
b	Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,		1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audıt			
	Act and OMB Circular A·133?		3a	[<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

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 1545-004

Inspection

Name of the organization Employer identification number 20-0930293 ONESCHOOL GLOBAL NA 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) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R 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 university 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in 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. I 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) ALDERBROOK SCHOOL, INC. 20-11746<u>4</u>1 Х <u> 267,633</u>. 25,427. ANCHOR EDUCATION, 2 X 12,490. 151,948. INC 20-1120887 BEACON SCHOLASTIC. 2 20-1174565 X 63,678 4,461. INC. BURN BRAE EDUCATION 20-1121287 2 X 0 0. INC. CEDAR CREEK SCHOOL 2 15,613. X 185,403 20-1121243 INC. 4,176,764.

Schedule A (Form 990 or 990-EZ) 2019 ONESCHOOL GLOBAL NA 20-0930: 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)

Se	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(4),== 10	197-3-3	197==-		/	(1) (012)
	membership fees received (Do not				/	1	
	include any "unusual grants ")]]	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		,				
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to			_	1]	
	the organization without charge]	
4	Total. Add lines 1 through 3						
5	The portion of total contributions	7					
-	by each person (other than a	\					
	governmental unit or publicly						
	supported organization) included		1 \				
	on line 1 that exceeds 2% of the			/		1	
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4		X				
	ction B. Total Support			<u> </u>			·
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4						
8	Gross income from interest,		/				
	dividends, payments received on			\			
	securities loans, rents, royalties,			\			
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			\			
10	Other income Do not include gain		-	1			
	or loss from the sale of capital	/		\			
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc (see instruction	ons)		1	12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2019 (line 6, column (f) di	ivided by line 11, o	column (f))	,	14	%
	Public support percentage from 2018					_15	%
16a	33 1/3% support test - 2019. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			
k	33 1/3% support test - 2018. If the o	organization did no	ot check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶∟⊥
17a	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not d	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	i <mark>ere.</mark> Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a	publicly supported	dorganization		
t	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test	The organization of	qualifies as a public	cly supported orga	anization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ind see instructions	s ▶ □
					Sche	dule A (Form 990	or 990-EZ) 2019

(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 I	oelow, please comp	plete Part II)				<u> </u>
Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not		ĺ				
	include any "unusual grants ")		1				
	Gross receipts from admissions,				 	///	
	merchandise sold or services per-		1	}			
	formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose			 	+	1	
3	Gross receipts from activities that			Ĭ			
	are not an unrelated trade or bus-	\	Į				
	iness under section 513		<u> </u>		 	<u> </u>	
4	Tax revenues levied for the organ-		\				
	ization's benefit and either paid to						
	or expended on its behalf		\				
5	The value of services or facilities		1				
	furnished by a governmental unit to		\		1	1	
	the organization without charge		\				
	Total. Add lines 1 through 5				 		
	Amounts included on lines 1, 2, and	<u> </u>		/		 	
			\				
	3 received from disqualified persons		 		 		
	Amounts included on lines 2 and 3 received from other than disqualified persons that			1			
	exceed the greater of \$5,000 or 1% of the	ļ					
	amount on line 13 for the year				 		
С	Add lines 7a and 7b			<u> </u>			
	Public support. (Subtract line 7c from line 6)	L			<u> </u>	l	
<u>Sec</u>	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015 /	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						<u> </u>
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources			\ \ \			
		-/			\		
	Unrelated business taxable income	/ !		ĺ			
	(less section 511 taxes) from businesses	1		i			
	acquired after June 30, 1975						
	Add lines 10a and 10b					 	
	Net income from unrelated business					-	
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
	Other income Do not include gain		-				
	or loss from the sale of capital]]	
	assets (Explain in Part VI) Total support (Add lines 8, 10c, 11, and 12)				T	 	
	First five years. If the Form 990 is fo	r the organization's	s first second this	d fourth or fifth t	ax vear as a section	nn 501(c)(3) organiza	tion
	•	r tric organization s	3 m3t, 3600ma, tim	a, 1001111, 01 1111111	ax year as a seeme	on our (c)(o) organiza	on,
	check this box and stop here tion C. Computation of Publ	ic Support Po	rcentage			 	
						T-5	
	Public support percentage for 2019 (, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	column (i))		15	<u>%</u>
	Public support percentage from 2018				·	16	
	tion D. Computation of Inve						
17	Investment income percentage for 20)19 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2018 Schedule A, l	Part III, line 17			18	%
19a	33 1/3% support tests - 2019. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 17	' is not
	more than 33 1/3%, check this box a						ightharpoons
	33 1/3% support tests - 2018. If the	·					nd
	line 18 is not more than 33 1/3%, che	-					
	Private foundation. If the organization						
	on as to	did not offect a	207 QIT III 10 14, 13	a, or roo _r oneon th		edule A (Form 990)	or 000 E7) 2019

Part IV | Supporting Organizations

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

Sec	tion 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	Х	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2	i -	Х
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
-	(b) and (c) below	3a		Х
h	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	-	
	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	3с		
42	Was any supported organization not organized in the United States ("foreign supported organization")? If	- 55	_	
40	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		х
	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
U	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
_	Did the organization support any foreign supported organization that does not have an IRS determination			
C	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)			
		4c	-	
5 0	purposes Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
Ja	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			1
	was accomplished (such as by amendment to the organizing document)	5a		x
_	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		
D	designated in the organization's organizing document?	5b		
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
6	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		x
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
0	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		х
Qa	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
Ja	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		x_
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
Ü	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	'	Х
_	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			_ -
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		Х
10-	Was the organization subject to the excess business holdings rules of section 4943 because of section			<u> </u>
ıva	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			ļ
	supporting organizations)? If "Yes," answer 10b below	10a		X
L	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	.50		<u> </u>
Ü	determine whether the organization had excess business holdings)	10b		
	gotonimio mionio, nio digamenti nad antices accinete neigliga /			

trustees of each of the supported organizations? *Provide details in* **Part VI.**b. Did the organization exercise a substantial degree of direction over the policies, programs, and a

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

Parent of Supported Organizations Answer (a) and (b) below.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2019

За

em	lergency temporary reduction (see instructions)	0	
	Check here if the current year is the organization's first as a no	on-functionally integrated Type II	I supporting organization (see
	instructions)	•	

Schedule A (Form 990 or 990-EZ) 2019

6

7

4

5

Enter greater of line 2 or line 3

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2019

a Applied to underdistributions of prior years
 b Applied to 2019 distributable amount
 c Remainder Subtract lines 4a and 4b from 4

Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2. For result greater

Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

than zero, explain in Part VI. See instructions

7 Excess distributions carryover to 2020. Add lines 3)

Part VI See instructions

and 4c

8 Breakdown of line 7

a Excess from 2015

b Excess from 2016

c Excess from 2017

d Excess from 2018

e Excess from 2019

			`
20-	naa	えいりなえ	Dage 9

Schedule A (Form 990 or 990-EZ) Part VI Supplemental Info	ONESCHOOL	GLOBAL NA	ormation re	enarding si	20 – 0	930293 Page 8
(i) Name of supported	(n) EIN	(iii) Type of organization	(iv) is the c	rganization	(v) Amount of monetary	(vi) Amount of
organization	(11/ 2.11	(described on lines 1-10	listed	n vour	support	other support
5.ga241611		above)		document?	1	оттог зарроге
			Yes	No		
CHARTER OAK				1	-	
EDUCATION, INC.	20-1121339	2	Х		96,600.	5,353.
CLEARVIEW EDUCATION			 		30/0001	
		•			00 651	5 252
INC.	21-1121877	2	<u> </u>		93,651.	5,353.
BRIDGEWOOD	[
EDUCATION, INC.	20-1120448	2	X		130,210.	12,044.
EAGLE ACADEMY OF						
	77 0627000	2	x		300 360	22 110
COLUMBUS	77-0627889	۷	<u> </u>		300,269.	32,118.
EAGLE CREST ACADEMY						
INC.	20-1101477	2	X		114,454.	7,137.
EXTENOUND EDUCATION	04 2762411	2	х		245 220	10 200
FAIRMOUNT EDUCATION	04-3/62411		 ^ _		345,329.	<u>18,290.</u>
			Ì			
FRONTIER EDUCATION	20-1174927	2	X		129,320.	<u>8,476.</u>
OAKMONT EDUCATION	62-1635907	2	x		174,551.	14,721.
	02-1033307		 ^ _		1/4,551.	14,141.
OAK RIDGE COUNTRY			1			
SCHOOL	52-1898880	2	X		188,810.	16,505.
PRAIRIE LAKE SCHOOL	36-1199095	7	х		197,855.	12,044.
	30-4177073	· · · · · · · · · · · · · · · · · · ·	- 11 -	-	101,000.	12,044.
REDWOOD EDUCATION,	<u> </u>	_				
INC.	20-1111987	2	X		165,128.	8,476.
ROCKY MOUNTAIN	1		1	(
EDUCATION	20-1122055	2	X		73,356.	2,677.
	20-1122055		<u> </u>			2,011.
SOUND VIEW						
EDUCATION, INC,	20-1122093	2	X		116,102.	6,691.
VESTWOOD EDUCATION,	84-1627832	2	X		130,335.	15,167.
VEDIMOOD EDUCATION,	04 102/032				130,333.	13,101.
		•			450 405	40 005
	20-1174470	2	<u> </u>		162,436.	12,937.
AGASSIZ EDUCATION,			}			
INC.	20-1120851	2		Х	232,604.	25,873.
PASCACK VALLEY		-				
	CC 240CE11	2		\ \ \	E30 0E2	E1 74C
LEARNING CENTER	56-2496511	2		Х	530,052.	<u>51,746.</u>
THE PLATINUM ARCH						
CHARITABLE TRUST	20-6167123	2		X	0.	0.
LAKESIDE ALPHA,						
	20-1118247	2		x	327,040.	21,858.
INC.	20-1110241	4	 		321,040.	21,030.
	 		 			
			<u> </u>			
		······································				
	·]			
			 			·
			<u> </u>			
	1		[
Continuation Totals					3,508,102.	277,466.
932401 04-01-19	<u> </u>					Form 990 or 990-EZ)
122 AD 3 DA 04 40					SCREAULD A	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number Name of the organization

	ONESCHOOL GLOBAL N	A Funda on Other Similar Funda on /	20-0930293
Pa			ACCOUNTS. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		4) F
		(a) Donor advised funds	(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 advisors in		
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	
D	impermissible private benefit?	1 10 4 - 11 - 2 - 5 - 2 - 200 B- 4 10	Yes No
Pai			/, line /
1	Purpose(s) of conservation easements held by the organizat		II A A l A A
	Preservation of land for public use (for example, recrea	· —	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	tied conservation contribution in the form of a c	1 1
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	* *	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
_	listed in the National Register	I and a standard and an arrangement of the standard by the same	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the organ	nization during the tax
_	year	nament is leasted	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
0	Start and volunteer flours devoted to morntoning, inspecting,	Transing of Violations, and officing consolvat	ion outsinents during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	asements during the year
•	▶ \$,,
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(l	B)(ı)
-	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense state	ment and
	balance sheet, and include, if applicable, the text of the footi		
	organization's accounting for conservation easements		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and balanc	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherance	ce of public service,
	provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2019

932051 10-02-19

		OL GLOBAL		torical Tr		ar Othar			30293	
										ea)
3	Using the organization's acquisition, access	ion, and other recor	as, cned	ck any or the	rollowing th	at make sig	nıncanı	use of its	•	
_	collection items (check all that apply) Public exhibition		<u>.</u>	l oon or ove	hongo progr					
a			ď	1	hange progr	am				
ь	Scholarly research	•	е	Other						
c	Preservation for future generations									
4	Provide a description of the organization's c							ose in Par	t XIII	
5	During the year, did the organization solicit of	or receive donations	of art, h	nistorical trea	sures, or oth	ner sımılar a	ssets	_	_	_
	to be sold to raise funds rather than to be m								Yes	No_
Pa	rt IV Escrow and Custodial Arran		lete if th	e organizatio	n answered	"Yes" on F	orm 990), Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	ian or other interme	diary foi	contribution	s or other a	ssets not in	cluded			
	on Form 990, Part X?								Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table						
		,					\bigcap		Amount	
c	Beginning balance						1c			
d	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F	orm 000 Part V line	21 for	ACCION OF C	ictodial acci	ount liability			Yes	□ No
	If "Yes," explain the arrangement in Part XIII					-	•	L	_ 162	
	rt V Endowment Funds. Complete									<u> </u>
[· a	Endownient Funds. Complete						Throck	oore book	(a) Faur u	nara baalı
_		(a) Current year	(0)	Prior year	(c) Two yea	rs back (d) Triree y	ears back	(e) Four y	ears back
1a	Beginning of year balance	 -	 							
b	Contributions		ļ							
C	Net investment earnings, gains, and losses									
d	Grants or scholarships	<u> </u>								
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur-	rent year end baland	ce (line 1	lg, column (a	ı)) held as					
а	Board designated or quasi-endowment	•	%							
ь	Permanent endowment	%	_							
c	Term endowment	 %								
_	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
3a	Are there endowment funds not in the posse	•	ation th	at are held a	nd administe	ered for the	organiz	ation		
	by								V	es No
	(i) Unrelated organizations								3a(i)	00 110
	(ii) Related organizations									 -
	• •			Sahadula DO					3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza	•							3b	
P21	t VI Land, Buildings, and Equipm		owment	iunus						
I ai			O Dowl I	V line 11e C	'aa Earm 000	Dort V Ive	- 10			
—	Complete if the organization answere		_	T						
	Description of property	(a) Cost or o		(b) Cost		(c) Accu		a	(d) Book v	alue
		basis (investr	nent)	basis	(otner)	aepre	ciation			
	Land	<u> </u>								
b	Buildings	<u> </u>		5	7,337.	5	57,33	37.		0.
C	Leasehold improvements		_	<u> </u>						
d	Equipment				9,721.	3,86				<u>.908.</u>
e	Other	_		45	<u>7,743.</u>	42	25,39	99.		344.
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colui	mn (B), line 1	0c)				47	<u>.252.</u>

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 ONESCHOOL GLOBAL NA	20-0930293 Page 3
Part VII Investments - Other Securities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12	
(a) Description of security or category (including name of security) (b) Book value (c) Method of valuation Cost of	r end-of-year market value
(1) Financial derivatives	
(2) Closely held equity interests	
(3) Other	
(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	
Part VIII Investments - Program Related.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13	
(a) Description of investment (b) Book value (c) Method of valuation Cost of	r end-of-year market value
(1)	
_(2)	
_(3)	
(4)	
(5)	
(6)	
(8)	
(9)	
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶	
Part IX Other Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15	th) Dealership
(a) Description	(b) Book value
(1) LOANS TO AFFILIATES	503,652.
(4)	
<u>(6)</u>	
(8)	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	▶ 503,652.
Part X Other Liabilities.	303,034.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, lin	ne 25
(a) Decomption of lightly	(b) Book value
1. (a) Description of hability (1) Federal income taxes	
(2) 401K AND PENSION PAYABLE	9,320.
	3,320.
(3) (4)	
(5)	
	
	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 9,320.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial stateme	

932053 10-02-19

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

Schedule D (Form 990) 2019

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public

Inspection

Employer identification number

ONESCHOOL GLOBA	L NA				20-09302	93
Part I General Info	rmation on A	Activities Ou	tside the United States. Comple	te if the organ	nization answered '	'Yes" on
Form 990, Part IV		·				
-	-		ds to substantiate the amount of its gra			
			the selection criteria used to award the			Yes No
2 For grantmakers. Description United States	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and o	ther assistance ou	tside the
			an be duplicated if additional space is r			
(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, pro- gram services, investments, grants to recipients located in the region)	is a pro describi	ovity listed in (d) agram service, a specific type a(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND						
THE CARIBBEAN -						
ANTIGUA & BARBUDA,	1		GRANTS (SCHOLARSHIPS) TO			
ARUBA, BAHAMAS,	0	0	INDIVIDUALS			0.
NORTH AMERICA -						
CANADA AND MEXICO,]]			
BUT NOT THE UNITED			GRANTS (SCHOLARSHIPS) TO			
STATES .	0	0	INDIVIDUALS			0.
· ·						
		li				
•						
•						
						
						ļ
						1
					-	-
	[}			1
						
3 a Subtotal	0	0				0.
b Total from continuation] .			1
sheets to Part I	0	0				<u> </u>
c Totals (add lines 3a						
and 3b)	0	0	<u> </u>			<u> </u>
LHA For Paperwork Reducti	ion Act Notice, s	see the instruc	tions for Form 990.		Schedule F	(Form 990) 2019

932071 10-12-19

20-0930293

Page 2

ONESCHOOL GLOBAL NA

Schedule F (Form 990) 2019

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 ·	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	EDUCATIONAL SUPPORT	15 000		c		
	-							
-								
2 Enter total number of by the IRS, or for which	recipient organization	ins listed above that are in	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS or for which the grantee or counsel has provided a section 504(eV) considered by the IRS.	foreign country,	recognized as tax-ex	empt		

Schedule F (Form 990) 2019_

3 Enter total number of other organizations or entities

ONESCHOOL GLOBAL NA

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 20-0930293 Schedule F (Form 990) 2019

Page 3

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance (b) Region	(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, RNV, other contracts)
TUITION PAID FOR STUDENTS TO ATTEND BUSINESS COURSES (SCHOLARSHIPS)	CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA ARUBA	26	8 810	TUITION REDUCTION	c	SCHOLARSHIP	Company and hood
TUITION PAID FOR STUDENTS TO ATTEND BUSINESS COURSES (SCHOLARSHIPS)	NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	79		TUITION REDUCTION	o	SCHOLARSHIP	COST OF CLASS
SUPPORTING STUDENTS IN THEIR	CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	0	0.		0		
SUPPORTING STUDENTS IN THEIR LEARNING ENVIRONMENT	NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	*0		.0		

Schedule F (Form 990) 2019_

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

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 ONESCHOOL GLOBAL NA	20-0930293	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (account	ting method, amounts of	
investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method)
(estimated number of recipients), as applicable. Also complete this part to provide any additional inform		
PART I, LINE 2:		
•	· ·	
THE ORGANIZATION SELECTED BRETHREN STUDENTS LOCATED IN OT	HER COUNTRIES	TO
RECEIVE SCHOLARSHIPS AND AMOUNTS WERE PAID DIRECTLY TO CO	LLEGE FOR	
TUITION, THUS THE ORGANIZATION IS AWARE OF HOW FUNDS HAVE	BEEN USED.	
	<u> </u>	
	•	
PART I, LINE 3:		
COST OF CLASS ATTENDED	··· ·	
		,
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	,	

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations.

SCHEDULE I		OMB No 1545-0047	₩
0000	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	2019	•
Department of the Treasury	Freasury ★ Attach to Form 990.	Open to Public	
nternal Revenue Service	Service ► Go to www.irs.gov/Form990 for the latest information.	Inspection	
Vame of the organization		Employer identification number	
	ONESCHOOL GLOBAL NA	20-030303	
Part I Ge	General Information on Grants and Assistance	0000000	-
1 Does the	Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection		
criteria L	criteria used to award the grants or assistance?	No.	

2 Describe in Part IV the organization's procedures for monitoring the u	ocedures for mon	toring the use of grant	ise of grant funds in the United States	d States			A Tes No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	Domestic Organ \$5,000 Part II car	izations and Domestin be duplicated if addit	c Governments. Co	omplete if the orgaled	ınızatıon answered "\	res" on Form 990, Parl	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AGASSIZ EDUCATION, INC. 532 PACIFIC AVENUE ST. ST. VINCENT, MN 56755	20-1120851	501 (C)3	232, 604,	25,873.	25,873,FAIR VALUE	VIRTUAL CLASSROOM EXPENSES	SUBSIDIZE SCHOOL EXPENSES FOR SUPPORTED ORGANIZATIONS.
ALDERBROOK SCHOOL, INC. 1050 EAST SQUARE LAKE BLOOMFIELD TOWNSHIP, MI 48304	20-1174641	501 (c)3	267,633.	25,427.0	427.FAIR VALUE	VIRTUAL CLASSROOM EXPENSES	SUBSIDIZE SCHOOL EXPENSES FOR SUPPORTED ORGANIZATIONS.
PASCACK VALLEY LEARNING CENTER 27 CHURCH ROAD AIRMONT, NY 10952	56-2496511	501 (c)3	530,052.	51,746.	746.FAIR VALUE	VIRTUAL CLASSROOM EXPENSES	SUBSIDIZE SCHOOL EXPENSES FOR SUPPORTED ORGANIZATIONS,
LAKESIDE ALPHA, INC. 985 EBNER DR. WEBSTER, NY 43004	20-1118247	501 (c)3	327,040,	21,858.)	858. FAIR VALUE	VIRTUAL CLASSROOM EXPENSES	SUBSIDIZE SCHOOL EXPENSES FOR SUPPORTED ORGANIZATIONS,
ANCHOR EDUCATION, INC 19234 LAKE CHABOT ROAD CASTRO VALLEY, CA 94546	20-1120887	501 (c)3	151,948.	12,490,1	PAIR VALUE	VIRTUAL CLASSROOM EXPENSES	SUBSIDIZE SCHOOL EXPENSES FOR SUPPORTED · ORGANIZATIONS,
BEACON SCHOLASTIC, INC. 315 UNIVERSITY DRIVE WESTWOOD, MA 02090	20-1174565	501 (c)3	63,678.	4,461.	4,461,FAIR VALUE	VIRTUAL CLASSROOM EXPENSES	SUBSIDIZE SCHOOL EXPENSES FOR SUPPORTED ORGANIZATIONS.
	and government o	rganizations listed in th 1 table	te line 1 table				23.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019) -

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(a) Name and address of organization or government		Commence of Grants and Other Assistance to Covernments and Organ	Organizations in the United States (Schedule I (Form 990), Part II)	וופח סומובי (ספו	edule I (Form 550), I	1	
,	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BURN BRAE EDUCATION, INC. 100 CHALLENGER ROAD, STE 114 RIDGEFIELD PARK, NJ 07660	20-1121287	501 (c)3	0	0	PAIR VALUE	VIRTUAL CLASSROOM EXPENSES	SUBSIDIZE SCHOOL EXPENSES FOR SUPPORTED ORGANIZATIONS,
CEDAR CREEK SCHOOL, INC. 3427 NORTHEAST PKWY SAN ANTONIO, TX 78217	20-1121243	501 (C)3	185,403.	15,613.	FAIR VALUE	VIRTUAL CLASSROOM EXPENSES	SUBSIDIZE SCHOOL EXPENSES FOR SUPPORTED ORGANIZATIONS.
CHARTER OAK EDUCATION, INC. 27 SCARBOROUGH ROAD MANCHESTER, CT 06040	20-1121339	501 (C)3	96,600.	5,353.	FAIR VALUE	VIRTUAL CLASSROOM EXPENSES	SUBSIDIZE SCHOOL EXPENSES FOR SUPPORTED ORGANIZATIONS.
CLEARVIEW EDUCATION, INC. 110 BIRCHWOOD DRIVE LEBANON, IN 46052	21-1121877	501 (C)3	93,651.	5,353.	PAIR VALUE	VIRTUAL CLASSROOM EXPENSES	SUBSIDIZE SCHOOL EXPENSES FOR SUPPORTED ORGANIZATIONS.
BRIDGEWOOD EDUCATION, INC. 230 E VIEW DRIVE COUNCIL BLUFFS, IA 51503	20-1120448	501 (c)3	130,210.	12,044.	FAIR VALUE	VIRTUAL CLASSROOM EXPENSES	SUBSIDIZE SCHOOL EXPENSES FOR SUPPORTED DRGANIZATIONS.
EAGLE ACADEMY OF COLUMBUS 2975 CREEKWOOD ESTATES DRIVE BLACKLICK, OH 43004	77-0627889	501 (C)3	300,269.	32,118.	FAIR VALUE	VIRTUAL CLASSROOM EXPENSES	SUBSIDIZE SCHOOL EXPENSES FOR SUPPORTED DRGANIZATIONS.
EAGLE CREST ACADEMY, INC. 1710 AVE A GOTHENBURG, NE 69138	20-1101477	501 (C)3	114,454.	7,137.	FAIR VALUE	VIRTUAL CLASSROOM EXPENSES	SUBSIDIZE SCHOOL EXPENSES FOR SUPPORTED DRGANIZATIONS.
FAIRMOUNT EDUCATION 3720 EAST 29TH STREET DES MOINES, IA 50317	04-3762411	501 (C)3	345,329.	18,290.	FAIR VALUE	VIRTUAL CLASSROOM EXPENSES	SUBSIDIZE SCHOOL EXPENSES FOR SUPPORTED ORGANIZATIONS,
FRONTIER EDUCATION 1477 N MANZANITA STREET CANBY, OR 97013	20-1174927	501 (C)3	129,320.	8,476.	FAIR VALUE	VIRTUAL CLASSROOM EXPENSES	SUBSIDIZE SCHOOL EXPENSES FOR SUPPORTED ORGANIZATIONS.

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Schedule I (Form 990) ONESCHOOL GLOBAL NA Part II Continuation of Grants and Other Assistance to Governments and	ONESCHOOL GLOBAL NA		nizations in the Ur	nited States (Sche	Organizations in the United States (Schedule I (Form 990), Part II)		20-0930293 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OAKMONT EDUCATION 8042 GLEASON DRIVE KNOXVILLE, TN 37918	62-1635907	501 (C)3	174,551.	14,721.	FAIR VALUE	VIRTUAL CLASSROOM EXPENSES	SUBSIDIZE SCHOOL EXPENSES FOR SUPPORTED ORGANIZATIONS.
OAK RIDGE COUNTRY SCHOOL 900 TRIMBLE ROAD JOPPA, MD 21085	52-1898880	501 (C)3	188,810.	16,505.	PAIR VALUE	VIRTUAL CLASSROOM EXPENSES	SUBSIDIZE SCHOOL EXPENSES FOR SUPPORTED ORGANIZATIONS.
PRAIRIE LAKE SCHOOL 404 EAST DEVON ELK GROVE VILLAGE, IL 60007	36-4199095	501 (C)3	197,855.	12,044.	PAIR VALUE	VIRTUAL CLASSROOM EXPENSES	SUBSIDIZE SCHOOL EXPENSES FOR SUPPORTED ORGANIZATIONS.
REDWOOD EDUCATION, INC. 5450 W 83RD STREET LOS ANGELES, CA 90045	20-1111987	501 (C)3	165,128.	8,476.	FAIR VALUE	VIRTUAL CLASSROOM EXPENSES	SUBSIDIZE SCHOOL EXPENSES FOR SUPPORTED ORGANIZATIONS.
ROCKY MOUNTAIN EDUCATION 1234 THREE MILE DRIVE KALISPELL, MT 59901	20-1122055	501 (C)3	73,356.	2,677.	2,677,FAIR VALUE	VIRTUAL CLASSROOM EXPENSES	SUBSIDIZE SCHOOL EXPENSES FOR SUPPORTED ORGANIZATIONS.
SOUND VIEW EDUCATION, INC, 9205 3RD AVE SW SEATLE, WA 98106	20-1122093	501 (C)3	116,102.	6,691.	PAIR VALUE	VIRTUAL CLASSROOM EXPENSES	SUBSIDIZE SCHOOL EXPENSES FOR SUPPORTED ORGANIZATIONS.
VESTWOOD EDUCATION, 320 CENTER STREET EAST VESTA, MN 56292	84-1627832	501 (C.)3	130,335.	15,167.	PAIR VALUE	VIRTUAL CLASSROOM EXPENSES	SUBSIDIZE SCHOOL EXPENSES FOR SUPPORTED ORGANIZATIONS.
WESTWIND EDUCATION 100 CHALLENGER ROAD, SUITE 114 RIDGEFIELD PARK, NJ 07660	20-1174470	501 (C)3	162,436.	12,937.	FAIR VALUE	VIRTUAL CLASSROOM EXPENSES	SUBSIDIZE SCHOOL EXPENSES FOR SUPPORTED ORGANIZATIONS.
							Schedule I (Form 990)

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Page 2 (f) Description of noncash assistance TUITION PAID FOR STUDENTS TO ATTEND BUSINESS COURSES (e) Method of valuation (book, FMV, appraisal, other) AMOUNTS ARE PAID DIRECTLY TO COLLEGE FOR TUITION, THE ORGANIZATION IS AWARE Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed AS THE ORGANIZATION HAS SELECTED STUDENTS TO RECEIVE SCHOLARSHIPS AND O.COST (d) Amount of non-cash assistance 153,400, 50,637 (c) Amount of cash grant 105 150 (b) Number of recipients OF HOW FUNDS HAVE BEEN USED (a) Type of grant or assistance CAP BURSARY AND TUITION CREDIT PART I, LINE 2: SCHOLARSHIPS Part III

20-0930293

ONESCHOOL GLOBAL NA

Schedule 1 (Form 990) (2019)

Schedule I (Form 990) (2019)

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932102 10-26-19

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

ONESCHOOL GLOBAL NA

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

Employer identification number <u>20-0930293</u>

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			T-
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	-	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	"	İ -	†—
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	trustees, and officers, including the OLO/Executive Director, regarding the items checked on line ran	-	 	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's	1		İ
•	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to		l	
	establish compensation of the CEO/Executive Director, but explain in Part III		ļ	l ,
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			1
	Form 990 of other organizations Approval by the board or compensation committee			
			1	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization			1 :
а	Receive a severance payment or change-of-control payment?	4a		x
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
				ļ
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			,
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation]	1	ļ
	contingent on the revenues of		İ	_
а	The organization?	5a		_X_
b	Any related organization?	5b	<u> </u>	X
	If "Yes" on line 5a or 5b, describe in Part III	l	1	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			'
а	The organization?	6a		<u> </u>
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_	_	
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		_X_
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	E
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation		(D)·(l)(B)	in column (B) reported as deferred on prior Form 990
(1) JONATHON BORYS	(3)	191,969.	0		5,399.	22,963.	220,331.	0
R	(ii)	0.	0.		0	.0		
Z	Θ	165,00	0		0	3,979.	168,97	
	(ii)		0.	0	0	0	0	
(3) CHARLES YOUNG	(i)	171,007.	0	0	4,913.	23,263.	31'661	0.
INFORMATION TECHNOLOGY DIR	(ii)	0.	0.	0.	0.	.0	• 0	0
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	(ii)							
	(1)							
	(11)							
	(i)							
	(ii)							
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	Œ							3
				63			Sched	Schedule J (Form 990) 2019

SCHEDULE L

Department of the Treasury

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Internal Revenue Service	P G	ο το ν	www.irs.gov/Fo	rmys	O TOT I	nstruc	tions and the	e latest ini	ormation.			1 10	speci	ion	
Name of the organization		•								Emp	oloye	r ident	ificati	on nu	mber
C	NESCHO	OL	GLOBAL	NA						20	-09	302	93		
Part I Excess Bene					3), sec	tion 50	1(c)(4), and se	ection 501	(c)(29) orga						
Complete if the c	organization	ansv	vered "Yes" on I	Form	990, P	art IV, I	ine 25a or 25	b, or Form	990-EZ, P	art V, I	ine 40	ЭЬ			
1			Relationship bety										(d)	Corre	cted?
(a) Name of disqualified p	person	• •	person and or	ganız	ation		((c) Descrip	tion of tran	sactio	n			es	No
												-			
2 Enter the amount of tax	ncurred by t	he o	rganization man	agers	or dis	qualifie	d persons du	ring the ye	ar under						
section 4958											▶ \$				
3 Enter the amount of tax,	if any, on lin	e 2, a	above, reimburs	ed by	the or	ganıza	tion				> \$				
, · <u>_</u> -															
Part II Loans to and	d/or From	Int	erested Pers	sons	i.										
Complete if the c	organization	answ	vered "Yes" on F	orm 9	990-EZ	, Part \	/, line 38a or l	Form 990,	Part IV, Im	e 26, d	or if th	ie orga	ınızatı	on	
reported an amo	unt on Form	990	, Part X, line 5, 6			,		·				Te > A =			
(a) Name of	(b) Relations	٠ ١	(c) Purpose		oan to or m the) Original	(f) Bala	nce due	(g)		(h) App	ard or	(ı) W	ritten
interested person	with organiza	ation	of loan	organ	zation?	∤ `	ipal amount			defa	uit?	cómm	uttee?	agree	nent?
					From					Yes	<u>No</u>	Yes	No	Yes	No
<u>UNIVERSAL BUSIN</u>	COMMON	B	TECHNOLO	X		1,8	00,000.	1,500	,000.		<u> </u>	Х			<u>X</u>
															
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F-A-1						l		1,500	000			\vdash			
Total Part III Grants or As	sistance	Ren	efiting Inter	este	d Pe	rsons		1,500	,000.			L			
			_												
Complete if the c		1				I) Amount of		(d) Type	of) Purp	one of	
(a) Name of interested p	Derson	1 (b) Relationship I interested pers				assistance		assistand				assista		
		1	the organiza		-						-				
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2019

SEE PART V FOR CONTINUATIONS

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz reven	ues?
TRITION CALL DUGTNINGS MINAN	CONTON DOLDE WENDED		TAIDEDENDENM	_Yes	No
UNIVERSAL BUSINESS TEAM	COMMON BOARD MEMBER	U •	INDEPENDENT		X
				_	
		<u>_</u>			
					-
Part V Supplemental Information. Provide additional information for response.	onses to questions on Schedule L (see	instructions)			
SCHEDULE L, PART II, LOANS	TO AND FROM INTERE	STED PERSON	'S:		
(A) NAME OF PERSON: UNIVER	SAL BUSINESS TEAM				
		ADD WENDED			
(B) RELATIONSHIP WITH ORGA	NIZATION: COMMON BOX	ARD MEMBERS	·	<u></u>	
(C) PURPOSE OF LOAN: TECHN	OLOGY LOAN				
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: UNIVER	SAL BUSINESS TEAM				
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	D ORGANIZAT	ION:		
COMMON BOARD MEMBERS BETWE	EN THE ORGANIZATION	AND UBT_			
(D) DESCRIPTION OF TRANSAC	TION: INDEPENDENT CO	ONTRACTOR R	ELATIONSHIP		
BETWEEN UNIVERSAL BUSINESS	TEAM AND THE ORGAN	IZATION. MI	CK STRANGE	AND	
RODNEY DIPLOCK WERE BOARD	MEMBERS OF BOTH THE	ORGANIZATI	ON AND UBT		
THROUGH DECEMBER 2019.			· · · · · · · · · · · · · · · · · · ·		
				·	
	-			_	
					
			<u> </u>		
					•

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

Employer identification number

ONESCHOOL GLOBAL NA 20-0930293
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
ADMINISTRATION AND COORDINATION OF EDUCATIONAL PROGRAMS THROUGHOUT THE
SCHOOL CAMPUSES

FORM 990, PART VI, SECTION A, LINE 7A:
THE ELDERS OF THE CHURCH ELECT THE GOVERNING BODY OF THE ORGANIZATION.
FORM 990, PART VI, SECTION A, LINE 8B:
THERE ARE NO OTHER COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE
GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING WHO
APPROVED IT AS PRESENTED.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS ARE REQUIRED TO IDENTIFY ANY CONFLICTS OF INTERESTS ANNUALLY.
IF ANY ARE NOTED THEY ARE DEALT WITH ACCORDINGLY.
FORM 990, PART VI, SECTION B, LINE 15:
THE COO'S COMPENSATION IS APPROVED BY THE ONESCHOOL
THE COO'S COMPENSATION IS APPROVED BY THE ORGANIZATION'S BOARD AND OTHER
KEY EMPLOYEES' COMPENSATION IS APPROVED BY THE COO AND THE DIRECTOR
RESPONSIBLE FOR HUMAN RESOURCES.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

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Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization ONESCHOOL GLOBAL NA	Employer identification number 20-0930293
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	FINANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST.	
·	
·	
	

SCHEDULE R (Form 990) Name of the organization

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

2019

OMB No 1545-0047

Employer identification number Open to Public Inspection

20-0930293

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

Ξ **e** ਉ Identification of Disregarded Entitles. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 <u>છ</u> 9 <u>a</u> Parti

	Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Oirect controlling entity
Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year	ions. Complete if the organization ans	swered "Yes" on Form 990, Par	t IV, line 34, becaus	e it had one or more r	elated tax-exempt

(a) ,	(q)	(0)	(p)	(e)	(£)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	(a)21 c uoitses	iz(b) 13)
of related organization		foreign country)	section	status (if section	entity	entity?	у?
				501(c)(3))		Yes	N _o
AGASSIZ EDUCATION, INC 20-1120851							
532 PACIFIC AVENUE ST.				170 (B) (1)			
ST. VINCENT, MN 56755	PRIMARY & SECONDARY SCHOOL MINNESOTA	MINNESOTA	501 (C)3	(A) (II)			×
ALDERBROOK SCHOOL, INC 20-1174641							:
1050 EAST SQUARE LAKE				170 (B) (1)			
BLOOMFIELD TOWNSHIP MI 48304	PRIMARY & SECONDARY SCHOOL MICHIGAN	MICHIGAN	501 (C) 3	(A) (II)			×
ANCHOR EDUCATION, INC 20-1120887							
19234 LAKE CHABOT ROAD				170 (B) (1)			
CASTRO VALLEY, CA 94546	PRIMARY & SECONDARY SCHOOL CALIFORNIA	CALIFORNIA	501 (C) 3	(A) (II)			×
BEACON SCHOLASTIC, INC 20-1174565							
315 UNIVERSITY DRIVE				170 (B) (1)			
WESTWOOD MA 02090	PRIMARY & SECONDARY SCHOOL MASSACHUSETTS	MASSACHUSETTS	501 (C) 3	(A) (II)			×

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

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Schedule R (Form 990) 2019 🚜

932161 09-10-19 LHA

20-0930293

ONESCHOOL GLOBAL NA

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(e)	(a)	(o)	(g)	(e)	()	(g) Section 512(b)(13)	13
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	ıızatı	$\begin{bmatrix} 1 \end{bmatrix}$
OAAOCII OC SMI MOIMASING GOOMBOATES						res	اه
GEWOOD EDUCATION INC.							
230 E VIEW DRIVE				170 (B) (1)			
COUNCIL BLUFFS, IA 51503	PRIMARY & SECONDARY SCHOOL I	IOWA	501 (C) 3	(A) (II)		×	
BURN BRAE EDUCATION, INC 20-1121287							
100 CHALLENGER ROAD, STE 114				170 (B) (1)			
RIDGEFIELD PARK, NJ 07660	PRIMARY & SECONDARY SCHOOL E	PENNSYLVANIA	501 (C) 3	(A) (II)		×	
CEDAR CREEK SCHOOL, INC 20-1121243							
l				170 (B) (1)			
SAN ANTONIO, TX 78218	PRIMARY & SECONDARY SCHOOL 1	TEXAS	501 (c) 3	(A) (II)		×	
CHARTER OAK EDUCATION, INC 20-1121339	Ţ						
27 SCARBOROUGH ROAD				170 (B) (1)			
MANCHESTER, CT 06040	PRIMARY & SECONDARY SCHOOL C	CONNECTICUT	501 (C) 3	(A) (II)		×	
PASCACK VALLEY LEARNING CENTER - 56-2496511	,						
27 CHURCH ROAD	-			170 (B) (1)			
AIRMONT, NY 10952	PRIMARY & SECONDARY SCHOOL N	NEW YORK	501 (C) 3	(A) (II)		×	
EAGLE ACADEMY OF COLUMBUS, INC 77-0627889							
1940 TOWNSHIP ROAD 1255				170 (B) (1)			
ASHLAND OH 44805	PRIMARY & SECONDARY SCHOOL C	OHIO	501 (C) 3	(A) (II)		×	
EAGLE CREST ACADEMY, INC 20-1101477							
1710 AVE A				170 (B) (1)			
GOTHENBURG, NE 69138	PRIMARY & SECONDARY SCHOOL	NEBRASKA	501 (C) 3	(A) (II)		×	
FAIRMOUNT EDUCATION, INC 04-3762411	,						
3720 EAST 29TH STREET				170 (B) (1)		-	
DES MOINES, IA 50317	PRIMARY & SECONDARY SCHOOL	IOWA	501 (C) 3	(A) (II)		×	
FRONTIER EDUCATION, INC 20-1174927							
1477 N MANZANITA STREET				170 (B) (1)	-		
CANBY, OR 97013	PRIMARY & SECONDARY SCHOOL C	OREGON	501 (C) 3	(A) (II)		×	
LAKESIDE ALPHA, INC 20-1118247							
985 EBNER DR.				170 (B) (1)			
WEBSTER, NY 14580	PRIMARY & SECONDARY SCHOOL	NEW YORK	501 (C) 3	(A) (II)		×	
OAKMONT EDUCATION, CORP 62-1635907							
8042 GLEASON DRIVE				170 (B) (1)			
KNOXVILLE, TN 37918	PRIMARY & SECONDARY SCHOOL	TENNESSEE	501 (C) 3	(A) (II)		×	
OAK RIDGE COUNTRY SCHOOL, INC 52-1898880			•				
900 TRIMBLE ROAD				170 (B) (1)			
TOPPA, MD 21085	PRIMARY & SECONDARY SCHOOL	MARYLAND	501 (C) 3	(A) (II)		×	
•							

20-0930293

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ONESCHOOL GLOBAL NA

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(2)	(9)	(9)	(6)	(9)	9)	[0]	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	2(b)(13)
of related organization		foreign country)	section	status (if section	entity	organization?	tion?
				501(c)(3))		Yes	٥ ۷
PRAIRIE LAKE SCHOOL - 36-4199095							
404 EAST DEVON				170 (B) (1)			•
ELK GROVE VILLAGE, IL 60007	PRIMARY & SECONDARY SCHOOL I	ILLINOIS	501 (C) 3	(A) (VI)			×
REDWOOD EDUCATION, INC 20-1111987							
5450 W 83RD STREET				170 (B) (1)			
LOS ANGELES, CA 90045	PRIMARY & SECONDARY SCHOOL C	CALIFORNIA	501 (C) 3	(A) (II)			×
ROCKY MOUNTAIN EDUCATION, INC 20-1122055							
133 GLENWOOD DRIVE				170 (B) (1)			
01	PRIMARY & SECONDARY SCHOOL M	MONTANA	501 (C) 3	(A) (II)			×
SOUND VIEW EDUCATION, INC 20-1122093							
9205 3RD AVE SW				170 (B) (1)			
SEATTLE WA 98106	PRIMARY & SECONDARY SCHOOL WASHINGTON		501 (C) 3	(A) (II)			×
VESTWOOD EDUCATION, INC 84-1627832							
320 CENTER STREET EAST				170 (B) (1)			
VESTA, MN 56292	PRIMARY & SECONDARY SCHOOL	MINNESOTA	501 (C) 3	(A) (II)			×
WESTWIND EDUCATION INC 20-1174470							
100 CHALLENGER ROAD, SUITE 114				170 (B) (1)			
RIDGEFIELD PARK, NJ 07660	PRIMARY & SECONDARY SCHOOL MINNESOTA		501 (C) 3	(A) (II)			×
CLEARVIEW EDUCATION, INC 21-1121877							
6110 S 275 E				170 (B) (1)			
LEBANON, IN 46052	PRIMARY & SECONDARY SCHOOL I	INDIANA	501 (C)3	(A) (II)			×
THE PLATINUM ARCH CHARITABLE TRUST -							
20-6167123, 3102 ORCHARD DRIVE, KNOXVILLE,	SUPPORTING ORGANIZATION TO			LINE 12D,			
TN 37917	SCHOOLS	FENNESSEE	501 (C)3	III-0			×
				-			
				_			

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Schedule R (Form 990) 2019 ONESCHOOL GLOBAL NA

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

General or Percentage managing ownership 3 Code V-UBI General or Prangung or managing or Schedule K-1 (Form 1065) Yes No Ξ Disproportionate Yes allocations? Ξ Share of end-of-year assets 6 Share of total ncome Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
| Direct controlling | (c)
Legal
domicile
(state or
foreign Primary activity <u>@</u> Name, address, and EIN of related organization (a)

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

						ı						¥	•
ے ا	tion bX13) rolled rty?	No			×								
~	Section 512(bx13) controlled entity?	Yes						:					
£	Percentage ownership												
(6)	Share of end-of-year	dosels											,
(j)	Share of total	·				•							
(e)	Type of entity (C corp, S corp	o Hose			C CORP								
(p)	Direct controlling entity												
3	Legal domicile (state or foreign	country)											
(q)	Primary activity			BRETHREN BUSINESS	SERVICES								
(a)	Name, address, and EIN of related organization		UNIVERSAL BUSINESS TEAM - 27-2896444	100 CHALLENGER RD SUITE 114	RIDGEFIELD PARK, NJ 07660					•			

Schedule R (Form 990) 2019

932162 09-10-19

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

at S	19	# 1	X X X	1r X 1s 1s Institution covered relationships and transaction thresholds	(d) Method of determining amount involved	SUB LEASE FOR SHARED SPACE				Schedule R (Form 990) 2019
				this ine inclining	(c) Amount involved	86,505				
		anızatıon(s) anızatıon(s) tıon(s)		who must complete	(b) Transaction type (a-s)	Ж				77
 d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) 	 f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) 	 k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) 	 p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses 	r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 1 the answer to any of the above is "Yes" see the instructions for information on	(a) Name of related organization	(1) UNIVERSAL BUSINESS TEAM	(2)	(4)	, (9)	932163 09-10-19

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Schedule R (Form 990) 2019 ONESCHOOL GLOBAL NA

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

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

	(F)	17			13	13	5	9	100
(a)	(o)	(j)	G)		6	(E)		∋ .	¥ (
Name, address, and EIN of entity	Primary activity	ë ë	redominant income partners sec (related, unrelated, 501(c)(3)	Share of Share of total	Share of end-of-year	uspropor- tonate allocations?	USPROPORT CODE V-UBI General or Percentage bonate amount in box 20 managing ownership allocations? Of Schedille K-1 partner?	General or managing partner?	Percentage ownership
		country)	sections 512-514) Yes No	No income	assets	Yes No	(Form 1065)	Yes No	
						_			
								<u> </u>	
					_				
								_	
						_			

Schedule R (Form 990) 2019 ...