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GOVERNMENT COPY



NOVEMBER 13, 2020

HARRY SZAFRANSKI ONE FAMILY FUND 1029 TEANECK ROAD TEANECK, NJ 07666 ATTENTION: HARRY SZAFRANSKI

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2019 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2019 FORM 990

2019 NEW YORK FORM CHAR500

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

SINCERELY,

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2019

PREPARED FOR:

HARRY SZAFRANSKI ONE FAMILY FUND 1029 TEANECK ROAD TEANECK, NJ 07666

PREPARED BY:

BONADIO & CO., LLP 6 WEMBLEY CT ALBANY, NY 12205

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 16, 2020

| Form | 8879-E | 0 |
|------|--------|---|
| | | - |

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury Internal Revenue Service For calendar year 2019, or fiscal year beginning ______, 2019, and ending ______

Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

11-3585917

Employer identification number

, 20

ONE FAMILY FUND

| Nume and i | |
|------------|---|
| HARRY | SZAFRANSKI |
| TREAS | URER |
| Part I | Type of Return and Return Information (Whole Dollars Only) |
| Check the | box for the return for which you are using this Form 8879 EO and enter the applicable amount, if any, from the return. If you cha |

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| 1a | Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b _ | <u>2,079,070.</u> |
|----|---|------|-------------------|
| 2a | Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a | Form 1120-POL check here b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a | Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | |
| 5a | Form 8868 check here b Balance Due (Form 8868, line 3c) | 5b | |
| | | | |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

| X Lauthorize BONADIO & CO., LLP | to enter my PIN92574 |
|--|--|
| ERO firm name | Enter five numbers, bu do not enter all zeros |
| as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a enter my PIN on the return's disclosure consent screen. | ., |
| As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 201 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating ch program, I will enter my PIN on the return's disclosure consent screen. | - |
| Officer's signature Date | |
| Part III Certification and Authentication | |
| ERO's EFIN/PIN. Enter your six-digit electronic filing identification | |
| number (EFIN) followed by your five-digit self-selected PIN. 1422721220 Do not enter all zer | |
| I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for t confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (M <i>e-file</i> Providers for Business Returns. | • |
| ERO's signature Date | |
| ERO Must Retain This Form - See Instructions | |
| Do Not Submit This Form to the IRS Unless Requested To D | o So |
| LHA For Paperwork Reduction Act Notice, see instructions. | Form 8879-EO (2019) |
| 923051 10-03-19 | |

| Form 990 |
|--|
| (Rev. January 2020) |
| Department of the Treasury Internal Revenue Service |

EXTENDED TO NOVEMBER 16, 2020 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.

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



| Α | For th | e 2019 calendar year, or tax year beginning and | ending | | | | |
|-------------------------|------------------------------|---|-----------------|---------------------------------------|-----------------------------|--|--|
| В | Check i app l ical | e: C Name of organization D Employer identification number | | | | | |
| | Addr | ess ONE FAMILY FUND | | | | | |
| | Nam Char | Change Doing business as | | | 7 | | |
| | Initia retur | Number and street (or P.0. box if mail is not delivered to street address) | Room/suite | E Telephone number | | | |
| | Final retur | γ 1029 IEANECK KOAD | | 646289860 | 0 | | |
| | term ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 2,079,070. | | |
| | retur | | | H(a) Is this a group ret | | | |
| | App tion pend | | | for subordinates? | Yes X No | | |
| | | 1029 TEANECK ROAD, TEANECK, NJ 07666 | | H(b) Are all subordinates incl | | | |
| | | xempt status: X $501(c)(3)$ $501(c)()$ $) \blacktriangleleft$ (insert no.) $4947(a)(1) c$ | or 527 | , | st. (see instructions) | | |
| _ | | ite: HTTPS://WWW.ONEFAMILYTOGETHER.ORG/ | | H(c) Group exemption | | | |
| | | forganization: X Corporation Trust Association Other > | L Year (| of formation: 2001 M | State of legal domicile: NY | | |
| Ρ | art I | Summary | | | | | |
| ģ | ا ا | Briefly describe the organization's mission or most significant activities: <u>TO PI</u> ECONOMICAL AND HUMANITARIAN AID TO PEOPLE | | | EDICAL, | | |
| Activities & Governance | | Check this box \blacktriangleright if the organization discontinued its operations or disposed | | | 4 | | |
| ern | 2 | | | | 10 10 | | |
| 205 | 3 | | | | 9 | | |
| ~ | 2 4 5 5 | Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2019 (Part V, line 2a) | | | 0 | | |
| ties | | Total number of volunteers (estimate if necessary) | | | 13 | | |
| tivi | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | |
| Ā | (['] | Net unrelated business taxable income from Form 990-T, line 39 | | | 0. | | |
| | ^ | | | Prior Year | Current Year | | |
| _ | 8 | Contributions and grants (Part VIII, line 1h) | | 1,366,481. | 2,067,031. | | |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 0. | 0. | | |
| eve Ave | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 3,182. | 1,940. | | |
| ä | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 34,691. | 10,099. | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 1,404,354. | 2,079,070. | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 880,000. | 1,345,000. | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | |
| ų | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 318,838. | 60,000. | | |
| nse | 2 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | |
| Fxnenses | ž t | Total fundraising expenses (Part IX, column (D), line 25) 🕨250 , 11 | | | | | |
| Ш | 4 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 344,756. | 276,499. | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 1,543,594. | 1,681,499. | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | -139,240. | 397,571. | | |
| s or | DCet | | Be | ginning of Current Year | End of Year | | |
| Assets | हें 20 | Total assets (Part X, line 16) | ······ | 335,734. | 864,614. | | |
| et A | а | Total liabilities (Part X, line 26) | | 21,234. | 62,042. | | |
| | <u>] 22</u> | Net assets or fund balances. Subtract line 21 from line 20 | | 314,500. | 802,572. | | |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| Sign Here | Signature of officer HARRY SZAFRANSKI, TREA; Type or print name and title | SURER | | Date | | | | |
|----------------------------------|---|----------------------|------|--|--|--|--|--|
| Paid | Print/Type preparer's name KENNE'TH MCGIVNEY | Preparer's signature | Date | Check PTIN if self-employed P01324731 | | | | |
| Preparer | Firm's name 🕨 BONADIO & CO., L | LP | | Firm's EIN ▶ 16–1131146 | | | | |
| Use Only | Firm's address 🖕 6 WEMBLEY CT | | | | | | | |
| ALBANY, NY 12205 Phone no. (518) | | | | | | | | |
| May the I | May the IRS discuss this return with the preparer shown above? (see instructions) | | | | | | | |
| 932001 01-2 | 32001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019) | | | | | | | |

| Form | n 990 (2019) ONE FAMILY FUND 11-3585 | <u> 917</u> | Page 2 |
|-------|--|-------------|------------------|
| Pa | art III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | <u></u> | |
| 1 | Briefly describe the organization's mission: | | |
| | TO PROVIDE EMERGENCY MEDICAL, ECONOMICAL AND HUMANITARIAN AID TO | | |
| | VICTIMS OF TERROR. ONE FAMILY FUND PROVIDES EDUCATION AND AWAREN | | ro |
| | THOSE IN THE UNITED STATES ABOUT THE PLIGHT OF THE VICTIMS OF TE | RROR | |
| | IN ISRAEL. | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| | prior Form 990 or 990-EZ? | Yes | X No |
| | If "Yes," describe these new services on Schedule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes | A No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex | | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp | enses, an | d |
| 4- | revenue, if any, for each program service reported. | | |
| 4a | (Code:) (Expenses \$ 1,345,000. 1,345,000. 1,345,000. (Revenue \$ | יחדאפ | <u></u>) |
| | VIOLENCE AND TERRORISM BY PROVIDING MEDICAL, ECONOMIC, AND HUMAN | | |
| | AID. | IT I AK I | LAN |
| | <u>AID</u> . | | |
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| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$) | |) |
| 40 | | |) |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$) | |) |
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| _ | | | |
| 4d | Other program services (Describe on Schedule O.) | | |
| _ | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses 1,345,000. | | |
| | | Form 99 | 90 (2019) |
| 93200 | 02 01-20-20 | | |

| Form | 990 | (201) | 9) |
|------|-----|-------|----|

 Form 990 (2019)
 ONE
 FAMILY
 FUND

 Part IV
 Checklist of Required Schedules

Т

| | | | 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 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | _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 | | <u>X</u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| 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 | <u>11d</u> | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | <u>12a</u> | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | | 14a | | <u> </u> |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | Х | <u> </u> |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | 37 |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | 37 |
| | column (A), lines 6 and 11e? /f "Yes," complete Schedule G, Part I | 17 | | <u> </u> |
| 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 | | <u> </u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes," | | | |
| _ | complete Schedule G, Part III | 19 | | X |
| 20a | • | 20a | | <u> </u> |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | v |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | 000 | <u>X</u> (2019) |
| J32003 | 3 01-20-20 | ⊢orm | 99U | (2019) |

932003 01-20-20

| Form | 990 | (2019) | ١ |
|------|-----|--------|---|
| | 330 | (2013) | 1 |

 Form 990 (2019)
 ONE FAMILY FUND

 Part IV
 Checklist of Required Schedules (continued)

| | | | Yes | No |
|--------|---|-------------|---------|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | <u> </u> |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | <u> </u> |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | v |
| | Schedule K. If "No," go to line 25a | 24a | | <u> </u> |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 04- | | |
| Ь | any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24c 24d | | <u> </u> |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | <u>24</u> u | | |
| 25a | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| h | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 200 | | |
| 5 | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | x |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see 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? // | | | |
| | "Yes," complete Schedule L, Part IV | 28a | Х | |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | x |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | <u> </u> |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | v |
| ~ . | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | v |
| 05- | Part V, line 1 | 34 | | X X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | |
| D | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 300 | | <u> </u> |
| 50 | If "Yes," complete Schedule R, Part V, line 2 | 36 | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| 0. | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | х | |
| Pa | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | <u></u> | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Х | |
| 932004 | 4 01-20-20 | Form | 990 | (2019) |

| Form | 990 (2019) ONE FAMILY FUND 11-3585 t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | 917 | Р | age 5 | |
|------|---|------------|-----|--------------|--|
| 1 41 | Statements negaring other into himgs and rax compliance (continued) | | Vee | N | |
| 00 | Enter the number of employees reported on Form $W/2$. Transmitted of W are and Tay Statements | | Yes | No | |
| za | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 | | | | |
| h | filed for the calendar year ending with or within the year covered by this return 2a 0 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 0 | | | | |
| D | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e^{-file} (see instructions) | 2b | X | | |
| 3a | | | | | |
| | bit the organization make unclated business gross meetine of \$1,000 of more during the year? bit "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | | | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | 3b | | | |
| ти | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | | |
| b | b If "Yes," enter the name of the foreign country ► | | | | |
| - | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | x | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | x | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | |
| | were not tax deductible? | 6b | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | |
| | to file Form 8282? | 7c | | X | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year7d | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | |
| g | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | |
| h | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| а | Gross income from members or shareholders | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | |
| 40 | amounts due or received from them.) | 10 | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | <u>12a</u> | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | |
| a | Note: See the instructions for additional information the organization must report on Schedule O. | 158 | | | |
| h | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | |
| U | organization is licensed to issue qualified health plans | | | | |
| r | Enter the amount of reserves on hand | | | | |
| 14a | 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? <i>If "No," provide an explanation on Schedule O</i> | 14b | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | |
| | excess parachute payment(s) during the year? | 15 | | x | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X | |
| _ | If "Yes," complete Form 4720, Schedule O. | | | | |
| - | | | | | |

Form **990** (2019)

932005 01-20-20

| | 990 (2019) ONE FAMILY FUND | 11 | -3585 | 917 | P | age |
|------|---|--------------|-------------|------------------|--------|---------------|
| Par | t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 3 | 7b below, a | and for a " | 'No" re | espon | se |
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See ir | | | | | |
| 0 | Check if Schedule O contains a response or note to any line in this Part VI | | <u></u> | | | X |
| Sec | tion A. Governing Body and Management | | | | | T |
| | | | 10 | | Yes | N |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | | | | | |
| | 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. | | 0 | | | |
| | Enter the number of voting members included on line 1a, above, who are independent 1b | | 9 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with a | ny other | | _ | 37 | |
| _ | officer, director, trustee, or key employee? | | | 2 | Х | - |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | | | ., |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | 3 | | X X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was | | | 4 | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | | 5 | | X |
| 6 | Did the organization have members or stockholders? | | | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint of | | | | | ., |
| | more members of the governing body? | | | 7a | | <u> X</u> |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockhol | ders, or | | | | |
| | persons other than the governing body? | | | 7b | | X |
| В | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the | | | | | |
| | The governing body? | | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | | | |
| | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | | <u></u> | 9 | | X |
| ec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue | Code.) | | | | |
| | | | | | Yes | |
| | Did the organization have local chapters, branches, or affiliates? | | | <u>10a</u> | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | 37 | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before | e filing the | form? | <u>11a</u> | Х | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | 37 | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | X | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conf | | | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," de | | | | | |
| | in Schedule O how this was done | | | 12c | Х | |
| 3 | Did the organization have a written whistleblower policy? | | | 13 | | |
| 4 | Did the organization have a written document retention and destruction policy? | | | 14 | | X |
| 5 | Did the process for determining compensation of the following persons include a review and approval by include | lependent | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | |
| | The organization's CEO, Executive Director, or top management official | | | 15a | | X |
| b | 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). | | | | | |
| 6a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement wi | th a | | | | |
| | taxable entity during the year? | | | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its pa | • | 1 | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization | 's | | | | |
| | exempt status with respect to such arrangements? | | <u></u> | 16b | | |
| ec | tion C. Disclosure | | | | | |
| 7 | List the states with which a copy of this Form 990 is required to be filed AL , AR , CA , FL , IL , K | 3, KY, N | 1D, MA | ,MI | , MN | , M. |
| 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 | s on l y) | 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 Sc | hedule O) | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o | f interest p | olicy, and | finano | cial | |
| | statements available to the public during the tax year. | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and | records | ► | | | |
| | HARRY SZAFRANSKI - 646-289-8600 | | | | | |
| | 1029 TEANECK ROAD, TEANECK, NJ 07666 | | | | | |
| 2006 | SEE SCHEDULE O FOR FULL LIST OF STATES | | | Form | 990 | (20 |
| | б | | | | | |
| 11 | .13 784124 ONE039001 2019.05000 ONE FAMILY F | UND | | | ON | $\mathbf{E}0$ |

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| Form 990 (2019) | ONE FAMILY FUND | 11-3585917 Page 7 | | | | |
|--|--|-------------------|--|--|--|--|
| Part VII Compens | sation of Officers, Directors, Trustees, Key Emp | | | | | |
| Employee | es, and Independent Contractors | | | | | |
| Check if Sch | 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.

| hours per week index person is both an officer and a director/trustee) compensation from compensation from related amount of other (list any hours for related index person is both an officer and a director/trustee) page is the page is the is the is the page is the page is the page is the page is the page is the page is the is the is the page is the page is the page is the is the is th | (A) | (B) | | | ((| C) | | | (D) | (E) | (F) |
|---|---------------------|---|--------------------------------|-----------------------|------------------|----------------|---------------------------------|--------|--------------|--------------|--|
| (1) MARC BELZBERG10.00XXX0.0.CHAIRXXX0.0.0.(2) HARRY SZAFRANSKI20.00XXX60,000.0.TREASURERXX0.0.0.0.(3) LISA BELZBERG2.00X0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBER2.00X0.0.0.BOARD MEMBER2.00X0.0.0.BOARD MEMBER2.00X0.0.0.BOARD MEMBER2.00X0.0.0.BOARD MEMBER2.00X0.0.0.BOARD MEMBER2.00X0.0.0.(1) PHILP ROSEN2.00X0.0.0.BOARD MEMBERX0.0.0.0.(3) LIORA ROSENBLUM2.00X0.0.0.BOARD MEMBERX0.0.0.0.(3) DARD MEMBERX0.0.0.0.(4) BARD SCHWARTZ2.00X0.0.0.BOARD MEMBERX0.0.0.0.(10) LYDIA ZUKIER2.00X0.0.0. | Name and title | hours per | box offi | not cl , unles | heck ı ss per | more rson i | than c s both | an | from | from related | |
| CHAIRXXX0.0.(2)HARRY SZAFRANSKI20.00XX60,000.0.TREASURERXX60,000.0.0.(3)LISA BELZBERG2.00X0.0.BOARD MEMBERX0.0.0.(4)RACHEL BERG2.000.0.BOARD MEMBERX0.0.0.(5)JOEY HARARI2.000.0.BOARD MEMBERX0.0.0.(6)MALCOM HOENLEIN2.000.0.BOARD MEMBERX0.0.0.(7)PHILP ROSEN2.000.0.BOARD MEMBERX0.0.0.(8)LIORA ROSENBLUM2.000.0.BOARD MEMBERX0.0.0.(9)BRAD SCHWARTZ2.000.0.BOARD MEMBERX0.0. | | hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization | | compensation from the organization and related organizations |
| (2) HARRY SZAFRANSKI20.00XXXTREASURERXX60,000.0.(3) LISA BELZBERG2.00X0.0.BOARD MEMBERX0.0.0.(4) RACHEL BERG2.00X0.0.BOARD MEMBERX0.0.0.(5) JOEY HARARI2.00BOARD MEMBER0.0.BOARD MEMBERX0.0.0.(6) MALCOM HOENLEIN2.00BOARD MEMBER0.0.BOARD MEMBERX0.0.0.(7) PHILP ROSEN2.00BOARD MEMBER0.0.(8) LIORA ROSENBLUM2.00X0.0.BOARD MEMBERX0.0.0.(9) BRAD SCHWARTZ2.00X0.0.BOARD MEMBERX0.0.0. | | 10.00 | v | | x | | | | 0 | 0 | 0. |
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| (3)LISA BELZBERG2.00X0.0.BOARD MEMBER2.00X0.0.0.(4)RACHEL BERG2.00X0.0.BOARD MEMBER2.00X0.0.0.(5)JOEY HARARI2.00X0.0.BOARD MEMBERX0.0.0.(6)MALCOM HOENLEIN2.00X0.0.BOARD MEMBERX0.0.0.(7)PHILP ROSEN2.00X0.0.BOARD MEMBERX0.0.0.(8)LIORA ROSENBLUM2.00X0.0.BOARD MEMBERX0.0.0.(9)BRAD SCHWARTZ2.00X0.0.BOARD MEMBERX0.0.0.(10)LYDIA ZUKIER2.00X0.0. | | 20.00 | х | | x | | | | 60,000. | 0. | 0. |
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| (4) RACHEL BERG2.00X0.0.BOARD MEMBER2.00X0.0.(5) JOEY HARARI2.00X0.0.BOARD MEMBERX0.0.0.(6) MALCOM HOENLEIN2.00X0.0.BOARD MEMBERX0.0.0.(7) PHILP ROSEN2.00X0.0.BOARD MEMBERX0.0.0.(8) LIORA ROSENBLUM2.00X0.0.BOARD MEMBERX0.0.0.(9) BRAD SCHWARTZ2.00X0.0.BOARD MEMBERX0.0.0.(10) LYDIA ZUKIER2.00X0.0. | BOARD MEMBER | | x | | | | | | 0. | 0. | 0. |
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| (7)PHILP ROSEN2.00X0.0.BOARD MEMBERX0.0.0.(8)LIORA ROSENBLUM2.00X0.0.BOARD MEMBERX0.0.0.(9)BRAD SCHWARTZ2.00X0.0.BOARD MEMBERX0.0.0.(10)LYDIA ZUKIER2.000.0. | (6) MALCOM HOENLEIN | 2.00 | | | | | | | | | |
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| (9) BRAD SCHWARTZ 2.00 X 0.0.0. BOARD MEMBER X 0.0.0. (10) LYDIA ZUKIER 2.00 0.0.0. | | 2.00 | | | | | | | | ^ | <u>^</u> |
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| (10) LYDIA ZUKIER 2.00 | | 2.00 | . | | | | | | | <u>م</u> | |
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7

932007 01-20-20

Form 990 (2019)

| | 990 (2019) ONE FAMII | Y FUND | | | | | | | | 11-35 | 8591 | 7 F | -age 8 |
|--------|--|--|--------------------------------|-----------------------|-------------------------|----------------|-----------------------------------|-----------|---|--|----------|--|------------------------------|
| Par | t VII Section A. Officers, Directors, Trus | | loye | ees, | | | ghes | t C | ompensated Employee | s (continued) | | | |
| | (A) Name and title | (B) Average hours per week | box, | not cl unle | Pos heck i ss per | more rson i |) than c s both pr/trust | n an | (D) Reportable compensation from | (E) Reportable compensatior from related | n | (F) Estimat amount othe | t of |
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MIS | C) (| from ti from ti organiza and rela rganizat | ation ne ition ited |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | <u></u> | | | | | | | | 60,000. | | 0. | | 0. |
| с | Subtotal Total from continuation sheets to Part VI | , Section A | | | | | | | 0. | | 0. | | 0. |
| d 2 | Total (add lines 1b and 1c) Total number of individuals (including but ne | | | | | | | ► o re | 60,000. | 000 of reportable | 0. | | 0. |
| | compensation from the organization | | | | | | | | | | | Yes | 0 No |
| 3 | Did the organization list any former officer, | | | • | • | • | | • | | - | 3 | | X |
| 4 | line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organizations greater than \$150 | m of reportable | e co | mpe | ensa | tion | and | oth | ner compensation from t | he organization | | | x |
| 5 | | | | | | x | | | | | | | |
| Sec | tion B. Independent Contractors | piele Schedule | ;] [(| JI SL | <u>ICH </u> | Jers | 01 . | | | |] J | | 1 ** |
| 1 | Complete this table for your five highest con the organization. Report compensation for t | | | | | | | | | | ensation | from | |
| | (A) (B) (C) Name and business address NONE Description of services Compensation | | | | | | on | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (in \$100,000 of compensation from the organiz | • | ot lin | niteo | d to t | thos (| | ted | above) who received mo | ore than | | | |
| | | | | | | | | | | | For | m 990 | (2019) |

932008 01-20-20

| | <u>1 990 (</u> | | ND | | | 11-3585 | 917 Page 9 |
|---|------------------------------|--|-------------------------|--|---|---|---|
| Pa | rt VII | | | | | | |
| | | Check if Schedule O contains a response | or note to any lin | e 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 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a b c d e f | Membership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1f | 100,000. 967,031. | | | | |
| ontr nd O | g | Noncash contributions included in lines 1a-1f | ` | 2,067,031. | | | |
| Program Service C Revenue a | | Total. Add lines 1a-1f | Business Code | 2,007,031. | | | |
| rog | e | | | | | | |
| - | • | All other program service revenue Total. Add lines 2a-2f | | | | | |
| | 3 | Investment income (including dividends, intere other similar amounts) Income from investment of tax-exempt bond p | est, and | 1,940. | | | 1,940. |
| | 5 6 a | Royalties Gross rents 6a 7,800. | (ii) Personal | | | | |
| | b c d | Less: rental expenses6b0.Rental income or (loss)6c7,800.Net rental income or (loss) | | 7,800. | | | 7,800. |
| е | 7 a | Gross amount from sales of assets other than inventory(i) SecuritiesLess: cost or other basis and sales expenses7aTb | (ii) Other | | | | |
| venue | | Gain or (loss) 7c | | | | | |
| Other Re | | Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See | | | | | |
| | b | Part IV, line 18 8a Less: direct expenses 8b | | | | | |
| | | Net income or (loss) from fundraising events | | | | | |
| | | Gross income from gaming activities. See Part IV, line 19 9a | | | | | |
| | | Less: direct expenses9b Net income or (loss) from gaming activities | ► | | | | |
| | 10 a | Gross sales of inventory, less returns and allowances <u>10a</u> | | | | | |
| | | Less: cost of goods sold | • | | | | |
| Miscellaneous Revenue | | OTHER | Business Code 900099 | 2,299. | | | 2,299. |
| ellan even | b c | | | | | | |
| Visc B | d | All other revenue | | | | | |
| - | е | Total. Add lines 11a-11d | | 2,299. 2,079,070. | 0. | 0. | 12,039. |
| 93200 | 12 9 01-20- | Total revenue. See instructions | ····· 🚩 | <u>,,,,,,,,,,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,, | | <u> </u> | Form 990 (2019) |

| | Check if Schedule O contains a respons | | | | |
|-----------|---|------------------------------|---|--|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | 1,345,000. | 1,345,000. | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 60,000. | | 15,000. | 45,000. |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section $4958(f)(1)$) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | | | | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch O.) | 37,633. | | 17,764. | 19,869. |
| 12 | Advertising and promotion | 24,026. | | | 24,026. |
| 13 | Office expenses | 87,767. | | 44,288. | 43,479. |
| 14 | Information technology | | | | |
| 15 | Royalties | 00 800 | | - 105 | |
| 16 | Occupancy | 20,700. | | 5,175. | 15,525. |
| 17 | | 473. | | | 473. |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | F1 000 | | | <u></u> |
| 19 | Conferences, conventions, and meetings | 71,028. | | | 71,028. |
| 20 | | | | | |
| 21 | Payments to affiliates | E / F | | E/E | |
| 22 | Depreciation, depletion, and amortization | 545. 3,078. | | <u>545.</u> 3,078. | |
| 23 | | 3,078. | | 3,078. | |
| 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.) | 24 621 | | | 21 621 |
| a | BANK AND CREDIT CHARGES | <u>24,621.</u> 6,093. | | | <u>24,621.</u> 6,093. |
| b | | 535. | | 535. | 0,093. |
| C | MISCELLANEOUS | 555. | | 555. | |
| d | | | | | |
| e | All other expenses | 1,681,499. | 1,345,000. | 86,385. | 250,114. |
| <u>25</u> | Total functional expenses. Add lines 1 through 24e | <u> </u> | ,545,000. | 00,303. | 230,114. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | Form 990 (2019) |
| 932010 | 0 01-20-20 | 10 | | | Form 330 (2019) |

12541113 784124 ONE039001

10 2019.05000 ONE FAMILY FUND

ONE03901

Form 990 (2019)

ONE FAMILY FUND

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

12541113 784124 ONE039001

ONE FAMILY FUND

| | | Chaoly if Cohody lo O contains a very analysis | | in this Dout V | | | |
|-----------------------------|-----|--|----------------|------------------|---------------------------------|----------|--------------------|
| | | Check if Schedule O contains a response or not | te to any line | e in this Part X | (A) Beginning of year | | (B) End of year |
| | 4 | Cash pan interact bearing | | | 155,694. | 1 | 55,834. |
| | 1 | Cash - non-interest-bearing | | | 4,665. | 2 | 55,054. |
| | 2 | Savings and temporary cash investments | | | 118,000. | 2 | 725,284. |
| | 3 | Pledges and grants receivable, net | | 110,000. | <u> 3</u> 4 | /23,204• | |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any current of | | | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | - | | |
| | | controlled entity or family member of any of the | • | | | 5 | |
| | 6 | Loans and other receivables from other disquali | | · | | - | |
| | _ | under section 4958(f)(1)), and persons described | | | | 6 | |
| ets | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 4 000 | 8 | 2 072 |
| ◄ | 9 | | | | 4,998. | 9 | 3,273. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 3,267. 545. | | | 0 800 |
| | b | • | 10b | | 0. | 10c | 2,722. |
| | 11 | Investments - publicly traded securities | | | 36,797. | 11 | 61,561. |
| | 12 | Investments - other securities. See Part IV, line | | | 11,440. | 12 | 11,800. |
| | 13 | Investments - program-related. See Part IV, line | 11 | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 4,140. | 15 | 4,140. | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | al line 33) . | | 335,734. | 16 | 864,614. |
| | 17 | Accounts payable and accrued expenses | | | 21,234. | 17 | 62,042. |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | Part IV of Sc | hedule D | | 21 | |
| s | 22 | Loans and other payables to any current or forn | ner officer, d | irector, | | | |
| Liabilities | | trustee, key employee, creator or founder, subs | tantial contri | butor, or 35% | | | |
| lide | | controlled entity or family member of any of the | se persons | | | 22 | |
| Ë | 23 | Secured mortgages and notes payable to unrela | ated third pa | rties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | d third partie | s | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | yables to re | | | | |
| | | parties, and other liabilities not included on lines | s 17-24). Cor | mplete Part X | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | | | Γ | 21,234. | 26 | 62,042. |
| | | Organizations that follow FASB ASC 958, che | | | | | |
| ses | | and complete lines 27, 28, 32, and 33. | | | | | |
| anc | 27 | | | | 307,179. | 27 | 108,406. |
| Bal | 28 | Net assets with donor restrictions | | | 7,321. | 28 | 694,166. |
| pu | | Organizations that do not follow FASB ASC 9 | | | | | |
| Fu | | and complete lines 29 through 33. | | | | | |
| , or | 29 | Capital stock or trust principal, or current funds | | | 29 | | |
| iets | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated in | | | | 31 | |
| Net Assets or Fund Balances | 32 | | | | 314,500. | 32 | 802,572. |
| 2 | 33 | Total liabilities and net assets/fund balances | | | 335,734. | 33 | 864,614. |
| | | | | | • | - | |

Form 990 (2019) Part X Balance Sheet

Form **990** (2019)

| Form | 1 990 (2019) ONE FAMILY FUND | <u>11-35</u> | 85917 | Pag | _{ge} 12 | | |
|------|---|--------------------|---------|----------|-------------------|--|--|
| Pa | rt XI Reconciliation of Net Assets | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | | X | | |
| | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,079 | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,681 | <u> </u> | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 397 | | <u>71.</u> 00. | | |
| 4 | 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | | | | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 19 |),01 | 16. | | |
| 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 | 71 | .,48 | 85. | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | 802 | | | | |
| | column (B)) | | | | | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | X | | |
| | | | | Yes | No | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | - | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | | | | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | X | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a | | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | X | | | |
| b | b Were the organization's financial statements audited by an independent accountant? | | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | | |
| | consolidated basis, or both: | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O. | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | g l e Audit | | | | | |
| | Act and OMB Circular A-133? | | 3a | | X | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | red audit | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | <u></u> | | | <u> </u> | | |
| | | | _ (| 000 | | | |

Form **990** (2019)

Department of the Treasury Internal Revenue Service

| (Form 990 or 990-EZ) | (Form | 990 | or | 990-EZ) |) |
|----------------------|-------|-----|----|---------|---|
|----------------------|-------|-----|----|---------|---|

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. 000_E7 to Eor 990 or For

| Go to www.irs.gov/Form990 for instructions and the latest informati | Allacii lu i | |
|---|---------------------------|---|
| | Go to www.irs.gov/Form990 | for instructions and the latest informati |

| latest information. | Inspection |
|---------------------|------------|
| | |

OMB No. 1545-0047

2019

Open to Public

ſ

| | | | | | identification number | | | |
|-----------|--|-------------------------------------|---|---|-----------------------------------|------------------------|--------------|----------------------------|
| | | FAMILY FUN | | | | | 1 | 1-3585917 |
| Part I | Reason for Public (| Sharity Status (| All organizations must co | omp l ete th | is part.) Se | e instructions | • | |
| The organ | ization is not a private found | ation because it is: (I | For lines 1 through 12, cl | heck on l y | one box.) | | | |
| 1 | A church, convention of ch | urches, or associatio | on of churches described | in sectio | on 170(b)(* | 1)(A)(i). | | |
| 2 | A school described in sect | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Form | n 990 or 99 | 90-EZ).) | | | |
| 3 | A hospital or a cooperative | hospital service orga | anization described in se | ection 170 |)(b)(1)(A)(ii | ii). | | |
| 4 | A medical research organiz | ation operated in cor | njunction with a hospital | described | l in sectio | n 170(b)(1)(A) | (iii). Enter | the hospital's name, |
| | city, and state: | | | | | | | |
| 5 | An organization operated for section 170(b)(1)(A)(iv). | | llege or university owned | l or operat | ed by a go | overnmental ur | nit describe | ed in |
| 6 | A federal, state, or local go | • • | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| 7 X | An organization that norma | | | | | | e general r | oublic described in |
| · | section 170(b)(1)(A)(vi). (C | | | enn a gen | | | general p | |
| 8 | A community trust describe | | (1)(A)(vi) (Complete Par | E II A | | | | |
| 9 | An agricultural research org | | | | ed in coniu | unction with a | land-grant | college |
| J | or university or a non-land-g | | | | | | | |
| | university: | grant conege of agric | | | name, orig | , and state of | the college | |
| 10 | | III. (Ko o o i) (o o . (1) mo o Ko | than 22 1/20/ of its surr | a a white frame of | | | in face on | d arrada radainta fram |
| 10 | An organization that norma | | | | | | | |
| | activities related to its exen | | • | . , | | | | - |
| | income and unrelated busir | | (less section 511 tax) fro | om busines | sses acqui | rea by the org | anization a | itter June 30, 1975. |
| | See section 509(a)(2). (Con | • • | | | | | | |
| | An organization organized a | | | - | | | | |
| 12 | An organization organized a | • | • | • | | | • | |
| | more publicly supported or | | | | | | | Check the box in |
| | lines 12a through 12d that | describes the type o [.] | f supporting organizatior | n and com | plete lines | 12e, 12f, and | 12g. | |
| a | Type I. A supporting orga | anization operated, s | upervised, or controlled | by its supp | ported org | anization(s), ty | pically by g | giving |
| | the supported organization | on(s) the power to req | gularly appoint or elect a | majority c | of the direc | tors or trustee | es of the su | ipporting |
| | organization. You must o | complete Part IV, Se | ections A and B. | | | | | |
| b | Type II. A supporting org | anization supervised | or controlled in connect | ion with it | s supporte | ed organization | n(s), by hav | ring |
| | control or management o | f the supporting orga | anization vested in the sa | ame perso | ns that co | ntro l or manag | je the supp | ported |
| | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | |
| c 🗌 | Type III functionally inte | grated. A supporting | g organization operated | in connect | tion with, a | and functional | y integrate | d with, |
| | its supported organization | n(s) (see instructions) |). You must complete F | Part IV, Se | ections A, | D, and E. | | |
| d 🗌 | Type III non-functionally | / integrated. A supp | orting organization oper | ated in co | nnection v | vith its suppor | ted organiz | zation(s) |
| | that is not functionally int | egrated. The organiz | ation generally must sati | isfy a distr | ibution red | quirement and | an attentiv | reness |
| | requirement (see instructi | ions). You must con | nplete Part IV, Sections | A and D, | and Part | V. | | |
| e | Check this box if the orga | anization received a v | written determination from | m the IRS | that it is a | Type I, Type I | I, Type III | |
| | functionally integrated, or | | | | | | | |
| f Ente | er the number of supported o | | , | 0 0 | | | | |
| | vide the following informatior | - | d organization(s). | | | | | • |
| | (i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) is the organized (iv) is the organized (iv) is the organized (iv) (iv) (iv) (iv) (iv) (iv) (iv) (iv) | anization listed ing document? | (v) Amount of | monetary | (vi) Amount of other |
| | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see in | structions) | support (see instructions) |
| | | | | | | | | |
| | | | | | | | | |
| | | | | İ | 1 | | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Schedule A (Form 990 or 990 EZ) 2019 ONE FAMILY FUND

11-3585917 Page 2

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

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

| Sec | ction A. Public Support | | | | | | |
|------|--|---------------------|---------------------|----------------------|----------|----------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 2638118. | 1696762. | 1176055. | 1366481. | 2067031. | 8944447. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 2638118. | 1696762. | 1176055. | 1366481. | 2067031. | 8944447. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 819,817. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 8124630. |
| Sec | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 4 | 2638118. | 1696762. | 1176055. | 1366481. | 2067031. | 8944447. |
| 8 | Gross income from interest, | | | | | | |
| Ū | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| ٥ | Net income from unrelated business | | | | | | |
| 3 | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| 10 | or loss from the sale of capital | | | | | | |
| | • | 12,504. | 11,000. | 12,000. | 26,891. | 2,299. | 64,694. |
| | assets (Explain in Part VI.) Total support. Add lines 7 through 10 | 12,504. | 11,000. | 12,000. | 20,0910 | 2,255. | 9009141. |
| | Gross receipts from related activities, | oto (pop instructio | 20) | | | 12 | 47,525. |
| | First five years. If the Form 990 is for | • | , | d fourth or fifth to | | | ±7,525• |
| 15 | - | - | | | - | | |
| Sec | organization, check this box and stor ction C. Computation of Publi | c Support Per | centage | | | | |
| | Public support percentage for 2019 (I | | - | olump (f)) | | 14 | 90.18 % |
| | Public support percentage from 2018 | | | | | 14 | 99.45 % |
| | 33 1/3% support test - 2019. If the c | | | | | | |
| 104 | stop here. The organization qualifies | - | | | | | |
| h | 33 1/3% support test - 2018. If the c | | 0 | | | or more obook thi | ······ |
| ų | | - | | | | | |
| 47. | and stop here. The organization qual | | | | | ad line 14 is 100/ / | |
| 1/a | 10% -facts-and-circumstances test | • | | | | | |
| | and if the organization meets the "fac | | | • | | • | |
| | meets the "facts-and-circumstances" | • | | | • | 7 | |
| b | 10% -facts-and-circumstances test | | | | | | |
| | more, and if the organization meets the | | | | • • | | |
| | organization meets the "facts-and-circ | | | • | | | |
| 18 | Private foundation. If the organization | n did not check a l | box on line 13, 16a | a, 16b, 1/a, or 17b | | nd see instructions | |

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

Schedule A (Form 990 or 990 EZ) 2019 ONE FAMILY FUND

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

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

| Section A. Public Support | | | | | | |
|--|-----------------------------|----------------------|-------------------------------|----------------------|------------------|-----------------------|
| Calendar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to or expended on its behalf | | | | | | |
| | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disgualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support | | | | | | |
| •• | | (1) 0010 | () 0017 | (1) 0040 | () 0040 | (n = 1 1 |
| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for | r the organization' | s first, second, thi | rd, fourth, or fifth t | tax year as a sectio | n 501(c)(3) orga | anization, |
| check this box and stop here | - | | | - | | |
| Section C. Computation of Publ | | | | | | , <u> </u> |
| 15 Public support percentage for 2019 (| line 8, column (f), c | divided by line 13, | co l umn (f)) | | 15 | % |
| 16 Public support percentage from 2018 | 3 Schedule A, Part | III, line 15 | | | 16 | % |
| Section D. Computation of Invest | | | | | | |
| 17 Investment income percentage for 2 | 019 (line 10c, colu | mn (f), divided by | line 13, co l umn (f)) | | 17 | % |
| 18 Investment income percentage from | 2018 Schedule A, | Part III, line 17 | | | 18 | % |
| 19a 33 1/3% support tests - 2019. If the | e organization did r | | | | 33 1/3%, and lii | ne 17 is not |
| more than 33 1/3%, check this box a | nd stop here. The | organization qua | lifies as a publicly | supported organiza | ation | |
| b 33 1/3% support tests - 2018. If the | | | | | | %, and |
| line 18 is not more than 33 1/3%, che | eck this box and s t | top here. The orga | anization qualifies | as a publicly supp | orted organizat | ion ► |
| 20 Private foundation. If the organization | <u>on did not check a</u> | box on line 14, 19 | a, or 19b, check t | his box and see in | structions | |
| 932023 09-25-19 | | | | Sch | nedule A (Form | n 990 or 990-EZ) 2019 |
| | | 15 | 5 | | | |

1

2

За

Зb

3c

4a

4b

4c

No

Yes

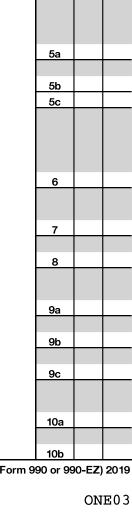
Part IV Supporting Organizations

(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.)

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 ONE FAMILY FUND
Part IV Supporting Organizations (continued)

| | | | Yes | No |
|------------|---|-----------|-----|-----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| - | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | tion B. Type I Supporting Organizations | TIC | | |
| | | | Yes | No |
| | Did the directory tructory or membership of one or more supported organizations have the newer to | | 162 | NO |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | - | | |
| _ | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| <u>Sec</u> | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| • | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | 0 | | |
| | | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a b | The organization satisfied the Activities Test. <i>Complete</i> line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i> | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructive Text. A support of the second | ructions, | | NI. |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |
| | | | | |

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Schedule A (Form 990 or 990-EZ) 2019

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| | Type III Non-Function | | | Organizations |
|------------|---------------------------|------------|------|---------------|
| Schedule A | (Form 990 or 990-EZ) 2019 | ONE FAMILY | FUND | |

1

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optiona l) |
|--|----|----------------|---|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | | | |
| collection of gross income or for management, conservation, or | | | |
| maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optiona l) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other | | | |
| factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |
| Chock berg if the current year is the organization's first as a non functional | | | - |

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

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 ONE FAMILY FUND

| | rt V Type III Non-Functionally Integrated 509(| (a)(3) Supporting Orga | nizations (continued) | |
|----------|---|-------------------------------|--------------------------------|----------------------------------|
| Sect | ion D - Distributions | | , | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| | | (i) | (ii) | (iii) |
| Sect | ion E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2019 | Distributable Amount for 2019 |
| _1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 (reason- | | | |
| | able cause required explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| a | From 2014 | | | |
| b | From 2015 | | | |
| C | From 2016 | | | |
| d | From 2017 | | | |
| e | From 2018 | | | |
| f | Total of lines 3a through e | | | |
| <u> </u> | Applied to underdistributions of prior years | | | |
| <u>h</u> | Applied to 2019 distributable amount | | | |
| i | Carryover from 2014 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from Section D, | | | |
| | line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2019 distributable amount | | | |
| C | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2015 | | | |
| b | Excess from 2016 | | | |
| | Excess from 2017 | | | |
| | Excess from 2018 | | | |
| a | | | | |

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 ONE FAMILY FUND

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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| 32028 09-25- | ¹⁹ Schedule A (Form 990 or 990-EZ) 201 20 |

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

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| ONE | FAMILY | FUND |
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| Organization type (check or | ne): |
|-----------------------------|--|
| Filers of: | Section: |
| Form 990 or 990-EZ | \fbox 501(c)(3) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

ONE FAMILY FUND

11-3585917 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution IRANIAN AMERICAN JEWISH FEDERATION OF 1 NY X Person Payroll 770 MIDDLE NECK ROAD 50,000. Noncash \$ (Complete Part II for GREAT NECK, NY 11021 noncash contributions.) (c) (d) (2) (h)

| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
|--------------|---|----------------------------|--|
| 2 | BLUM FAMILY FOUNDATION 909 MONTGOMERY ST. SUITE 400 SAN FRANCISCO, CA 94133 | \$ <u>1,000,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZI P + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | ACHARAI FAMILIES GIVING JEWISHLY 42 E. 69TH ST. NEW YORK, NY 10021 | \$50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | DDS FOUNDATION 767 5TH AVE. 17TH FLOOR NEW YORK, NY 10153 | \$ <u>50,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | THE KIRSH FOUNDATION HOLDING 30 WINNIG RD. LONDON, UNITED KINGDOM N2OUB | \$50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 923452 11-00 | NASH FAMILY FOUNDATION 25 WEST 45TH STREET. SUITE 1400 NEW YORK, NY 10036 | \$ <u>71,485.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019) |

12541113 784124 ONE039001

| Schedule B | (Form 990, | 990-EZ, | or 990-PF) | (2019) |
|------------|------------|---------|------------|--------|
|------------|------------|---------|------------|--------|

Name of organization

Page 3 Employer identification number

11-3585917

ONE FAMILY FUND

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |

12541113 784124 ONE039001

2019.05000 ONE FAMILY FUND

23

| Name of org | ganization | | Employer identification number |
|---------------------------|-------------------------------|---|--|
| ONE FA | MILY FUND | | 11-3585917 |
| Part III | | a) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les | on 501(c)(7), (8), or (10) that total more than \$1,000 for the year |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | (e) Transfer of gift | |
| | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| Part I | | | |
| - | | (e) Transfer of gift | |
| _ | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | (e) Transfer of gift | |
| - | Transferee's name, address, a | Ind ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | (e) Transfer of gift | |
| - | Transferee's name, address, a | Ind ZIP + 4 | Relationship of transferor to transferee |
| 923454 11-06-1 | 19 | | Schedule B (Form 990, 990-EZ, or 990-PF) (2019) |

12541113 784124 ONE039001

2019.05000 ONE FAMILY FUND

24

| SCHEDULE D | |
|------------|--|
| (Form 990) | |

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



Department of the Treasury Internal Revenue Service

| | Attach to Form 990 |
|------------------------|--|
| Go to www.irs.gov/Forr | m990 for instructions and the latest information |

| mployer identification nu |
|---------------------------|
|---------------------------|

_

| Nam | e of the organization ONE FAMILY FUND | | Employer identification number 11-3585917 |
|--------|--|-----------------|---|
| Pa | | s or Ac | |
| | organization answered "Yes" on Form 990, Part IV, line 6. | 0 01 / 10 | |
| | (a) Donor advised funds | | b) Funds and other accounts |
| 4 | | ` | |
| 1 | Total number at end of year Aggregate value of contributions to (during year) | - | |
| 2 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 4 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advisors | l visod fund | |
| 5 | are the organization's property, subject to the organization's exclusive legal control? | | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can b | | |
| 0 | for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpos | | - |
| | impermissible private benefit? | | |
| Pa | |) Part IV | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | , • are 10, | |
| • | | of a histo | prically important land area |
| | | | fied historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the for | n of a cor | servation easement on the last |
| - | day of the tax year. | 11 01 4 001 | Held at the End of the Tax Year |
| а | | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| c | Number of conservation easements on a certified historic structure included in (a) | | 2c |
| d | | | |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by t | | zation during the tax |
| | year > | | - |
| 4 | Number of states where property subject to conservation easement is located | | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling c | of | |
| | violations, and enforcement of the conservation easements it holds? | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co | | |
| | ▶ | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conser | vation eas | sements during the year |
| | \$ | | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 17 | | |
| | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expension | | |
| | balance sheet, and include, if applicable, the text of the footnote to the organization's financial state | ments tha | at describes the |
| De | organization's accounting for conservation easements. |)ther 6 | imilar Acceta |
| Fal | rt III Organizations Maintaining Collections of Art, Historical Treasures, or (| Julier 3 | iniliar Assels. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | | and the set of the |
| 1a | If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statemen of art, historical treasures, or other similar assets held for public exhibition, education, or research in | | |
| | service, provide in Part XIII the text of the footnote to its financial statements that describes these ite | | |
| h | If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and | | shoot works of |
| U | art, historical treasures, or other similar assets held for public exhibition, education, or research in fu | | |
| | provide the following amounts relating to these items: | i i lei all'Ce | |
| | | | ► ¢ |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | ► \$ ► \$ |
| 0 | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for finance the following amounts required to be reported under EASE ASC 958 relating to these items: | nai yain, p | JUVIUE |
| - | the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1 | | ▶ \$ |
| a b | Assets included in Form 990, Part X | | |
| - | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | | Schedule D (Form 990) 2019 |

932051 10-02-19

| <u>Sche</u> | | ILY FUND | | | | | | 358591 | | Page 2 |
|-------------|--|---------------------------------------|-----------------|-------------------------|----------------|-------------------|------------------|------------------------|-----------------|---------------|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Hist | orical Tre | easures, oi | r Other S | Similar Ass | ets _{(contir} | nued) | |
| 3 | Using the organization's acquisition, accessi | on, and other record | s, checl | k any of the | following that | make sign | ificant use of i | ts | | |
| | collection items (check all that apply): | | | | | | | | | |
| а | Public exhibition | c | k | Loan or exc | hange progra | am | | | | |
| b | Scholarly research | e | • | Other | | | | | | |
| с | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how th | ney further th | ne organizatio | on's exemp | t purpose in P | art XIII. | | |
| 5 | During the year, did the organization solicit o | | | | | | | | | |
| | to be sold to raise funds rather than to be ma | aintained as part of t | he orga | nization's co | llection? | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | | | | | | IV, line 9, or | | |
| | reported an amount on Form 990, Pa | rt X, l ine 21. | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | ian or other intermed | liary for | contribution | s or other ass | sets not inc | uded | | | |
| | on Form 990, Part X? | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | | | |
| | | | | | | | | Amoun | t | |
| с | Beginning balance | | | | | | 1c | | | |
| d | Additions during the year | | | | | | 1d | | | |
| е | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | | | | | | 1f | | | |
| 2a | Did the organization include an amount on F | | | | | | ? | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII. | Check here if the ex | planatio | on has been | provided on l | Part XIII . | | | | |
| Par | t V Endowment Funds. Complete | if the organization ar | nswered | "Yes" on Fo | orm 990, Part | IV, line 10. | | | | |
| | | (a) Current year | (b) F | Prior year | (c) Two year | rs back (d |) Three years ba | ick (e) Four | r years | s back |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| с | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | | e (line 1) | a. column (a |)) held as: | | | | | |
| _ a | Board designated or quasi-endowment | | % | g, colonni (a | ,,, | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| c | | % | | | | | | | | |
| Ŭ | The percentages on lines 2a, 2b, and 2c sho | • | | | | | | | | |
| 39 | Are there endowment funds not in the posse | • | ation the | at are he l d ar | nd administer | ed for the a | organization | | | |
| Ua | by: | | | | | | Sigamzation |] | Yes | No |
| | (i) Unrelated organizations | | | | | | | 3a(i) | 103 | |
| | (ii) Related organizations | | | | | | | | | |
| b | If "Yes" on line 3a(ii), are the related organizations | | | | | | | | | |
| 1 | Describe in Part XIII the intended uses of the | | | | | | | | | 1 |
| Par | t VI Land, Buildings, and Equipm | <u> </u> | witterit | iunus. | | | | | | |
| | Complete if the organization answere | |). Part IV | /. l ine 11a. S | See Form 990 | . Part X. lin | e 10. | | | |
| | Description of property | (a) Cost or c | | T T | t or other | | umulated | (d) Boo | k va l u | ie |
| | becomption of property | basis (investr | | | (other) | | ciation | (u) 200 | it vale | .0 |
| 19 | Land | · · · · · · · · · · · · · · · · · · · | , | | <u>,</u> , | | | | | |
| | Buildings | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | |
| | | | | | 3,267. | | 545. | | 2.7 | 22. |
| | Equipment | | | | 5,207. | | 5450 | | .,, | |
| | Other | | Varl | L | | | | | 2 7 | 22. |
| Tota | . Aud intes la through le. (Column (d) must e | equal Form 990. Part | <u>л. colur</u> | <u>пп (B). Iine 1</u> | <u>UC.)</u> | | | | - | |
| | | | | | | | Sched | lule D (Forn | 1 990 | <i>j</i> 2019 |

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| | | 11b. See Form 990, Part X, line 12. | |
|--|----------------------------|---|-------------------------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or er | id-of-year market value |
| 1) Financial derivatives | | | |
| 2) Closely held equity interests | | | |
| 3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" of | n Form 000 Part IV line | 110 Son Form 000 Port V line 12 | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or er | d of vear market value |
| | , 2001. 14100 | | |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨 📗 | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, line | 11d. See Form 990, Part X, line 15. | |
| (a) [| Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| | | | |
| (7) | | | |
| (7) | | | |
| (8) | | | |
| (8) (9) | 15) | | |
| (8) (9) otal. <u>(Column (b) must equal Form 990. Part X. col. (B) line</u> | 15.) | | • |
| (8) (9) otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. | | 11e or 11f See Form 990 Part X line 2 | |
| (8) (9) otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability | | 11e or 11f. See Form 990, Part X, line 2 | |
| (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability | | ▶ 11e or 11f. See Form 990, Part X, line 2 | 5. (b) Book value |
| (8) (9) otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes | | ▶ 11e or 11f. See Form 990, Part X, line 2 | |
| (8) (9) otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) | | ▶ 11e or 11f. See Form 990, Part X, line 2 | |
| (8) (9) otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) | | ■ 11e or 11f. See Form 990, Part X, line 2 | |
| (8) (9) otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) | | | |
| (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) | | • 11e or 11f. See Form 990, Part X, line 25 | |
| (8) (9) otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) | | 11e or 11f. See Form 990, Part X, line 2 | |
| (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) | | 11e or 11f. See Form 990, Part X, line 2 | |
| (8) (9) fotal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) | | | |
| (8) (9) fotal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) | | ■ 11e or 11f. See Form 990, Part X, line 2 | |

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

Schedule D (Form 990) 2019

932053 10-02-19

| Sche | dule D (Form 990) 2019 ONE FAMILY FUND | | | 11- | 3585917 Page 4 |
|--|---|----------------------------|----------------|--------------|--|
| Par | t XI Reconciliation of Revenue per Audited Financial Stateme | nts With F | Revenue per Re | turn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 2,098,086. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | 19,016. | | |
| b | Donated services and use of facilities | 2b | | | |
| с | Recoveries of prior year grants | | | | |
| d | Other (Describe in Part XIII.) | | | | |
| е | Add lines 2a through 2d | | | 2e | 19,016. |
| 3 | Subtract line 2e from line 1 | | | 3 | 2,079,070. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| с | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) | | | 5 | 2,079,070. |
| | | | | - | |
| Pa | t XII Reconciliation of Expenses per Audited Financial Stateme | ents With | Expenses per F | Retur | |
| Pa | TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | ents With | Expenses per F | Retur | n. |
| Pa 1 | t XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements | ents With | Expenses per F | Retur | |
| | t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | ents With | Expenses per F | | n. |
| 1 | t XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements | ents With | Expenses per F | | n. |
| 1 2 | t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | ents With | Expenses per F | | n. |
| 1 2 a | t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | 2a 2b | Expenses per F | | n. |
| 1 2 a b | t XII Reconciliation of Expenses per Audited Financial Statemet Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | 2a 2b 2c | Expenses per F | | n. |
| 1 2 a b c | t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses | 2a 2b 2c 2d | Expenses per F | | n. <u>1,681,499</u> . 0. |
| 1 2 a b c d | t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a 2b 2c 2d | Expenses per F | 1 | n. 1,681,499. |
| 1 2 b c d e | t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2a 2b 2c 2d | Expenses per F | 1 2e | n. <u>1,681,499</u> . 0. |
| 1 2 b c d 3 | t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 | 2a 2b 2c 2d | Expenses per F | 1 2e | n. <u>1,681,499</u> . 0. |
| 1 2 a b c d e 3 4 | t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 2a 2b 2c 2d 2d | Expenses per F | 1 2e | n. <u>1,681,499</u> . 0. |
| 1 2 a b c d e 3 4 a | t XIII Reconciliation of Expenses per Audited Financial Statemet Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Other losses Other statement Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2b 2c 2d 2d | Expenses per F | 1 2e | n. <u>1,681,499</u> . 0. <u>1,681,499</u> . 0. |
| 1 2 3 4 5 | t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2a 2b 2c 2d 2d | Expenses per F | 1 2e 3 | n. <u>1,681,499</u> . 0. |

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

932054 10-02-19

| ONE FAMILY FUND | | | | 11-358591 | L7 |
|---|-----------------------------|--|---|--|------------------------------|
| Part I General Inform | mation on A | ctivities Out | side the United States. Comple | ete if the organization answered " | Yes" on |
| Form 990, Part IV | , l ine 14b . | | | | |
| 1 For grantmakers. Does | the organization | n maintain record | s to substantiate the amount of its gra | nts and other assistance, | |
| the grantees' eligibility fo | r the grants or a | ssistance, and t | he selection criteria used to award the | grants or assistance? | Yes 🛛 No |
| | | | | | |
| 2 For grantmakers. Descr | ibe in Part V the | organization's | procedures for monitoring the use of its | grants and other assistance outs | side the |
| United States. | | | | | |
| | | | n be duplicated if additional space is no | | |
| (a) Region | (b) Number of offices | (c) Number of employees. | (d) Activities conducted in the region (by type) (such as, fundraising, pro- | (e) If activity listed in (d) is a program service, | (f) Total expenditures |
| | in the region | employees, agents, and independent | gram services, investments, grants to | describe specific type | for and |
| | in the region | contractors | recipients located in the region) | of service(s) in the region | investments in the region |
| | | in the region | | | |
| | | | | | |
| MIDDLE EAST AND | | | GRANTS TO RECIPIENTS | | |
| NORTH AFRICA | 1 | 2 | LOCATED IN REGION | | 1,345,000. |
| NORTH AFRICA | T | 2 | LOCATED IN REGION | | 1,545,000. |
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| 0 Outstatel | 1 | 2 | | | 1 345 000 |
| 3 a Subtotal | L | 2 | | | 1,345,000. |
| b Total from continuation | 0 | 0 | | | 0. |
| sheets to Part I c Totals (add l ines 3a | 0 | | | | <u> </u> |
| and 3b) | 1 | 2 | | | 1,345,000. |

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.

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

Name of the organization

Open to Public Inspection Employer identification number

OMB No. 1545-0047

g

Schedule F (Form 990) 2019

932071 10-12-19

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

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

ONE FAMILY FUND

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.

| (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV appraisal, other) |
|--|-------------------------|---|--|---|--|--|--|
| | | TO AID AND EDUCATE VICTIMS OF TERROR | 1345000. | BANK TRANSFER | 0. | | |
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| | and EIN (if applicable) | and EIN (if applicable) (C) Region | and EIN (if applicable) (C) Hegion grant grant | and EIN (if applicable) (C) Region grant of cash grant of cash grant MIDDLE EAST AND TO AID AND EDUCATE | and EIN (if applicable) (C) Region grant of cash grant cash disbursement MIDDLE EAST AND TO AID AND EDUCATE | (c) Region (c) Region <td>(c) Region (c) Region</td> | (c) Region (c) Region |

ONE FAMILY FUND

(b) Region

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of

cash grant

recipients

(a) Type of grant or assistance

31

Schedule F (Form 990) 2019

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

noncash assistance

11-3585917

noncash assistance

cash disbursement

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

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 ONE FAMILY FUND
Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2

THE GRANTEE ORGANIZATION SENDS REQUESTS TO ONE FAMILY FUND FOR THE

TRANFER OF FUNDS. UPON BOARD APPROVAL, THE TREASURER TRANSFERS THE

FUNDS TO THE GRANTEE. AT THE END OF THE YEAR, THE TREASURER CONFIRMS

WITH THE GRANTEE ORGANIZATION THAT THE FUNDS WERE RECEIVED AND THAT

THEY HAVE BEEN SPENT FOR THEIR PROPER PURPOSE.

Schedule F (Form 990) 2019

932075 10-12-19

12541113 784124 ONE039001

| SCHEDULE L | - | Tra | nsaction | ıs V | Vith | Inte | erested | Ρ | ersons | | | 0 | //B No. | 1545-00 |)47 |
|---|--------------|---|---------------------------------------|------------------|-----------------------------|----------|-----------------------|-------|---------------------|---------|----------------------------|---------------|----------|---------|----------------|
| (Form 990 or 990-EZ) | Complete if | the o | - | | | | | | , line 25a, 25b, 2 | 6, 27, | 28a, | | 20 | 10 | ג |
| 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. | | | | | 40b. | | | | LU pen T | | | | | | |
| Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information | | | | est information. | | | | spect | | | | | | | |
| Name of the organization | | | | | | | | | | | - | r ident | | on nı | ımber |
| Part I Excess Be | ONE FAM | | | 11(c)(3) |) secti | on 50 | 1(c)(4) and set | ctio | n 501(c)(29) orga | | | 859 | 17 | | |
| | | | | | | | | | Form 990-EZ, Pa | | | | | | |
| 1 | | | elationship betv | ween o | disqua | | | | | | | | (d) | Corre | ected? |
| (a) Name of disqualified person | | | person and or | ganiza | ation | | (0 | | escription of tran | Isactic | n | | <u> </u> | es | No |
| | | | | | | | | | | | | | - | _ | |
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| 2 Enter the amount of t section 4958 | , | | 0 | U | | | • | 0 | the year under | | ¢ | | | | |
| 3 Enter the amount of t | | | | | | | | | | | ► \$ | | | | |
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| | | | erested Pers | | | | | | | | | | | | |
| | - | | vered "Yes" on F Part X, line 5, 6 | | | , Part ∖ | /, line 38a or F | orm | n 990, Part IV, lin | e 26; (| or if th | e orga | nizatio | on | |
| (a) Name of | (b) Relation | | (c) Purpose | (d) La | an to or | (e | e) Original | 6 | f) Balance due | (a |) In | (h) Ap | provec | (i) V | Vritten |
| interested person | with organiz | | of loan | | n the zation? | | cipal amount | | ., | | ault? | bý bo comm | | agre | ement? |
| | | | | То | From | | | | | Yes | No | Yes | No | Yes | No |
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| | | | <u>vered "Yes" on F</u> | | | | | | | of | | (0 | Durn | | . f |
| (a) Name of interested person | | (b) Relationship between interested person and the organization | | | (c) Amount of assistance | | (d) Type assistand | | | |) Purpose of assistance | | 1 | | |
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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

932131 10-21-19

| | Schedule L (| Form 990 or 990-E2 | Z) 2019 | ONE | FAMILY | FUND |
|--|--------------|--------------------|---------|-----|--------|------|
|--|--------------|--------------------|---------|-----|--------|------|

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| HARRY SZAFRANSKI | TREASURER | 60,000. | PROFESSIONA | | X |
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Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

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

(A) NAME OF PERSON: HARRY SZAFRANSKI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TREASURER

(C) AMOUNT OF TRANSACTION \$ 60,000.

(D) DESCRIPTION OF TRANSACTION: PROFESSIONAL SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

Schedule L (Form 990 or 990-EZ) 2019

932132 10-21-19

12541113 784124 ONE039001

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 11-3585917

ONE FAMILY FUND

FORM 990, PART VI, SECTION A, LINE 2:

MARC BELZBERG AND LISA BELZBERG HAVE A FAMILY RELATIONSHIP.

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

THE TREASURER REVIEWS AND APPROVES THE COMPLETED FORM 990 THE FORM 990 IS

THEN DISTRIBUTED TO THE FULL BOARD PRIOR TO SUBMISSION TO THE IRS. IF THE

BOARD OF DIRECTORS HAVE ANY OUESTIONS THEY ARE ADDRESSED.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS AND OFFICERS ARE REOUIRED TO SIGN A CONFLICT OF INTEREST

DISCLOSURE FORM ANNUALLY. AN INTERESTED PERSON MAY MAKE A PRESENTATION TO

THE BOARD. AFTER THE PRESENTATION HE/SHE SHALL LEAVE AND NOT BE PRESENT

DURING THE DISCUSSION OF, OR VOTE ON, THE PROPRIETY OF THE ARRAINGEMENT

INVOLVING THE POSSIBLE CONFLICT OF INTEREST. THE BOARD WILL DETERMINE, BY

MAJORITY VOTE WHETER THE ARRANGEMENT IS ALLOWABLE.

PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: FORM 990

AL, AR, CA, FL, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, UT, VA, WV, WI WI

FORM 990, PART VI, SECTION C, LINE 18:

ONE FAMILY FUND MAKES AVAILABLE ALL FINANCIAL DOCUMENTS UPON REQUEST.

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

ONE FAMILY FUND MAKES AVAILABLE ALL FINANCIAL DOCUMENTS UPON REQUEST.

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)

36 2019.05000 ONE FAMILY FUND

| Schedule O (Form 990 or 990-EZ) (2019) | | | Page 2 |
|--|------------------|--------------|---|
| Name of the organization ONE FAMILY FUND | | | Employer identification number 11-3585917 |
| FORM 990, PART XI, LINE 9, CHANGE | S IN NET ASSE | ETS: | |
| CUMMULATIVE EFFECT OF CHANGE IN A | CCOUNTING PRI | INCIPLE | 71,485. |
| FORM 990, PART XII, LINE 2C | | | |
| THIS PROCESS HAS NOT CHANGED FROM | PRIOR YEAR. | | |
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| 932212 09-06-19 | | Sch | edule O (Form 990 or 990-EZ) (2019) |
| 541113 784124 ONE039001 | 37 2019.05000 | ONE FAMILY H | |

Page 2

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type or | or Name of exempt organization or other filer, see instructions. | | | Taxpayer identification number (TIN) | | | |
|---|---|--|--|--------------------------------------|---|----------------------------------|--|
| print | ONE FAMILY FUND | | | | 11-3585917 | | |
| File by the due date for filing your return. See | | see instruct | ions. | | | | |
| instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. TEANECK , NJ 07666 | | | | | | | |
| Enter th | e Return Code for the return that this application is for (fi | ile a separa [.] | te application for each return) | | | | |
| Applica | tion | Return | Application | | | Return | |
| ls For | | Code | Is For | | | Code | |
| Form 99 | 0 or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 | |
| Form 99 | 0-BL | 02 | Form 1041-A | | | 08 | |
| Form 47 | 20 (individual) | 03 | Form 4720 (other than individual) | | | 09 | |
| Form 99 | 0-PF | 04 | Form 5227 | | | 10 | |
| Form 990-T (sec. 401(a) or 408(a) trust) | | | Form 6069 | | | 11 | |
| Form 99 | 0-T (trust other than above) | 06 | Form 8870 | | | | |
| • If this box 1 Ir th | organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶ equest an automatic 6-month extension of time until e organization named above. The extension is for the org . X calendar year 2019 or tax year beginning the tax year entered in line 1 is for less than 12 months, a Change in accounting period | : Group Exe and atta NOVEI ganization's | mption Number (GEN) uch a list with the names and TINs of <u>MBER 16, 2020</u> , to file return for: Id ending | If this is fo all memb | r the whole g ers the extens npt organization | roup, check this sion is for. | |
| | this application is for Forms 990-BL, 990-PF, 990-T, 4720 y nonrefundable credits. See instructions. | D, or 6069, e | enter the tentative tax, less | 3a | \$ | 0. | |
| | this application is for Forms 990-PF, 990-T, 4720, or 606 | | | | | 0 | |
| | timated tax payments made. Include any prior year over | | | 3b | \$ | 0. | |
| | alance due. Subtract line 3b from line 3a. Include your p | , | | | | 0 | |
| | sing EFTPS (Electronic Federal Tax Payment System). Se | | | 30 | \$ | 0. | |
| instructi | | | | 453-EO an | | | |
| LHA | For Privacy Act and Paperwork Reduction Act Notice | e, see instru | ictions. | | Form 8 | 868 (Rev. 1 2020) | |

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

DECEMBER 31, 2019

PREPARED FOR:

HARRY SZAFRANSKI ONE FAMILY FUND 1029 TEANECK ROAD TEANECK, NJ 07666

PREPARED BY:

BONADIO & CO., LLP 6 WEMBLEY CT ALBANY, NY 12205

AMOUNT OF TAX:

BALANCE DUE OF \$125

MAKE CHECK PAYABLE TO:

DEPARTMENT OF LAW

MAIL TAX RETURN TO:

NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005

RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

THE ATTACHED COPY OF THE FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

| 1.General Informat | ion | | | | | | |
|--|--|---|--|--|--|--|--|
| For Fiscal Year Beginning | g (mm/dd/yyyy) 01/01/2019 and Ending (mm/dd/yyyy) 12/31/ | 2019 | | | | | |
| Check if Applicable: | Name of Organization: ONE FAMILY FUND | Employer Identification Number (EIN): 11-3585917 | | | | | |
| Name Change | Mailing Address: 1029 TEANECK ROAD | NY Registration Number: 069446 | | | | | |
| Final Filing | City / State / ZIP: TEANECK, NJ 07666 | Telephone: 201 227-1509 | | | | | |
| Reg ID Pending | Website: HTTPS://WWW.ONEFAMILYTOGETHER.ORG/ | Email: | | | | | |
| Check your organization's | | | | | | | |
| registration category: | S 7A only EPTL only X DUAL (7A & EPTL) EXEMPT* | Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com. | | | | | |
| 2. Certification | | | | | | | |
| See instructions for certif two signatories. | ication requirements. Improper certification is a violation of law that may be subject | to penalties. The certification requires | | | | | |
| | penalties of perjury that we reviewed this report, including all attachments, and to the re true, correct and complete in accordance with the laws of the State of New York a | | | | | | |
| | MARC BELZB | ERG | | | | | |
| President or Authorized | | | | | | | |
| | Signature Print Nar | e and Title Date | | | | | |
| HARRY SZAFRANSKI | | | | | | | |
| Chief Financial Officer of | | | | | | | |
| | Signature Print Nan | e and Title Date | | | | | |
| 3. Annual Reporting | a Exemption | | | | | | |
| | hat apply to your filing. If your organization is claiming an exemption under one cate | agory (7A or EPTL only filers) or both | | | | | |
| | hat apply to your registration, complete only parts 1, 2, and 3, and submit the certif | | | | | | |
| | re required. If you cannot claim an exemption or are a DUAL filer that claims only or | | | | | | |
| schedules and attachmer | nts and pay applicable fees. | | | | | | |
| | | | | | | | |
| | ng exemption: Total contributions from NY State including residents, foundations, g | | | | | | |
| | 25,000 <u>and</u> the organization did not engage a professional fund raiser (PFR) or fund ons during the fiscal year. | raising counsel (FRC) to solicit | | | | | |
| Contributio | ons during the liscal year. | | | | | | |
| | | | | | | | |
| 1 1 1 | filing exemption: Gross receipts did not exceed \$25,000 and the market value of as e fiscal year. | sets did not exceed \$25,000 at any time | | | | | |
| | | | | | | | |
| 4. Schedules and A | ttachments | | | | | | |
| See the following page | | | | | | | |
| for a checklist of | Yes X No 4a. Did your organization use a professional fund raiser, fund | raising counsel or commercial co-venturer | | | | | |
| schedules and | | | | | | | |
| attachments to | | | | | | | |
| complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b. | | | | | | | |
| 5. Fee | | | | | | | |
| | | | | | | | |
| See the checklist on the next page to calculate yo | 7A filing fee: EPTL filing fee: Total fee: | Make a single check or money order | | | | | |
| fee(s). Indicate fee(s) you | | payable to: | | | | | |
| are submitting here: | \$ 25. \$ 100. \$ 125. | "Department of Law" | | | | | |
| | | | | | | | |
| | r Charitable Organizations (Updated January 2020) efers to an organization's NYS registration status. It does not refer to its IRS tax des | ignation. | | | | | |

968451 01-08-20 1019

ONE FAMILY FUND



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

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

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

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

Checklist of Schedules and Attachments

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

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

Check the financial attachments you must submit with your CHAR500:

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

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

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

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

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

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

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

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

Calculate Your Fee

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

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

For EPTL and DUAL filers, calculate the EPTL fee:

| \$0, if you checked the EPTL exemption in Part 3b |
|--|
| \$25, if the NET WORTH is less than \$50,000 |
| \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 |
| \fbox \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 |
| \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 |
| 50,000,000 s750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 |
| \$1500, if the NET WORTH is \$50,000,000 or more |

Send Your Filing

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

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

Need Assistance?

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

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

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

DUAL filers are registered under both 7A and EPTL.

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

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

Where do I find my organization's NET WORTH?

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

968461 01-08-20 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

2019.05000 ONE FAMILY FUND

2

| Form 990 |
|--|
| (Rev. January 2020) |
| Department of the Treasury Internal Revenue Service |

EXTENDED TO NOVEMBER 16, 2020 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.

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



| Α | For th | e 2019 calendar year, or tax year beginning and | ending | | |
|-------------------------|------------------------------|---|--------------------|---------------------------------------|-----------------------------|
| В | Check i app l ical | e: C Name of organization | | D Employer identifica | ation number |
| | Addr | ess ONE FAMILY FUND | | | |
| | Nam Char | | | 11-358591 | 7 |
| | Initia retur | Number and street (or P.0. box if mail is not delivered to street address) | E Telephone number | | |
| | Final retur | γ 1029 IEANECK KOAD | 646289860 | 0 | |
| | term ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 2,079,070. |
| | retur | | | H(a) Is this a group ret | |
| | App tion pend | | | for subordinates? | Yes X No |
| | | 1029 TEANECK ROAD, TEANECK, NJ 07666 | | H(b) Are all subordinates incl | |
| | | xempt status: X $501(c)(3)$ $501(c)()$ $) \blacktriangleleft$ (insert no.) $4947(a)(1) c$ | or 527 | , | st. (see instructions) |
| _ | | ite: HTTPS://WWW.ONEFAMILYTOGETHER.ORG/ | | H(c) Group exemption | |
| | | forganization: X Corporation Trust Association Other > | L Year (| of formation: 2001 M | State of legal domicile: NY |
| Ρ | art I | Summary | | | |
| ģ | ا ا | Briefly describe the organization's mission or most significant activities: <u>TO PI</u> ECONOMICAL AND HUMANITARIAN AID TO PEOPLE | | | EDICAL, |
| Activities & Governance | | Check this box \blacktriangleright if the organization discontinued its operations or disposed | | | 4 |
| ern | 2 | | | | 10 10 |
| 205 | 3 | | | | 9 |
| ~ | 2 4 5 5 | Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2019 (Part V, line 2a) | | | 0 |
| ties | | Total number of volunteers (estimate if necessary) | | | 13 |
| tivi | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| Ā | (['] | Net unrelated business taxable income from Form 990-T, line 39 | | | 0. |
| | ^ | | | Prior Year | Current Year |
| _ | 8 | Contributions and grants (Part VIII, line 1h) | | 1,366,481. | 2,067,031. |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 0. | 0. |
| eve ave | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 3,182. | 1,940. |
| ä | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 34,691. | 10,099. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 1,404,354. | 2,079,070. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 880,000. | 1,345,000. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| ų | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 318,838. | 60,000. |
| Expenses | 2 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| | ž t | Total fundraising expenses (Part IX, column (D), line 25) 🕨250 , 11 | | | |
| Ш | 4 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 344,756. | 276,499. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 1,543,594. | 1,681,499. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | -139,240. | 397,571. |
| s or | DCet | | Be | ginning of Current Year | End of Year |
| Assets | हें 20 | Total assets (Part X, line 16) | ······ | 335,734. | 864,614. |
| et A | а | Total liabilities (Part X, line 26) | | 21,234. | 62,042. |
| | <u>] 22</u> | Net assets or fund balances. Subtract line 21 from line 20 | | 314,500. | 802,572. |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| Sign Here | Signature of officer HARRY SZAFRANSKI, TREA; Type or print name and title | SURER | | Date |
|--|---|----------------------|--------------------------|--|
| Paid | Print/Type preparer's name KENNE'TH MCGIVNEY | Preparer's signature | Date | Check PTIN if self-employed P01324731 |
| Preparer | Firm's name BONADIO & CO., LLP | | | Firm's EIN ▶ 16–1131146 |
| Use Only | Firm's address 🖕 6 WEMBLEY CT | | | |
| | ALBANY, NY 12205 | | Phone no. (518) 464-4080 | |
| May the IRS discuss this return with the preparer shown above? (see instructions) | | | | X Yes No |
| 932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. | | | | Form 990 (2019) |

| | 990 (2019) ONE FAMILY FUND 11-3585917 Page 2 | 2 |
|--------|--|----------|
| Pa | t III Statement of Program Service Accomplishments | |
| | Check if Schedule O contains a response or note to any line in this Part III |] |
| 1 | Briefly describe the organization's mission: | _ |
| | TO PROVIDE EMERGENCY MEDICAL, ECONOMICAL AND HUMANITARIAN AID TO | |
| | VICTIMS OF TERROR. ONE FAMILY FUND PROVIDES EDUCATION AND AWARENESS TO | _ |
| | THOSE IN THE UNITED STATES ABOUT THE PLIGHT OF THE VICTIMS OF TERROR | _ |
| | IN ISRAEL. | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | _ |
| | prior Form 990 or 990-EZ? | , |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | , |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and | |
| | revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$ 1,345,000. including grants of \$ 1,345,000.) (Revenue \$ |) |
| | GRANTS TO ASSIST FAMILIES AND INDIVIDUALS IN ISRAEL WHO WERE VICTIMS OF | ' |
| | VIOLENCE AND TERRORISM BY PROVIDING MEDICAL, ECONOMIC, AND HUMANITARIAN | - |
| | AID. | - |
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| | | <u> </u> |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |) |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |) |
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| | | - |
| 4d | Other program services (Describe on Schedule O.) | - |
| τu | | |
| 4e | (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 1,345,000. | - |
| -70 | Form 990 (2019 | <u>م</u> |
| 932001 | | -) |

| Form | 990 | (201) | 19) |
|------|-----|-------|-----|

 Form 990 (2019)
 ONE
 FAMILY
 FUND

 Part IV
 Checklist of Required Schedules

| | | | Yes | No |
|--------|--|------|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | <u> </u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | _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 | | <u> </u> |
| 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 | | <u> </u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| с | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | Х | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 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 | | X |
| 332003 | 8 01-20-20 | Form | 990 | (2019) |

932003 01-20-20

| Form | 990 | (2019) |
|------|-----|--------|
| | 000 | |

 Form 990 (2019)
 ONE
 FAMILY
 FUND

 Part IV
 Checklist of Required Schedules (continued)

| | | | Yes | No |
|--------|---|------|-----|-------------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | 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 | | <u> </u> |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| с | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | х | |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | | | |
| • | "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | x |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | ••• | | |
| 02 | Schedule N. Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 02 | | |
| 00 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| 01 | Part V, line 1 | 34 | | x |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 000 | | |
| | 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? | 000 | | |
| 00 | If "Yes," complete Schedule R, Part V, line 2 | 36 | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| 07 | | 37 | | x |
| 38 | and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | - 07 | | |
| 00 | | 38 | х | |
| Par | | 55 | | L |
| | Check if Schedule O contains a reasonance or note to any line in this Datt)/ | | | |
| | | | Yes | No |
| 10 | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7 | | 105 | |
| | | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| U | (gambling) winnings to prize winners? | 1c | х | |
| 932004 | 4 01-20-20 | | | L (2019) |
| 002002 | | | | (|

| Form | 990 (2019) ONE FAMILY FUND 11-3585 t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | 917 | Р | age 5 |
|----------|---|------------|------|--------------|
| I u | | | Y. | |
| 0- | Enter the number of employees reported on Eerm $W/2$. Transmittel of W/a and Tay Statements | | Yes | No |
| za | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 | | | |
| h | filed for the calendar year ending with or within the year covered by this return [2a] U If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | х | |
| D | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e^{-file} (see instructions) | 20 | - 23 | |
| 30 | | 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 | 0.0 | | <u> </u> |
| ia | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | x |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | x |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | x |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| 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 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | <u> </u> |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| | 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 | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 40- | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | <u>13a</u> | | <u> </u> |
| ь | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| D | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| с | organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c | | | |
| | | 14a | | x |
| 14a h | Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i> | 14a 14b | | <u> </u> |
| ы 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | טדי | | <u> </u> |
| .0 | excess parachute payment(s) during the year? | 15 | | x |
| | If "Yes," see instructions and file Form 4720, Schedule N. | 15 | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | x |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| - | | | | <u> </u> |

Form **990** (2019)

932005 01-20-20

| Form | 990 (2019) ONE FAMILY FUND | | | -35859 | | Р | age 6 |
|---------|---|---------|-------------|---------------------|--------|-------|--------------|
| Pai | t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th | rough | 7b below, a | nd for a " | No" re | spons | se |
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | | X |
| Sec | tion A. Governing Body and Management | | | | | | |
| | | | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | | 10 | | | |
| | 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 | | 9 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | | ny other | | | | |
| | officer, director, trustee, or key employee? | | | | 2 | Х | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | n | | | |
| | | | | | 3 | | x |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | | | F | 4 | | x |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | | | | 5 | | x |
| 6 | Did the organization have members or stockholders? | | | | 6 | | х |
| - 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | | | | | | |
| | more members of the governing body? | | | | 7a | | x |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | | | | | | |
| | persons other than the governing body? | | | | 7b | | x |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the yea | | | | | | |
| a | The governing body? | - | - | | 8a | х | |
| b | Each committee with authority to act on behalf of the governing body? | | | | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | | | | |
| • | 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 Re | | | <u></u> | - | | |
| | | onuc | 0000./ | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | |] | 10a | | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such cha | | | | | | |
| | | • | , , | | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body | | | | 11a | Х | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | 0 | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | 12a | х | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | | 12b | Х | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y | | | | | | |
| - | in Schedule O how this was done | · · | | | 12c | х | |
| 13 | Did the organization have a written whistleblower policy? | | | | 13 | | Х |
| 14 | Did the organization have a written document retention and destruction policy? | | | r | 14 | | x |
| 15 | Did the process for determining compensation of the following persons include a review and approval | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | , | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | | 15a | | x |
| | Other officers or key employees of the organization | | | | 15b | | Х |
| - | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem | ient wi | th a | | | | |
| | taxable entity during the year? | | | | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | | - | | | | |
| | exempt status with respect to such arrangements? | | | | 16b | | |
| Sec | tion C. Disclosure | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed AL , AR , CA , FL , I | L,K | S,KY,M | D, MA, | MI, | MN / | MS |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | / | ., | | |
| | Own website Another's website X Upon request Other (explain | on Sc | hedule O) | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | | | o l icy, and | financ | cial | |
| | statements available to the public during the tax year. | - | F | | - | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo | ks and | records | | | | |
| | HARRY SZAFRANSKI - 646-289-8600 | - | | | | | |
| | 1029 TEANECK ROAD, TEANECK, NJ 07666 | | | | | | |
| 932006 | 01-20-20 SEE SCHEDULE O FOR FULL LIST OF STATES | | | | Form | 990 | (2019) |
| | | | | | | | , |

2019.05000 ONE FAMILY FUND

ONE03901

| Form 990 (2019) | ONE FAMILY FUND | 11-3585917 Page 7 | | | | | | |
|--|--|---|--|--|--|--|--|--|
| Part VII Compe | ensation of Officers, Directors, Trustees, Key Emp | loyees, 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 tak | ble for all persons required to be listed. Report compensation for the | ne 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) | (B) | | | ((| C) | 1 | | (D) | (E) | (F) |
|----------------------------|-------------------|--------------------------------|---|---------|--------------|---------------------------------|-----------|-----------------|-------------------------------|-----------------------|
| Name and title | Average | (do | Position (do not check more than one | | Reportable | Reportable | Estimated | | | |
| | hours per | box, unle officer a | | ss pei | 'son i | s both | n an | compensation | compensation | amount of |
| | week (list any | | | | | | | from the | from related organizations | other compensation |
| | hours for | direct | | | | | | organization | (W-2/1099-MISC) | from the |
| | related | tee or | ustee | | | ensate | | (W-2/1099-MISC) | (| organization |
| | organizations | trust | nal tri | | oyee | omp. | | | | and related |
| | below | Individual trustee or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) MARC BELZBERG | line) 10.00 | Inc | <u>u</u> | 0 | Ke | Э, Е | For | | | |
| (1) MARC BELZBERG CHAIR | 10.00 | x | | x | | | | 0. | 0. | 0. |
| (2) HARRY SZAFRANSKI | 20.00 | | | | | | | 0. | 0. | 0. |
| TREASURER | 20.00 | x | | x | | | | 60,000. | 0. | 0. |
| (3) LISA BELZBERG | 2.00 | | | | | | | | | |
| BOARD MEMBER | | x | | | | | | 0. | Ο. | 0. |
| (4) RACHEL BERG | 2.00 | | | | | | | | | |
| BOARD MEMBER | | x | | | | | | 0. | Ο. | 0. |
| (5) JOEY HARARI | 2.00 | | | | | | | | | |
| BOARD MEMBER | | х | | | | | | 0. | Ο. | 0. |
| (6) MALCOM HOENLEIN | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (7) PHILP ROSEN | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (8) LIORA ROSENBLUM | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (9) BRAD SCHWARTZ | 2.00 | | | | | | | | _ | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (10) LYDIA ZUKIER | 2.00 | | | | | | | | | |
| BOARD MEMBER | | х | | X | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | <u> </u> | | | | |
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932007 01-20-20

Form 990 (2019)

| | 990 (2019) ONE FAMII | LY FUND | | | | | | | | 11-358 | 5917 | Page 8 |
|------|---|--|---|-----------------------|--------------|--|---------------------------------|--------|---|---|---|------------------------|
| Par | VII Section A. Officers, Directors, Trus | | loy | ees, | | | ghes | t C | ompensated Employee | s (continued) | | |
| | (A) Name and title | (B) Average hours per week | verage Position (do not check more box, unless person is officer and a directo | | | Position check more than one ess person is both an nd a director/trustee) | | | (D) Reportable compensation from | (E) Reportable compensation from related | (F Estim amou oth | nated Int of Ner |
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | comper from organi and re organiz | the zation ated |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1b | Subtotal | | | | | L | | | 60,000. | 0 | • | 0. |
| | Total from continuation sheets to Part VI Total (add lines 1b and 1c) | I, Section A | | | | | | | 0. 60,000. | 0 0 | | 0. |
| 2 | Total number of individuals (including but n compensation from the organization | ot limited to th | ose | iste | d ab | ove |) wh | o re | eceived more than \$100, | 000 of reportable | | 0 |
| 3 | Did the organization list any former officer, | director, truste | e, k | ey e | mpl | oye | e, or | hig | hest compensated emp | oyee on | Ye | es No |
| 4 | line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su | | | | | | | | | | 3 | X |
| 5 | and related organizations greater than \$150 Did any person listed on line 1a receive or a | | | • | | | | | | | 4 | <u>X</u> |
| Sect | rendered to the organization? <i>If</i> "Yes." com ion B. Independent Contractors | plete Schedule | e J fo | or su | ich <u>r</u> | oers | on . | | | | 5 | <u> </u> |
| 1 | Complete this table for your five highest control the organization. Report compensation for | - | | | | | | | | | sation from | |
| | (A) Name and business | address | NC | ONE | 3 | | | | (B) Description of s | ervices | (C) Compensa | ition |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 | Total number of independent contractors (ii | ncluding but no | ot lin | nited | to | thos | e lis | ted | above) who received mo | ore than | | |
| | \$100,000 of compensation from the organiz | zation 🕨 | | | | C |) | | | | Form 99 | 0 (2019) |

932008 01-20-20

| Orack if Schedule C contains a response or note to any line in the Serie VII Marction revenue Oracle of the Colspan="2" of th | | | (2019) ONE FAMILY FU | ND | | | 11-3585 | 917 Page \$ |
|---|---------------|----------|--|--------------------|---------------------|--------------------------|-------------------------|--|
| Sector Contraction Contracti | Ра | πνι | | or noto to any lin | o in this Part VIII | | | |
| Bot Mambarahip dwais b Bot Mambarahip dwais b Comment grants (contributions) b F All other contributions (the sector) b Botocine contractions (the sector) c Contractions (the sector) c Botocine contractions (the sector) c Botocine from investment of tractions (the sector) c Botocine from in | | | | | (A) | (B) Related or exempt | (C) Unrelated | (D) Revenue excluded from tax under |
| geogram 2 a b a a b a a a c a c a a a f All other program service revenue a a a a g Total. Add lines 2a2? a a a a a g Total. Add lines 2a2? b a a a a d Income from investment of tax-exempt bood proceeds b a a a 6 Gross rents Geogram a a a a d Net rental income or (loss) Geogram a a a a d Net rental income or (loss) fee 7, 800. 7, 800. 7, 800. d Net rental income or (loss) fee fee a a a d Net rental income or (loss) fee fee a a a a a d Met rental income or (loss) <td>ts</td> <td>1 a</td> <td>Federated campaigns 1a</td> <td>100,000.</td> <td></td> <td></td> <td></td> <td></td> | ts | 1 a | Federated campaigns 1a | 100,000. | | | | |
| geogram 2 a b a a b a a a c a c a a a f All other program service revenue a a a a g Total. Add lines 2a2? a a a a a g Total. Add lines 2a2? b a a a a d Income from investment of tax-exempt bood proceeds b a a a 6 Gross rents Geogram a a a a d Net rental income or (loss) Geogram a a a a d Net rental income or (loss) fee 7, 800. 7, 800. 7, 800. d Net rental income or (loss) fee fee a a a d Net rental income or (loss) fee fee a a a a a d Met rental income or (loss) <td>àran oun</td> <td>b</td> <td>Membership dues 1b</td> <td></td> <td></td> <td></td> <td></td> <td></td> | àran oun | b | Membership dues 1b | | | | | |
| geogram 2 a b a a b a a a c a c a a a f All other program service revenue a a a a g Total. Add lines 2a2? a a a a a g Total. Add lines 2a2? b a a a a d Income from investment of tax-exempt bood proceeds b a a a 6 Gross rents Geogram a a a a d Net rental income or (loss) Geogram a a a a d Net rental income or (loss) fee 7, 800. 7, 800. 7, 800. d Net rental income or (loss) fee fee a a a d Net rental income or (loss) fee fee a a a a a d Met rental income or (loss) <td>ts, C</td> <td>c</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | ts, C | c | | | | | | |
| geogram 2 a b b b c <thc> c</thc> | Gif ilar | c | | | | | | |
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| geogenerative 2 a | Col | h | Total. Add lines 1a-1f | ► | 2,067,031. | | | |
| 9000000000000000000000000000000000000 | | | | Business Code | | | | |
| gratal. Add lines 2a.21 Investment income (including dividends, interest, and other similar amounts) 1,940. 1,940. 4 Income from investment of tax-exempt bond proceeds 6 a Gross rents bas (i) Real (i) Personal Income from investment of tax-exempt bond proceeds 6 a Gross rents bas (i) Real (i) Personal Income from investment of tax-exempt bond proceeds 7 B Gross rents bas (i) Real (i) Personal Income from investment of tax-exempt bond proceeds 7 B Gross rents bas (i) Other Income from investment of tax-exempt bond proceeds 8 C Rental income or (loss) 7, 800. 7, 800. 7, 800. 7 a Gross anont from tasks of tax exempt bond proceeds Income from investment of tax-exempt bond proceeds Income from investment of tax-exempt bond proceeds 9 a Gross and of the basis To To To To 1 . 5 . 5 . 5 . 5 . 5 . 5 8 a Gross income from tax-exempt bond | ice | | | | | | | |
| gratal. Add lines 2a.21 Investment income (including dividends, interest, and other similar amounts) 1,940. 1,940. 4 Income from investment of tax-exempt bond proceeds 6 a Gross rents bas (i) Real (i) Personal Income from investment of tax-exempt bond proceeds 6 a Gross rents bas (i) Real (i) Personal Income from investment of tax-exempt bond proceeds 7 B Gross rents bas (i) Real (i) Personal Income from investment of tax-exempt bond proceeds 7 B Gross rents bas (i) Other Tax Income from investment of tax-exempt bond proceeds 9 a Gross rents bas 7, 800. 7, 800. 7, 800. 7 a Gross anont from tasks of tax exempt bond proceeds Internation come of tax exempt bond proceeds Internation come of tax exempt bond proceeds 9 a Gross anont from tasks of tax exempt bond proceeds Ta Ta Ta 9 a Gross income from tax exempt bond proceeds Internation come of tax exempt bond proceeds Internation come of tax exempt bond proceeds <td>serv ue</td> <td>b</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | serv ue | b | | | | | | |
| gratal. Add lines 2a.21 Image: constraint of the second seco | am S even | | | | | | | |
| gratal. Add lines 2a.21 Image: constraint of the second seco | ogra Re | e | · · · · · · · · · · · · · · · · · · · | | | | | |
| 3 Investment income (including dividends, interest, and other similar amounts) 1,940. 1,940. 4 Income from investment of tax-exempt bond proceeds > 1,940. 1,940. 5 Royalties > > > > 6 a Gross rents a a (i) Peersonal > > 6 a Gross rents b b c 7,800. 7,800. 7,800. 7 a Gross anount from sales of a sets other than inventory b b c 7,800. 7,800. 7,800. 7 a Gross anount from sales of a sets other than inventory b c a | Pre | f | All other program service revenue | | | | | |
| a Income from investment of tax-exempt bond proceeds 1,940. 1,940. 4 Income from investment of tax-exempt bond proceeds Image: Comparison of the comparison of tax exempt bond proceeds Image: Comparison of tax exempt bond proceeds 6 a Gross rents Image: Comparison of tax exempt bond proceeds Image: Comparison of tax exempt bond proceeds Image: Comparison of tax exempt bond proceeds 6 a Gross rents Image: Comparison of tax exempt bond proceeds Image: Comparison of tax exempt bond proceeds 7 a Gross rents Image: Comparison of tax exempt bond proceeds Image: Comparison of tax exempt bond proceeds 7 a Gross rents Image: Comparison of tax expenses Image: Comparison of tax expenses a a Gross anount from sales of a comparison of tax exempt bond proceeds Image: Comparison of tax exempt bond proceeds Image: Comparison of tax exempt bond proceeds 8 a for tax exempt bond proceeds Image: Comparison of tax exempt bond proceeds Image: Comparison | | g | | | | | | |
| 4 Income from investment of tax-exempt bond proceeds 5 Royalies (i) Real (ii) Personal (iii) Personal (iiii) Personal (iiii) Personal (iiii) Personal (iiii) Personal (iiii) Personal (iiiii) Personal (iiiiiiiiii) Personal (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | | 3 | | | 1 0 4 0 | | | 1 0 4 0 |
| 5 Royaties Image: Construction of Construction o | | 4 | | | 1,940. | | | 1,940. |
| Base Gross rents 0 Real (i) Personal b Less: rental accences 0 0 c Rental income or (loss) 0 d Net rental income or (loss) > 7,800. d Net rental income or (loss) - 7,800. d Net gain or (loss) - 7,2 e Gross income from fundraising events (not including \$ of contributions reported on line 1c). See | | - | | | | | | |
| b Less: rental expenses 6b 0. 7.800. c Rental income or (loss) 0. 7.800. 7,800. d Net rental income or (loss) 0. 0. 7,800. 7,800. a Gross amount from sales of assets other than inventory 1. 0. Securities 0. 0. a Gross amount from sales of assets other than inventory 1. | | - | | | | | | |
| c Rental income or (loss) Gc 7,800. 7,800. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assest other than inventory (i) Securities (ii) Other 7 a Gross income from fundraising events 7,2 - - 0 B a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV. line 18 Ba - - 9 Gross income from gaming activities. See Part IV. line 19 9a - - - 9 Gross income from gaming activities. See Part IV. line 19 9a - - - 9 Gross sales of inventory, less returns and allowances 10a - - - 10 Gross ales of inventory, less returns and allowances 10a - - - 11 OTHER 900099 2,299. 2,299. 2,299. | | 6 a | | | | | | |
| d Net rental income or (loss) | | b | | | | | | |
| 7 a Gross amount from sales of assets other than inventory 9 a Gross income from transition of the cost of the | | - | | | 7 900 | | | 7 900 |
| assets other than inventory Ta Ta b Less: cost or other basis and sales expenses Tb Tc c Gain or (loss) Tc Tc b Net gain or (loss) Image: cost of the transform from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Image: cost of the transform from fundraising events b Less: direct expenses Bb Image: cost of the transform from fundraising events Image: cost of the transform from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 Ba Image: cost of gaming activities Image: cost of gaming activities 9 a Gross sales of inventory, less returns and allowances Image: cost of goods sold Image: cost of goods sold Image: cost of goods sold 10 a Gross sales of inventory, less returns and allowances Image: cost of goods sold Image: cost of goods sold Image: cost of goods sold 11 a OTHER 900099 2,299. 2,299. 2,299. 10 a Gross income or (loss) from sales of inventory Image: cost of goods sold Image: cost of goods sold Image: cost of goods sold c Image: cost of goods sold Image: cost of goods | | | | (ii) Other | 7,800. | | | 7,800. |
| B Less: cost or other basis and sales expenses 7b | | 1 4 | | | | | | |
| c Gain or (loss) 7c d Net gain or (loss) 7c a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses g a gross income from gaming activities. See Part IV, line 19 b Less: direct expenses g gross income from gaming activities. See Part IV, line 19 g Gross ales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Met gain or (loss) from sales of inventory b Less: cost of goods sold c Met gain or (loss) from sales of inventory c Met gain or (loss) from sales of inventory c Met gain or (loss) from sales of inventory c Met gain or (loss) from sales of inventory c Met gain or (loss) from sales of inventory c Met gain or (loss) from sales of inventory c Met gain or (loss) from sales of inventory c Met gain or (loss) from sales of inventory c Met gain or (loss) from sales of inventory c Met gain or (loss) from sales of inventory c Met gain or (loss) from sales of inventory c Met gain or (loss) from sales of inventory c Met gain or (loss) from sales of inventory c Met gain or (loss) from sales of inventory c Met gain | | b | | | | | | |
| d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 9 a Gross income from gaming activities. See Part IV, line 19 9 a Gross income from gaming activities. See Part IV, line 19 9 a Gross income from gaming activities. See Part IV, line 19 9 a Gross income from gaming activities. See Part IV, line 19 9 a Gross ales of inventory, less returns and allowances 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 11 a OTHER b See c | anı | | | | | | | |
| contributions reported on line 1c). See Ba Part IV, line 18 Ba b Less: direct expenses Bb c Net income or (loss) from fundraising events Image: state stat | | | | | | | | |
| contributions reported on line 1c). See Ba Part IV, line 18 Ba b Less: direct expenses Bb c Net income or (loss) from fundraising events Image: state stat | r Re | | | > | | | | |
| contributions reported on line 1c). See Ba Part IV, line 18 Ba b Less: direct expenses Bb c Net income or (loss) from fundraising events Image: state stat | Othe | 8 a | | | | | | |
| Part IV, line 18 Ba b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities b Less: direct expenses c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities l0 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory c Net income or (loss) from sales of inventory c Net income or (loss) from sales of inventory c Business Code 900099 2,299. 2,299. 2,299. | 0 | | | | | | | |
| b Less: direct expenses 8b c Net income or (loss) from fundraising events 9 a g a g a g g b Less: direct expenses b b b Less: direct expenses g g b Less: direct expenses g g < | | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a 9a b Less: direct expenses 9b 9b 9c 9c c Net income or (loss) from gaming activities 9c 0c 0c 0c 10 a Gross sales of inventory, less returns and allowances 10a 0c 0c 0c b Less: cost of goods sold 10b 0c 0c 0c 0c v Hincome or (loss) from sales of inventory 0c 0c 0c 0c b Less: cost of goods sold 10b 0c 0c 0c 11 a OTHER 900099 2,299. 2,299. 2,299. or dill other revenue 0c 0c 0c 0c e Total. Add lines 11a-11d 2,299. 0c 0c 0c | | b | b Less: direct expenses 8b | , | | | | |
| Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold 10a Business Code 11 a OTHER b 900099 c All other revenue e Total. Add lines 11a-11d | | - | | > | | | | |
| b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a | | 9 a | | | | | | |
| c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory b Business Code b South and all other revenue c All other revenue e Total. Add lines 11a-11d | | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances 10a 10a b Less: cost of goods sold 10b Image: constraint of the second secon | | | | | | | | |
| and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code b c d All other revenue e Total. Add lines 11a-11d | | - | | F | | | | |
| c Net income or (loss) from sales of inventory Image: style="text-align: center;">Image: style="text-align: style="text-align: center;">Image: style="text-align: style="text-align: center;">Image: style="text-align: style="text-align: center;">Image: style="text-align: style="text-align: style="text-align: center;">Image: style="text-align: style: style="text-align: style: style="text-align: style= | | | | a | | | | |
| Snews Dusiness Code Image: Code | | | | -1 | | | | |
| 11 a OTHER 900099 2,299. 2,299. b | | <u> </u> | Net income or (loss) from sales of inventory | | | | | |
| e Total. Add lines 11a-11d | sni | 11 - | OTHER | | 2.299. | | | 2.299. |
| e Total. Add lines 11a-11d | neo | b | | | _,, | | | _,, |
| e Total. Add lines 11a-11d | sella eve | c | | | | | | |
| e Total. Add lines 11a-11d | Misc | c | | | | | | |
| | | | | , | | | 0 | 12 020 |
| 12 Total revenue. See instructions ▶ 2,079,070. 0. 0. 12,039. 932009 01-20-20 Form 990 (2019) | 02000 | | | | 4,019,010. | I 0. | I 0. | |

ONE03901

| 93201 | 0 01-20-20 | | | | Form 990 (2019) |
|-----------|--|------------|------------|-----------|---------------------------|
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| | | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| 26 | reported in column (B) joint costs from a combined | | | | |
| <u>25</u> | Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization | <u> </u> | ,545,000• | | 2JU,114. |
| e OF | · · · · · · · · · · · · · · · · · · · | 1,681,499. | 1,345,000. | 86,385. | 250,114. |
| d | All other evenences | | | | |
| بہ C | | • • • • • | | • • • • • | |
| b | MISCELLANEOUS | 535. | | 535. | 0,033. |
| a L | STATE REGISTRATION FEES | 6,093. | | | 6,093. |
| _ | amount, list line 24e expenses on Schedule 0.) BANK AND CREDIT CHARGES | 24,621. | | | 24,621. |
| | line 24e amount exceeds 10% of line 25, column (A) | | | | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If | | | | |
| 23 | Insurance | 5,070. | | 5,070. | |
| 22 | Depreciation, depletion, and amortization | 3,078. | | 3,078. | |
| 21 | Payments to affiliates | 545. | | 545. | |
| 20 | Interest | | | | |
| 19 00 | Conferences, conventions, and meetings | /1,020. | | | /1,020. |
| | for any federal, state, or local public officials | 71,028. | | | 71,028. |
| 18 | Payments of travel or entertainment expenses | | | | |
| 17 | Travel | 473. | | | 4/3. |
| 16 | | 20,700. | | 5,175. | <u>15,525.</u> 473. |
| 15 | Royalties | | | E 10E | |
| 14 | Information technology | | | | |
| 13 | Office expenses | 87,767. | | 44,288. | 43,479. |
| 12 | Advertising and promotion | 24,026. | | 44 000 | 24,026. |
| | column (A) amount, list line 11g expenses on Sch 0.) | 37,633. | | 17,764. | <u>19,869.</u> 24,026. |
| g | Other. (If line 11g amount exceeds 10% of line 25, | 27 622 | | 10 064 | 10 000 |
| f | Investment management fees | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| d | Lobbying | | | | |
| С | Accounting | | | | |
| b | | | | | |
| а | Management | | | | |
| 11 | Fees for services (nonemployees): | | | | |
| 10 | Payroll taxes | | | | |
| 9 | Other employee benefits | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| 7 | Other salaries and wages | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| 6 | Compensation not included above to disqualified | | | | |
| | trustees, and key employees | 60,000. | | 15,000. | 45,000. |
| 5 | Compensation of current officers, directors, | | | | |
| 4 | Benefits paid to or for members | | | | |
| | individuals. See Part IV, lines 15 and 16 | 1,345,000. | 1,345,000. | | |
| | organizations, foreign governments, and foreign | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 1 | Grants and other assistance to domestic organizations | | | | |

(B) Program service expenses

(D) Fundraising expenses

(C) Management and general expenses

Form 990 (2019)

1

Do not include amounts reported on lines 6b,

Grants and other assistance to domestic organizations

7b, 8b, 9b, and 10b of Part VIII.

ONE FAMILY FUND Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX

(A) Total expenses

33

Total liabilities and net assets/fund balances

| | | Check if Schedule O contains a response or not | e to an | y line in this Part X | | | |
|-----------------------------|-----|--|------------------|--|---------------------------------|-----------------|---------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 155,694. | 1 | 55,834. |
| | 2 | Savings and temporary cash investments | 4,665. | 2 | | | |
| | 3 | Pledges and grants receivable, net | | 118,000. | 3 | 725,284. | |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, subst | antia l c | ontributor, or 35% | | | |
| | | controlled entity or family member of any of thes | se perso | ons | | 5 | |
| | 6 | Loans and other receivables from other disquali | fied per | sons (as defined | | | |
| | | under section 4958(f)(1)), and persons described | l in sec | tion 4958(c)(3)(B) | | 6 | |
| S | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| Ř | 9 | | | | 4,998. | 9 | 3,273. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 3,267. | | | |
| | b | Less: accumulated depreciation | 10b | 545. | 0. | 10c | 2,722. |
| | 11 | Investments - publicly traded securities | | | 36,797. | 11 | 61,561. |
| | 12 | Investments - other securities. See Part IV, line 1 | 1 | | 11,440. | 12 | 11,800. |
| | 13 | Investments - program-related. See Part IV, line | 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | | 4,140. | 15 | 4,140. |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | | 335,734. | 16 | 864,614. |
| | 17 | Accounts payable and accrued expenses | | 21,234. | 17 | 62,042. | |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| es | 22 | Loans and other payables to any current or form | | | | | |
| Liabilities | | trustee, key employee, creator or founder, subst | | | | | |
| iab. | | controlled entity or family member of any of the | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrela | | F | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | | E Contraction of the second seco | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | - | | | | |
| | | parties, and other liabilities not included on lines | | | | | |
| | | of Schedule D | | | 21,234. | 25 | 62,042. |
| | 26 | | | | 21,234. | 26 | 02,042. |
| ŝ | | Organizations that follow FASB ASC 958, che | ck ner | | | | |
| nce | 07 | and complete lines 27, 28, 32, and 33. | | | 307,179. | 07 | 108,406. |
| ala | 27 | | | | 7,321. | 27 | 694,166. |
| dВ | 28 | Net assets with donor restrictions | | | 1,541. | 28 | 0,10,100. |
| Ľ. | | Organizations that do not follow FASB ASC 9 | 58, Che | | | | |
| Net Assets or Fund Balances | 20 | and complete lines 29 through 33. | | | | 20 | |
| ŝts | 29 | Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ec | | | | 29 30 | |
| SSE | 30 | Paid-in or capital surplus, or land, building, or ec Retained earnings, endowment, accumulated in | | F | | <u>30</u> 31 | |
| et ⊿ | 31 | | | | 314,500. | 31 | 802,572. |
| Ž | 32 | Total liabilities and net assets/fund balances | | | 335,734. | 33 | 864,614. |

864,614. Form 990 (2019)

Part X Balance Sheet

2019.05000 ONE FAMILY FUND

335,734.

33

| | <u>1990 (</u> 2019) ONE FAMILY FUND | <u>11-35</u> | 85917 | Pag | _{je} 12 | | |
|----|---|--------------------|---------------------|------|------------------|--|--|
| Pa | rt XI Reconciliation of Net Assets | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X | | |
| | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,079 | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | <u>1,681</u> 397 | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 314 | | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 19 | 0,01 | 16. | | |
| 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 | 71 | .,48 | <u>35.</u> | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | | |
| | column (B)) | 10 | 802 | 2,5 | <u>72.</u> | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X | | |
| | | | | Yes | No | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | - | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0. | | | | | |
| 2a | | | 2a | | <u>X</u> | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | 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: | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | , | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | <u>2</u> c | X | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | g l e Audit | | | | | |
| | Act and OMB Circular A-133? | | 3 a | | <u> </u> | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3 b | | | | |
| | | | | | | | |

Form **990** (2019)

| (Form 990 or 990-EZ) |
|----------------------|
|----------------------|

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.

| OMB No. 1545-0047 |
|-------------------|
| 2019 |
| Open to Public |

| Department of the Treasury Internal Revenue Service | | | | | Attach to Form 990 or F //Form990 for instruction | | | nformation. | | Open to Public Inspection |
|--|---|------------------|-----------------|-------------------------|--|------------------------|-----------------------------------|----------------|-------------------------|------------------------------|
| Nam | e of t | the organizati | | | Emplo | | | | | |
| | | C | | FAMILY FUN | D | | | | | 1-3585917 |
| Pa | τI | Reason | | | – All organizations must co | mplete th | is part.) Se | e instruction | | |
| The | ordan | | | | For lines 1 through 12, cl | | | | | |
| 1 | | | | | on of churches described | - | | 1)(A)(i) | | |
| 2 | | | | | Attach Schedule E (Form | | | ·//~///· | | |
| 3 | | | | | anization described in se | | | ii) | | |
| 4 | | | | | njunction with a hospital | | | • | Viii) Enter | the hospital's name |
| - | | city, and stat | | anon operated in col | njuniotion with a nospital | accombed | ini Scout | | | ine noopital o name, |
| 5 | | - | | or the benefit of a co | llege or university owned | or operat | | vernmentalu | nit describe | ad in |
| 5 | 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | | | |
| 6 | | | | | nental unit described in | nantian 1 ⁻ | 70/61/41/41 | () A | | |
| | X | | | | | | | | o gonoral i | aublic described in |
| ' | - 23 | | | | ntial part of its support fr | on a yove | ennenta | | le general | |
| • | | | | complete Part II.) | (1)(A)(vi). (Complete Par | • 11 \ | | | | |
| 8 9 | | - | | | | | od in ooniu | unation with a | land grant | oollogo |
| 9 | | | | | in section 170(b)(1)(A)(i ulture (see instructions). | | | | | |
| | | - | or a non-land-g | grant college of agric | ulture (see instructions). | | name, city | , and state of | the college | |
| 10 | | university: | on that norma | Illy received: (1) more | than 22 1/20/ of its sup | ort from | ontributio | no momboro | ain faca ar | d graag ragginta from |
| 10 | | - | | • • • • | than 33 1/3% of its supp | | | | • | |
| | | | | | ct to certain exceptions, | • • | | | | - |
| | | | | | (less section 511 tax) fro | m busines | sses acqui | red by the org | janization a | atter Julie 30, 1975. |
| | | | | mplete Part III.) | walk to tast for public ast | intu Can | a a ati a m <i>El</i> | 20(-)(4) | | |
| 11 12 | | - | - | | ively to test for public sat | - | | | rn out the | purposes of one or |
| 12 | | | | | ively for the benefit of, to d in section 509(a)(1) o | | | | | |
| | | | | | | | | | | |
| _ | | - | | | f supporting organization | | | | | aivina |
| а | | | | | upervised, or controlled gularly appoint or elect a | | | | | |
| | | | | complete Part IV, Se | | majonty c | | | | ipporting |
| b | | - | | | or controlled in connect | ion with it | e eupoorto | d organizatio | n(e) by bay | upa. |
| D | L | | | | anization vested in the sa | | | | | |
| | | | • | st complete Part IV, | | ine perso | 113 11121 00 | | ge the supp | Joned |
| с | | | . , | • | g organization operated | in connect | tion with | and functiona | llv integrate | ad with |
| U | L | | | |). You must complete I | | | | ily integrate | o with, |
| d | | _ | | | porting organization oper | | | | ted organi [.] | zation(s) |
| u | L | | | | ation generally must sat | | | | | |
| | | | - | | nplete Part IV, Sections | | | - | i an attenti | 101033 |
| е | | | | | written determination fro | | | | II. Type III | |
| C | L | | • | | nally integrated supporti | | | турсі, турс | n, rype m | |
| f | Ente | er the number | - | | | | | | | |
| | | | •• | n about the supporte | | | | | | |
| <u> </u> | | (i) Name of supp | | (ii) EIN | (iii) Type of organization | (iv) is the orga | anization listed ing document? | (v) Amount o | f monetary | (vi) Amount of other |
| | | organizatior | ı | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see i | nstructions) | support (see instructions |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
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Total

Schedule A (Form 990 or 990-EZ) 2019 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19

Schedule A (Form 990 or 990 EZ) 2019 ONE FAMILY FUND

11-3585917 Page 2

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

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

| Sec | ction A. Public Support | | | | | | |
|------|--|-------------------------------|---------------------------|------------------------|---------------------|---------------------|----------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 2638118. | 1696762. | 1176055. | 1366481. | 2067031. | 8944447. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| • | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 2638118. | 1696762. | 1176055. | 1366481. | 2067031. | 8944447. |
| 5 | The portion of total contributions | 20001101 | 10907010 | | 10001011 | 100,0010 | |
| 5 | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | | | | | | | 010 017 |
| - | column (f) | | | | | | 819,817. 8124630. |
| | Public support. Subtract line 5 from line 4. | | | | | | 0124030. |
| | •• | | | | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4 | 2638118. | 1696762. | 1176055. | 1366481. | 2067031. | 8944447. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources \dots | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 12,504. | 11,000. | 12,000. | 26,891. | 2,299. | 64,694. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 9009141. |
| 12 | Gross receipts from related activities, | etc. (see instructio | ons) | | | 12 | 47,525. |
| 13 | First five years. If the Form 990 is for | r the organization's | first, second, thire | d, fourth, or fifth ta | x year as a sectior | n 501(c)(3) | |
| | organization, check this box and stop | o here | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | | |
| 14 | Public support percentage for 2019 (I | ine 6, co l umn (f) di | vided by line 11, c | o l umn (f)) | | 14 | 90.18 % |
| 15 | Public support percentage from 2018 | Schedule A, Part | II, line 14 | | | 15 | 99.45 % |
| | 33 1/3% support test - 2019. If the o | | | | | ore, check this bo> | and |
| | stop here. The organization qualifies | as a publicly suppo | orted organization | | | | |
| b | 33 1/3% support test - 2018. If the o | organization did no | t check a box on I | | | | |
| | and stop here. The organization qual | - | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the "fac | - | | | | | |
| | meets the "facts-and-circumstances" | | | | | | |
| h | 10% -facts-and-circumstances test | • | | | • | | |
| | more, and if the organization meets the | 0 | | | | · · | |
| | organization meets the "facts-and-circ | | | | • • | | |
| 18 | Private foundation. If the organization | | | • | | | |
| 10 | i mate roundation. If the organizatio | an ala not check di | | a, 100, 17a, 01 17b | | dulo A (Earm 990 | |

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 ONE FAMILY FUND

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

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

| Sec | ction A. Public Support | | | | | | |
|-------|--|---------------------------|-----------------------------|------------------------------|---------------------|-----------------|-----------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disgualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Sec | ction B. Total Support | | | _ | _ | _ | |
| Cale | ndar 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, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| с | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for | the organization' | s first, second, thir | d, fourth, or fifth t | ax year as a sectio | n 501(c)(3) org | anization, |
| | check this box and stop here | | | | | | > |
| | ction C. Computation of Public | | - | | | | |
| | Public support percentage for 2019 (lin | | - | column (f)) | | 15 | % |
| | Public support percentage from 2018 | | | | | 16 | % |
| | ction D. Computation of Invest | | | | | 1 1 | |
| 17 | Investment income percentage for 20 | 19 (line 10c, colu | mn (f), divided by I | ine 13, co l umn (f)) | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | % |
| 19a | 33 1/3% support tests - 2019. If the | | | | | | |
| | more than 33 1/3%, check this box and | • | • | | | | ▶∟ |
| b | 33 1/3% support tests - 2018. If the | • | | | | | |
| | line 18 is not more than 33 1/3%, chec | | | | | | tion ► |
| 20 | Private foundation. If the organization | <u>ı did not check a</u> | box on line 14, 19 | a, or 19b, check t | | | |
| 93202 | 3 09-25-19 | | | | Sch | nedule A (Forn | n 990 or 990-EZ) 2019 |

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Зb

3c

4a

4b

4c

5a

5b

5c

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9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

No

Yes

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.)

Section A. All Supporting Organizations

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

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| - | | | Yes | No |
|--------|---|-----------|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI. | 11c | | |
| | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| - | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | 165 | |
| • | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | L |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | 103 | |
| • | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | - 1 | | |
| 2 | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | | 2 | | |
| 3 | the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| 3 | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | 2 | | |
| Sec | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations | 3 | | L |
| | | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below. | • | | |
| a b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| | | | | |
| c A | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst | ructions, | Yes | No |
| 2 | Activities Test. Answer (a) and (b) below. | | res | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization (b) to which the organization was responsive? If there is Part VI identify | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 20 | | |
| h | that these activities constituted substantially all of its activities. | 2a | | |
| a | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | Oh | | |
| 2 | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or tructees of each of the supported organizations? Describe details in Part VI | 2- | | |
| ۰. | trustees of each of the supported organizations? <i>Provide details in</i> Part VI. | 3a | | |
| a | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | 01- | | |
| | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. | 3b | | 1 |

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Schedule A (Form 990 or 990-EZ) 2019

| | (Form 990 or 990-EZ) 2019 | | | | |
|--------|---------------------------|--------|------------|-----------|--------------------------|
| Part V | Type III Non-Function | onally | Integrated | 509(a)(3) | Supporting Organizations |

1

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optiona l) |
|--|--------------|--------------------------|---|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | | | |
| collection of gross income or for management, conservation, or | | | |
| maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optiona l) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other | | | |
| factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functional | v integrated | Type III supporting orga | nization (see |

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

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 ONE FAMILY FUND

| Part V Type III Non-Functionally Integrated 50 | | nizations (continued) | |
|--|---------------------------------|--|---|
| Section D - Distributions | | | Current Year |
| 1 Amounts paid to supported organizations to accomplish ex | xempt purposes | | |
| 2 Amounts paid to perform activity that directly furthers exer | npt purposes of supported | | |
| organizations, in excess of income from activity | | | |
| 3 Administrative expenses paid to accomplish exempt purpo | oses of supported organizations | 8 | |
| 4 Amounts paid to acquire exempt-use assets | | | |
| 5 Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 Other distributions (describe in Part VI). See instructions. | | | |
| 7 Total annual distributions. Add lines 1 through 6. | | | |
| 8 Distributions to attentive supported organizations to which | the organization is responsive | | |
| (provide details in Part VI). See instructions. | | | |
| 9 Distributable amount for 2019 from Section C, line 6 | | | |
| 10 Line 8 amount divided by line 9 amount | | | |
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reason- | | | |
| able cause required explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019 | | | |
| a From 2014 | | | |
| b From 2015 | | | |
| c From 2016 | | | |
| d From 2017 | | | |
| e From 2018 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, | | | |
| line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if | | | |
| any. Subtract lines 3g and 4a from line 2. For result greater | r | | |
| than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h | | | |
| and 4b from line 1. For result greater than zero, explain in | | | |
| Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j | | | |
| and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015 | | | |
| b Excess from 2016 | | | |
| c Excess from 2017 | | | |
| d Excess from 2018 | | | |
| e Excess from 2019 | | | |

Schedule A (Form 990 or 990-EZ) 2019

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

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

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| ONE | FAMILY | FUND |
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| Organization type (check or | Organization type (check one): | | | | | | |
|-----------------------------|--|--|--|--|--|--|--|
| Filers of: | Section: | | | | | | |
| Form 990 or 990-EZ | \fbox 501(c)(3) (enter number) organization | | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | |
| | 527 political organization | | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | |
| | 501(c)(3) taxable private foundation | | | | | | |

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set is the set is the set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the s

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Page **2**

ONE FAMILY FUND

Employer identification number

11-3585917

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additiona | space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | IRANIAN AMERICAN JEWISH FEDERATION OF NY 770 MIDDLE NECK ROAD GREAT NECK, NY 11021 | \$ <u>50,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | BLUM FAMILY FOUNDATION 909 MONTGOMERY ST. SUITE 400 SAN FRANCISCO, CA 94133 | \$ <u>1,000,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZI P + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | ACHARAI FAMILIES GIVING JEWISHLY 42 E. 69TH ST. NEW YORK, NY 10021 | \$50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | DDS FOUNDATION767 5TH AVE. 17TH FLOORNEW YORK, NY 10153 | \$50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | THE KIRSH FOUNDATION HOLDING 30 WINNIG RD. LONDON, UNITED KINGDOM N20UB | \$50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | NASH FAMILY FOUNDATION25 WEST 45TH STREET. SUITE 1400NEW YORK, NY 10036 | \$71,485. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

923452 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

| Schedu l e B | (Form 99 | 0, 990-EZ, | , or 990-PF) | (2019) |
|---------------------|----------|------------|--------------|--------|
|---------------------|----------|------------|--------------|--------|

Name of organization

Page **3**

Employer identification number

ONE FAMILY FUND

11-3585917

| Part II | Noncash Property (see instructions). Use duplicate copies of Pa | art II if additional space is needed. | |
|------------------------------|--|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

2019.05000 ONE FAMILY FUND

| Name of or | rganization | | | Employer identification number |
|---------------------------|--------------------------------|---|-----------------------|--|
| ONE FA | AMILY FUND | | | 11-3585917 |
| Part III | |) through (e) and the following line charitable, etc., contributions of \$1,000 | entry For organizatio |), or (10) that total more than \$1,000 for the year |
| (a) No. from Part I | (b) Purpose of gift (c) Use | | | (d) Description of how gift is held |
| | | | | |
| - | | (e) Transfer of | gift | |
| - | Transferee's name, address, ar | ip of transferor to transferee | | |
| | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held |
| | | | | |
| - | | (e) Transfer of | gift | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relations | nip of transferor to transferee |
| | | | | |
| | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held |
| | | | | |
| - | | (e) Transfer of | | |
| - | Transferee's name, address, ar | | | ip of transferor to transferee |
| | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held |
| | | | | |
| - | | (e) Transfer of | gift | |
| - | Transferee's name, address, ar | nd ZI P + 4 | Relations | nip of transferor to transferee |
| | | | | |
| | | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

| SCHEDULE D | |
|------------|--|
| (Form 990) | |

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

| Namo | of th | e organization |
|------|--------|----------------|
| Name | 01 111 | |
| | | |

TATAT

Employer identification number . .

| | ONE FAMILY FUND | | 11-3585917 |
|-----|---|-------------------------------|---|
| Pa | rt I Organizations Maintaining Donor Advised Funds or Other Simila | ar Funds or Ac | counts. Complete if the |
| | organization answered "Yes" on Form 990, Part IV, line 6. | | |
| | (a) Donor advised fun | ds (I | 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 writing that the assets held in a | donor advised fund | S |
| • | are the organization's property, subject to the organization's exclusive legal control? | | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant fu | | |
| 0 | for charitable purposes and not for the benefit of the donor or donor advisor, or for any oth | | • |
| | | | |
| Pa | impermissible private benefit? rt II Conservation Easements. Complete if the organization answered "Yes" on | | |
| | • | Form 990, Part IV, | ine /. |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | | |
| | | | rically important land area |
| | | servation of a certif | ied historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution | in the form of a cor | servation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | · · · · · · · · · · · · · · · · · · · | | 2b |
| С | Number of conservation easements on a certified historic structure included in (a) | | 2c |
| d | Number of conservation easements included in (c) acquired after 7/25/06, and not on a hist | toric structure | |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or termin | | zation during the tax |
| | year 🕨 | | |
| 4 | Number of states where property subject to conservation easement is located | | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, h | and ing of | |
| | violations, and enforcement of the conservation easements it holds? | • | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enf | | |
| • | · · · · · · · · · · · · · · · · · · · | g | · |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcin | a conservation eas | ements during the year |
| - | | .9 | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of s | ection 170(b)(4)(B)(| 9 |
| 0 | | | , <u> </u> |
| ~ | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue ar | - | |
| | balance sheet, and include, if applicable, the text of the footnote to the organization's finan | cial statements tha | t describes the |
| Dai | organization's accounting for conservation easements. rt III Organizations Maintaining Collections of Art, Historical Treasur | es or Other Si | milar Assets |
| 1 4 | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | | |
| - | | | and the set of second se |
| 1a | If the organization elected, as permitted under FASB ASC 958, not to report in its revenue s | | |
| | of art, historical treasures, or other similar assets held for public exhibition, education, or re | | |
| | service, provide in Part XIII the text of the footnote to its financial statements that describes | | |
| b | If the organization elected, as permitted under FASB ASC 958, to report in its revenue state | | |
| | art, historical treasures, or other similar assets held for public exhibition, education, or rese | arch in furtherance | ot 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 treasures, or other similar assets | for financia l gain, p | provide |
| | the following amounts required to be reported under FASB ASC 958 relating to these items | 3: | |
| а | Revenue included on Form 990, Part VIII, line 1 | | ▶ \$ |

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 10-02-19

Schedule D (Form 990) 2019

\$

| Sche | | ILY FUND | | | | | | | 8591 | | age 2 |
|-------------|---|--------------------------------|------------|-------------------------|----------------------|-----------------------|---------------|-------------|----------|--------|--------------|
| Pa | t III Organizations Maintaining C | ollections of Art | t, Hist | torical Tre | easures, or | r Other S | Similar A | Assets | (contir | ued) | |
| 3 | Using the organization's acquisition, accessi | on, and other records | s, checl | k any of the t | following that | : make sigr | nificant use | e of its | | | |
| | collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | d | | Loan or exc | hange progra | am | | | | | |
| b | Scholarly research | е | | Other | | | | | | | |
| с | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | how th | ney further th | ne organizatio | on's exemp | t purpose | in Part > | XIII. | | |
| 5 | During the year, did the organization solicit o | r receive donations o | of art, hi | istorical trea | sures, or othe | er similar as | ssets | | | | |
| | to be sold to raise funds rather than to be ma | aintained as part of th | ne orga | nization's co | llection? | | | 🗌 | Yes | | No |
| Par | t IV Escrow and Custodial Arran | gements. Comple | ete if the | e organizatic | on answered " | 'Yes" on Fe | orm 990, P | Part IV, li | ne 9, or | | |
| | reported an amount on Form 990, Pa | rt X, line 21. | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | ian or other intermedi | iary for | contribution | s or other ass | sets not inc | uded | | _ | | _ |
| | on Form 990, Part X? | | | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and comp l ete the foll | lowing | table: | | | | | | | |
| | | | | | | | | | Amount | t | |
| С | Beginning balance | | | | | | 1c | | | | |
| d | Additions during the year | | | | | | 1d | | | | |
| е | Distributions during the year | | | | | | 1e | | | | |
| f | Ending balance | | | | | | 1f | | _ | | |
| 2a | Did the organization include an amount on F | orm 990, Part X, l ine | 21, for | escrow or cu | ustodial acco | unt liability | ? | L | Yes | | No |
| _ | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | | |
| Par | t V Endowment Funds. Complete | if the organization and | swered | l "Yes" on Fo | | | | | | | |
| | | (a) Current year | (b) | Prior year | (c) Two year | rs back (d | I) Three year | rs back | (e) Four | years | back |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | rent year end balance | e (line 1 | g, co l umn (a |)) he l d as: | | | | | | |
| а | Board designated or quasi-endowment 🕨 | | _% | | | | | | | | |
| b | Permanent endowment 🕨 | % | | | | | | | | | |
| с | Term endowment | <u>%</u> | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | uld equal 100%. | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiza | tion tha | at are he l d ar | nd administer | ed for the | organizatic | on | | | |
| | by: | | | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organization | | | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | wment | funds. | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | ient. | | | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 990 | , Part I | V, l ine 11a. S | See Form 990 | , Part X, I ir | ne 10. | | | | |
| | Description of property | (a) Cost or o | ther | (b) Cost | t or other | | umulated | | (d) Bool | < valu | ie |
| | | basis (investr | nent) | basis | (other) | depr | eciation | | | | |
| 1a | Land | | | | | | | | | | |
| b | Buildings | | | | | | | | | | |
| с | Leasehold improvements | | | | | | | | | | |
| d | Equipment | | | | 3,267. | | 545 | 5. | | 2,7 | 22. |
| e | Other | | | | | | | | | | |
| <u>Tota</u> | . Add lines 1a through 1e. <i>(Column (d) must</i> e | equal Form 990. Part 2 | X. colur | <u>mn (B). line 1</u> | 0c.) | | | | | 2,7 | 22. |
| | | | | | | | Sc | hedule | D (Form | n 990) |) 2019 |

| Complete if th | e organization answered "Yes" | on Form 990, Part IV, line | 11b. See Form 990, Part X, line 12. | |
|--|--|----------------------------|---|-------------------------|
| (a) Description of security of | Category (including name of security) | (b) Book value | (c) Method of valuation: Cost or e | nd-of-year market value |
| 1) Financial derivatives | | | | |
| 2) Closely held equity inte | rests | | | |
| 3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | m 990, Part X, col. (B) line 12.) 🕨 | | | |
| | ts - Program Related | | | |
| | - | on Form 000 Dart IV line | 11a Saa Farm 000 Dart V lina 12 | |
| | on of investment | (b) Book value | 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or e | nd of year market value |
| | | | | na or your market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | m 990, Part X, col. (B) line 13.) 🕨 | | | |
| Part IX Other Asse | sts. | | | |
| Complete if th | e organization answered "Yes" | on Form 990, Part IV, line | 11d. See Form 990, Part X, line 15. | |
| | (a) | Description | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | | | | <u> </u> |
| Part X Other Liab | <u>ual Form 990. Part X. col. (B) lin</u> ilitiae | <u>e 15.)</u> | | |
| | | an Farma 000 Dart IV/ line | 11. av 116 Cas Farm 000 Davit V line (|)F |
| 1 | (a) Description of liability | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 2 | (b) Book value |
| | | | | |
| | es | | | |
| (1) Federal income tax | | | | |
| (1) Federal income tax (2) | | | | |
| (1) Federal income tax (2) (3) | | | | |
| (1) Federal income tax (2) | | | | |
| (1) Federal income tax (2) (3) | | | | |
| (1) Federal income tax (2) (3) (4) | | | | |
| (1) Federal income tax (2) (3) (4) (5) | | | | |
| (1) Federal income tax (2) (3) (4) (5) (6) (7) | | | | |
| (1) Federal income tax (2) (3) (4) (5) (6) (7) (8) | | | | |
| (1) Federal income tax (2) (3) (4) (5) (6) (7) (8) (9) | ual Form 990. Part X. col. (B) lin | e 25) | | |

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

Schedule D (Form 990) 2019

932053 10-02-19

| Sche | dule D (Form 990) 2019 ONE FAMILY FUND | | | 11-3 | 3585917 | Page 4 |
|--|--|--|----------------|----------|------------|-------------------------|
| Par | t XI Reconciliation of Revenue per Audited Financial Stateme | nts With F | levenue per Re | | | <u> </u> |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 2,098, | 086. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | |
| а | Net unrealized gains (losses) on investments | 2a | 19,016. | | | |
| b | Donated services and use of facilities | | | | | |
| с | Recoveries of prior year grants | | | | | |
| d | Other (Describe in Part XIII.) | | | | | |
| е | Add lines 2a through 2d | | | 2e | | 016. |
| 3 | Subtract line 2e from line 1 | | | 3 | 2,079, | 070. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | . 4a | | | | |
| b | Other (Describe in Part XIII.) | 4b | | | | |
| с | Add lines 4a and 4b | | | 4c | | 0. |
| _5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) | | | 5 | 2,079, | <u>070.</u> |
| Pa | t XII Reconciliation of Expenses per Audited Financial Statem | | Expenses per l | Returr | n . | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | | | | | |
| | Complete in the organization answered thes on Form 550, Part IV, line 12a | • | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 1,681, | 499. |
| 1 2 | | | | 1 | 1,681, | 499. |
| - | Total expenses and losses per audited financial statements | | | 1 | 1,681, | 499. |
| 2 | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | 2a | | 1 | 1,681, | <u>499.</u> |
| 2 a | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | 2a 2b | | 1 | 1,681, | <u>499.</u> |
| 2 a b | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | 2a 2b 2c | ······ | 1 | 1,681, | <u>499.</u> |
| 2 a b c | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses | 2a 2b 2c 2d | | _1 2e | | 0. |
| 2 a b c d | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a 2b 2c 2d | | | 1,681, | 0. |
| 2 a b c d e | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2a 2b 2c 2d | | 2e | | 0. |
| 2 a b c d e 3 | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 | 2a 2b 2c 2d | | 2e | | 0. |
| 2 a b c d e 3 4 | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 2a 2b 2c 2d 2d | | 2e | | 0. |
| 2 a b c d e 3 4 | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2b 2c 2d 2d 4a 4b | | 2e | 1,681, | <u>0.</u> 499. 0. |
| 2 a b c d e 3 4 a b c 5 | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2a 2b 2c 2d 2d 4a 4b | | 2e 3 | | <u>0.</u> 499. 0. |

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

932054 10-02-19

Schedule D (Form 990) 2019

| ONE FAMILY FUND | | | | 11-35859 | |
|----------------------------------|--------------------|------------------------------|---|------------------------------------|---------------------|
| Part I General Info | rmation on A | ctivities Out | side the United States. Comple | ete if the organization answered " | 'Yes" on |
| Form 990, Part N | V, line 14b. | | | | |
| 1 For grantmakers. Does | the organizatior | n maintain record | ds to substantiate the amount of its gra | nts and other assistance, | |
| the grantees' eligibility f | or the grants or a | assistance, and t | he selection criteria used to award the | grants or assistance? | Yes X No |
| | | | | | |
| 2 For grantmakers. Desc | ribe in Part V the | organization's | procedures for monitoring the use of its | grants and other assistance out | side the |
| United States. | | | | | |
| 3 Activities per Region. (T | he following Part | I, line 3 table ca | an be duplicated if additional space is n | eeded.) | |
| (a) Region | (b) Number of | (c) Number of | (d) Activities conducted in the region | (e) If activity listed in (d) | (f) Total |
| | offices | èmployees, agents, and | (by type) (such as, fundraising, pro- | is a program service, | expenditures |
| | in the region | independent | gram services, investments, grants to | describe specific type | for and investments |
| | | contractors in the region | recipients located in the region) | of service(s) in the region | in the region |
| | | in the region | | | |
| | | | | | |
| MIDDLE EAST AND | | | GRANTS TO RECIPIENTS | | |
| NORTH AFRICA | 1 | 2 | LOCATED IN REGION | | 1 345 000 |
| NORTH AFRICA | | 2 | LOCATED IN REGION | | 1,345,000. |
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| 3 a Subtotal | 1 | 2 | | | 1,345,000. |
| b Total from continuation | | | | | |
| sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a | | | | | |
| and 3b) | 1 | 2 | | | 1,345,000. |

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

932071 10-12-19

Schedule F (Form 990) 2019

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.

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

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

SCHEDULE F (Form 990)

| Name of the o | rganization |
|---------------|-------------|
|---------------|-------------|

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------------|---|-------------------|-----------------------------------|------------------------------------|--|---|---|---|
| | | | | | | | | |
| | | | TO AID AND EDUCATE | | | | | |
| | | NORTH AFRICA | VICTIMS OF TERROR | 1345000. | BANK TRANSFER | 0. | | |
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| | | | recognized as charities by the f | | | | | |
| 3 Enter total number of | | | tion 501(c)(3) equivalency letter | | | ► | | |

Schedule F (Form 990) 2019

| Schedule F (Form 990) 2019 | ONE FAMILY F | | | | 1-3585917 | |
|---------------------------------|---|--------------------------|--------------------------|-----------------------------------|--|---------------------------------------|
| Part III Grants and Other Assis | tance to Individuals Outsi I if additional space is need | | ates. Complete i | f the organization answered "Yes" | on Form 990, Part | IV, line 16. |
| (a) Type of grant or assistance | | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance |
| | | | | | | |
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Schedule F (Form 990) 2019

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

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

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 ONE FAMILY FUND
Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2

THE GRANTEE ORGANIZATION SENDS REQUESTS TO ONE FAMILY FUND FOR THE

TRANFER OF FUNDS. UPON BOARD APPROVAL, THE TREASURER TRANSFERS THE

FUNDS TO THE GRANTEE. AT THE END OF THE YEAR, THE TREASURER CONFIRMS

WITH THE GRANTEE ORGANIZATION THAT THE FUNDS WERE RECEIVED AND THAT

THEY HAVE BEEN SPENT FOR THEIR PROPER PURPOSE.

Schedule F (Form 990) 2019

932075 10-12-19

12541113 784124 ONE039001

2019.05000 ONE FAMILY FUND

| SCHEDULE L | ٦ | Fra i | nsaction | is V | Vith | Inte | erested | Ρ | ersons | | | 0 | //B No. | 1545-00 |)47 | | |
|--|---------------|--------------|--|---------|------------------|--------------------|-------------------------|------|----------------------|---------------|---------------|---------|-------------|---------------|---------|------|--------|
| (Form 990 or 990-EZ) | Complete if t | he or | - | | | | | | , line 25a, 25b, 2 | 6, 27, | 28a, | | 20 | 10 | ן | | |
| Department of the Treasury | | | 28b, or 28c, o ► Atta | | | | Form 990-EZ | | 400. | | | | LU pen T | | - | | |
| Internal Revenue Service | ► Go | o to w | /ww.irs.gov/Fo | rm99 | 0 for ir | nstruc | tions and the | late | est information. | | | | spect | | | | |
| Name of the organization | | | | | | | | | | | - | rident | | on nı | Imber | | |
| Part Excess Ber | ONE FAM | | |)1(c)(3 |). secti | on 50 [.] | 1(c)(4), and see | ctio | n 501(c)(29) orga | | | 859 | <u> </u> | | | | |
| | | | | | | | | | Form 990-EZ, Pa | | | | | | | | |
| 1 (a) Name of disqualified | | | elationship betv | veen c | disqua | | | | escription of trar | | | | (d) | Corre | ected? | | |
| | | | person and or | ganiza | ation | | ,, | ., | | | | | <u> </u> | es | No | | |
| | | | | | | | | | | | | | - | _ | | | |
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| • Enter the encount of the | | | | | | | | | **** | | | | | | | | |
| 2 Enter the amount of ta section 4958 | , | | 5 | 0 | | | • | 0 | the year under | | ▶ \$ | | | | | | |
| 3 Enter the amount of ta | | | | | | | | | | | ► \$ | | | | | | |
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| | | | erested Pers | | | | (1 00 5 | _ | | ~~ | | | | | | | |
| | - | | ered "Yes" on F Part X, line 5, 6 | | | , Part V | /, line 38a or F | -orn | n 990, Part IV, lin | e 26; (| or it th | ie orga | nizatio | on | | | |
| (a) Name of | (b) Relation | | (c) Purpose | (d) Lo | an to or | (6 | e) Original | (| f) Balance due | (g |) In | (h) Ap | proved | (i) V | Vritten | | |
| interested person | | | of loan | | n the zation? | | ipal amount | | | pal amount de | | | ault? | bý bo comm | | agre | ement? |
| | | | | То | From | | | | | Yes | No | Yes | No | Yes | No | | |
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| Total | | | | | | | > \$ | | | | | | | | | | |
| | | | efiting Inter | | | | | | | | | | | | | | |
| Complete if the (a) Name of interested | | | ered "Yes" on F | | | | ine 27. c) Amount of | | | of | | (0 |) Purp | 000.0 | f | | |
| (a) Name of Interester | u person | · · | a) Relationship interested pers the organiza | on an | | , t | assistance | | (d) Type assistan | | | | assist | | 1 | | |
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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

932131 10-21-19

| Schedule L | (Form | 990 or | 990-EZ | 2019 | ONE | FAMI | LҮ | FUND |) |
|------------|-------|--------|--------|------|-----|------|----|------|---|
| | - | | | | | | | | |

Part IV Business Transactions Involving Interested Persons.

| 11- | 358 | 5917 | Page 2 |
|-----|-----|------|--------|
| | | | |

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| HARRY SZAFRANSKI | TREASURER | 60,000. | PROFESSIONA | | X |
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Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

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

(A) NAME OF PERSON: HARRY SZAFRANSKI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TREASURER

(C) AMOUNT OF TRANSACTION \$ 60,000.

(D) DESCRIPTION OF TRANSACTION: PROFESSIONAL SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

Schedule L (Form 990 or 990-EZ) 2019

932132 10-21-19

12541113 784124 ONE039001

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 11-3585917

ONE FAMILY FUND

FORM 990, PART VI, SECTION A, LINE 2:

MARC BELZBERG AND LISA BELZBERG HAVE A FAMILY RELATIONSHIP.

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

THE TREASURER REVIEWS AND APPROVES THE COMPLETED FORM 990 THE FORM 990 IS

THEN DISTRIBUTED TO THE FULL BOARD PRIOR TO SUBMISSION TO THE IRS. IF THE

BOARD OF DIRECTORS HAVE ANY OUESTIONS THEY ARE ADDRESSED.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS AND OFFICERS ARE REOUIRED TO SIGN A CONFLICT OF INTEREST

DISCLOSURE FORM ANNUALLY. AN INTERESTED PERSON MAY MAKE A PRESENTATION TO

THE BOARD. AFTER THE PRESENTATION HE/SHE SHALL LEAVE AND NOT BE PRESENT

DURING THE DISCUSSION OF, OR VOTE ON, THE PROPRIETY OF THE ARRAINGEMENT

INVOLVING THE POSSIBLE CONFLICT OF INTEREST. THE BOARD WILL DETERMINE, BY

MAJORITY VOTE WHETER THE ARRANGEMENT IS ALLOWABLE.

PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: FORM 990

AL, AR, CA, FL, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, UT, VA, WV, WI WI

FORM 990, PART VI, SECTION C, LINE 18:

ONE FAMILY FUND MAKES AVAILABLE ALL FINANCIAL DOCUMENTS UPON REQUEST.

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

ONE FAMILY FUND MAKES AVAILABLE ALL FINANCIAL DOCUMENTS UPON REQUEST.

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)

| Schedule O (Form 990 or 990-EZ) (2019) Name of the organization | Empl | Page oyer identification numbe |
|--|-------------------------|-----------------------------------|
| ONE FAMILY FUND | 1 | 1-3585917 |
| FORM 990, PART XI, LINE 9, CHANGES IN | NET ASSETS: | |
| CUMMULATIVE EFFECT OF CHANGE IN ACCOU | NTING PRINCIPLE | 71,485. |
| | | |
| FORM 990, PART XII, LINE 2C | | |
| THIS PROCESS HAS NOT CHANGED FROM PRI | DR YEAR. | |
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| | Sahadula O // | Form 990 or 990-EZ) (2019 |
| 932212 09-06-19 41113 784124 ONE039001 201 | 9.05000 ONE FAMILY FUND | Corm 990 or 990-EZ) (2019 |
| ±1113 /04124 UNEU39001 201 | 5.05000 ONE FAMILY FUND | ONEU |

901

Financial Statements as of December 31, 2019 Together with Independent Auditor's Report



INDEPENDENT AUDITOR'S REPORT

November 12, 2020

The Board of Directors of One Family Fund:

We have audited the accompanying financial statements of One Family Fund, which comprise the balance sheet as of December 31, 2019, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

488 Madison Ave., 23rd Floor New York, NY 10022 p (212) 600-2854

www.bonadio.com

INDEPENDENT AUDITOR'S REPORT

(Continued)

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of One Family Fund as of December 31, 2019, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Change in Accounting Principle

As described in Note 2 to the financial statements, One Family Fund implemented Accounting Standards Update 2018-08 Topic 958: *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*, and the effects have been included in these financial statements. Our opinion is not modified with respect to this matter.

Bonadio & Co., LLP

BALANCE SHEET DECEMBER 31, 2019

ASSETS

| CASH | \$ 55,834 |
|--|------------------------|
| INVESTMENTS | 73,361 |
| CONTRIBUTIONS RECEIVABLE | 725,284 |
| PREPAID EXPENSES | 3,273 |
| SECURITY DEPOSIT | 4,140 |
| COMPUTER EQUIPMENT (Net of accumulated depreciation of \$545) | 2,722 |
| Total assets | \$ 864,614 |
| LIABILITIES AND NET ASSETS | |
| LIABILITIES: Accounts payable and accrued expenses | \$ 62,042 |
| Total liabilities | 62,042 |
| NET ASSETS: Without donor restrictions With donor restrictions | 108,406 694,166 |
| Total net assets | 802,572 |
| Total liabilities and net assets | \$ 864,614 |

The accompanying notes are an integral part of these statements.

STATEMENT OF ACTIVITIES FOR THE YEAR ENDED DECEMBER 31, 2019

| | Without donor restrictions | Total | |
|--|--|--|--|
| REVENUES, GAINS, AND OTHER SUPPORT: Contributions Interest and dividend income Gain on investments Rental income Other revenue Net assets released from donor restrictions | \$ 1,243,326 1,940 19,016 7,800 2,299 208,345 | \$ 823,705 - - - (208,345) | \$ 2,067,031 1,940 19,016 7,800 2,299 - |
| Total revenues, gains and other support | 1,482,726 | 615,360 | 2,098,086 |
| EXPENSES: Program services - Israel projects and programs Total program services | <u> </u> | | <u> </u> |
| Supporting services - Management and general Fund raising | 86,385 250,114 | - | 86,385 250,114 |
| Total supporting services | 336,499 | | 336,499 |
| Total expenses | 1,681,499 | | 1,681,499 |
| Change in net assets before cummulative effect of change in account principle | (198,773) | 615,360 | 416,587 |
| Cummulative effect of change in accounting principle | | 71,485 | 71,485 |
| CHANGE IN NET ASSETS | (198,773) | 686,845 | 488,072 |
| NET ASSETS - beginning of year | 307,179 | 7,321 | 314,500 |
| NET ASSETS - end of year | \$ 108,406 | \$ 694,166 | <u>\$ 802,572</u> |

The accompanying notes are an integral part of these statements. $$\mathbf{2}$$

STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2019

| | Total | 1,345,000 | 97,633 74 0.70 | 43 040 | 38,974 | 24,621 | 24,026 | 20,700 | 6,093 | 5,314 | 3,078 | 545 | 535 | 473 | 439 | 1,681,499 |
|---------------------|--|-------------------------------|----------------------------------|-------------------------------------|-----------------|--------------|-------------|--------|-------------------------|-----------|-----------|----------------------|---------------|--------|----------|----------------|
| | | \$ | | | | | | _ | | | | | | | | ŝ |
| | Total Supporting <u>Services</u> | | 97,633 | 43 040 | 38,974 | 24,621 | 24,026 | 20,700 | 6,093 | 5,314 | 3,078 | 545 | 535 | 473 | 439 | 336,499 |
| ş | 0) | θ | | | | | | | | | | | | | | ŝ |
| Supporting Services | Fundraising | - 00 | 64,869 71 000 | 43 040 | | 24,621 | 24,026 | 15,525 | 6,093 | ' | ' | ' | ' | 473 | 439 | 250,114 |
| Suppo | Щ | Ф | | | | | | | | | | | | | | ф |
| | Management and <u>General</u> | | 32,764 | | 38,974 | ' | ' | 5,175 | ' | 5,314 | 3,078 | 545 | 535 | ' | ' | 86,385 |
| | Σ | Ф | | | | | | | | | | | | | | ŝ |
| | lsrael Projects and Programs | 1,345,000 | | | | ' | ' | ' | ' | ' | ' | ' | ' | | ' | 1,345,000 |
| | lsra ano | θ | | | | | | | | | | | | | | φ |
| | | Grants to Israel - One Family | Protessional fees and consulting | Connerences Postade and shinping | Office expenses | Bank charges | Advertising | Rent | State registration fees | Telephone | Insurance | Depreciation expense | Miscellaneous | Travel | Printing | Total expenses |

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED DECEMBER 31, 2019

| CASH FLOW FROM OPERATING ACTIVITIES: Change in net assets Adjustments to reconcile change in net assets to net cash flow from operating activities: | \$ 488,072 |
|--|------------------------------|
| Cummulative effect of change in accounting principle Depreciation expense Gain on investments | (71,485) 545 (19,016) |
| Changes in: Contributions receivable Prepaid expenses Accounts payable and accrued expenses | (535,799) 1,725 40,808 |
| Net cash flow from operating activities | (95,150) |
| CASH FLOW FROM INVESTING ACTIVITIES: Purchase of fixed assets Purchase of investments | (3,267) (1,443) |
| Net cash flow from investing activities | (4,710) |
| CHANGE IN CASH | (99,860) |
| CASH - beginning of year | 155,694 |
| CASH - end of year | \$ 55,834 |

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2019

1. THE ORGANIZATION

One Family Fund (the "Organization") was incorporated on November 6, 2000 in the State of New York. The Organization was formed to raise funds to meet the needs of the people in Israel in emergency situations by providing medical, economic and humanitarian aid to victims of terror. The Organization provides education and awareness to those in the United States about the plight of the victims of terror in Israel. The Organization is supported primarily through donor contributions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements are prepared on the accrual basis of accounting.

Change in Accounting Principle

In June 2018, the FASB issued ASU 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. ASU 2018-08 clarifies the determination of whether a grant or contract is a contribution or an exchange transaction subject to other guidance. ASU 2018-08 was adopted by the Organization January, 2019 on a retrospective basis. In connection with the implementation of this ASU, the Organization recorded a cumulative effect adjustment of \$71,485 as an increase to net assets with donor restrictions as of January 1, 2019.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash

Financial instruments which potentially subject the Organization to a concentration of credit risk are cash accounts with financial institutions which at times during the year may exceed FDIC insurance limits. The Organization has not experienced any losses in these accounts and believes it is not exposed to any significant credit risk with respect to cash and cash equivalents.

Investments

Investments are recorded at fair value. The Organization invests in various investment securities. Investment securities, in general, are exposed to various risks such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, based on the markets' fluctuations, and that such changes could materially affect the Organization's financial statements.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Contributions Receivable

Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. The discounts on those amounts are computed using risk-adjusted interest rates applicable to the years in which the promises are received. Amortization of the discounts is included in contribution revenue. Conditional promises to give are not included as support until the conditions are substantially met.

Allowance for Doubtful Accounts

The allowance for doubtful accounts is based on the age of the contribution receivable, a review of payments subsequent to year end, and management's evaluation of the collectability of the related receivable. Interest is not accrued or recorded on outstanding receivables. Management has determined that as of December 31, 2019 no allowance is deemed necessary.

Fixed Assets

Fixed assets are stated at cost. It is the Organization's policy to capitalize assets of \$1,000 or greater with estimated useful lives of more than one year. Depreciation is computed on the straight-line method over the estimated useful lives of the fixed assets. Half-year depreciation is utilized in the year of acquisition.

Net Assets

Net assets without donor restrictions include funds having no restriction as to use or purpose imposed by donors.

Net assets with donor restrictions are those whose use has been limited by donors to a specific time period or purpose.

Contributions

Unconditional contributions, including promises to give cash and other assets, are reported at fair value at the date the contribution is received. The gifts are reported to net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statement of activities as net assets released from donor restrictions.

Rental Income

Rental income is recognized based on a signed rental agreement, which is on a month-tomonth basis.

Grants to Israel - One Family

All transmissions to One Family Fund - Israel, or other charitable institutions in Israel and the United States, are made pursuant to authorization by the Board of Directors of the Organization.

Advertising

Advertising costs are expensed as incurred.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Rent Expense

The Organization has an operating lease which is reflected on the straight-line basis. Deferred rent is recorded when there are material differences between the fixed payment and the rent expense.

Functional Expenses

The costs of providing the Organization's programs and other activities have been summarized on a functional basis in the financial statements. Professional fees are allocated based on the estimated time spent on the various functions. Rent expense is allocated based on estimates of the space utilized for each function. Other expenses directly charged to the function benefited.

Tax Status

The Organization is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. The Organization has been recognized by the Internal Revenue Service as an entity that is not a private foundation.

3. LIQUIDITY

The Organization is substantially supported by contributions including those with donor restrictions. Because a donor restriction requires resources to be used in a particular manner or in a future period, the Organization must maintain sufficient resources to meet those responsibilities to its donors. Thus, financial assets may not be available for general expenditure within one year. As of December 31, 2019, the following financial assets are available for expenditure within one year of the balance sheet date to meet general expenditures:

| Financial assets: | |
|--|-------------------|
| Cash | \$ 55,834 |
| Investments | 73,361 |
| Contributions receivable | 725,284 |
| Total | 854,479 |
| Less amounts not available to meet general expenditures within one year due to: | |
| Net assets with donor restrictions | (694,166) |
| Financial assets available to meet cash needs for general expenditures within one year | <u>\$ 160,313</u> |

The Organization manages its liquidity and so that it can continue operating within a prudent range of financial soundness and stability, maintain adequate liquid assets to fund near-term operating needs and maintaining sufficient reserves to provide reasonable assurance that long-term commitments can be met.

4. INVESTMENTS AND FAIR VALUE MEASUREMENTS

Fair Value Measurements

Fair Value Measurements establishes a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below. Level 1 inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that Access has the ability to access. Level 2 inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability. Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement. The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 as compared to earlier periods.

Common stocks - Valued at the closing price reported on the active market on which the individual securities are traded.

State of Israel bonds - Valued at their face amounts, which approximate fair value.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the assets at fair value as of December 31, 2019:

| | Level 1 | | Level 2 | | Level 3 | | <u>Total</u> |
|-------------------------------|---------|--------|---------|--------|---------|---|--------------|
| Common stocks | \$ | 56,803 | \$ | - | \$ | - | \$ 56,803 |
| State of Israel bonds | | - | | 11,800 | | - | 11,800 |
| Total investments reported on | | | | | | | |
| the fair value hierarchy | \$ | 56,803 | \$ | 11,800 | \$ | - | 68,603 |
| Cash and cash equivalents | | | | | | | 4,758 |
| Total investments | | | | | | | \$ 73,361 |

5. CONTRIBUTIONS RECEIVABLE

Contributions receivable have been discounted to present value using discount rates between 5% and 5.5%. Contributions receivable are due as follows:

| 2020 | | \$ 92,189 |
|------|---------------------------------|-------------------------|
| 2021 | | 355,000 |
| 2022 | | 330,000 |
| | Less: discount to present value | 777,189 (51,905) |
| | | \$ 725,284 |

6. RENT

The Organization rents space on their lease which has been extended through December 31, 2020. Future minimum annual lease payments are as follows:

2020 \$ 21,540

Rent expense for the year ended December 31, 2019 was \$20,700.

7. RELATED PARTY TRANSACTIONS

During the year ended December 31, 2019, the Organization incurred \$60,000 of professional fees that were provided by an Officer of the Board of Directors.

8. NET ASSETS WITH DONOR RESTRICTIONS

Net Assets with Donor Restrictions changed during 2019 as follows:

| | <u>1/1/2019</u> | | <u>1/1/2019</u> Additions | | <u>Releases</u> | | 12 | 2/31/2019 |
|--|-----------------|--------|---------------------------|---------|-----------------|--------|----|-----------|
| Net assets with donor restrictions: | | | | | | | | |
| For periods after December 31, 2019 | \$ | - | \$ | 609,286 | \$ | - | \$ | 609,286 |
| Victim support projects in Israel | | 78,806 | _ | 214,419 | (208 | 3,345) | | 84,880 |
| Total net assets with donor restrictions | \$ | 78,806 | \$ | 823,705 | \$ (208 | 3,345) | \$ | 694,166 |

Net Assets with Donor Restrictions at January 1, 2019 includes the cumulative effect of change in accounting principle of \$71,485.

9. SUBSEQUENT EVENTS

The United States is presently in the midst of a national health emergency related to a virus, commonly known as Novel Coronavirus (COVID-19). The overall consequences of COVID – 19 on a national, regional and local level are unknown, but it has the potential to result in a significant economic impact. The impact of this situation on the Organization and its future results and financial position is not presently determinable.

Subsequent events have been evaluated through November 12, 2020, which is the date the financial statements were available to be issued.