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Form	330	

** PUBLIC DISCLOSURE COPY **

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service

Α	For the	e 2016 calendar year, or tax year beginning and	ending	_	
Β	Check if applicabl	e: C Name of organization		D Employer identifie	cation number
	Addre	Se ONE FAMILY FUND			
	Name chang		11-3	585917	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	Final return	1029 TEANECK ROAD	3B		289-8600
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,716,874.
	Amen return	I HANNECK, NO 07000		H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: 0 00 ET IT D. BODNER		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: $X 501(c)(3) 501(c)() + 301(c)() + 301(c)() + 301(c)(0) + 301(c)$	or 🛄 527	If "No," attach a	list. (see instructions)
		te: WWW.ONEFAMILYFUND.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other ►	L Year	of formation: 2001	State of legal domicile: NY
Pá	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: TO P	ROVIDE	E EMERGENCY	MEDICAL,
anc		ECONOMIC, AND HUMANITARIAN AID TO PEOPLE			
Activities & Governance		Check this box 🕨 🛄 if the organization discontinued its operations or dispo			
ő		Number of voting members of the governing body (Part VI, line 1a)			13
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Number of independent voting members of the governing body (Part VI, line 1b)			<u>13</u> 4
ties		Total number of individuals employed in calendar year 2016 (Part V, line 2a)		<u>4</u> 17	
tivi	6	Total number of volunteers (estimate if necessary)		6 7a	0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	D	Net unrelated business taxable income from Form 990-T, line 34			Current Year
	8	Contributions and grants (Part VIII, line 1h)		2,638,118.	1,696,762.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,255.	1,312.
ř		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-118,819.	-16,537.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,522,554.	1,681,537.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,958,698.	1,455,901.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		134,906.	118,891.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25)  60,1	59.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		355,581.	205,489.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,449,185.	1,780,281.
	19	Revenue less expenses. Subtract line 18 from line 12		73,369.	-98,744.
Assets or Abalances			Be	ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		479,555.	483,408.
Net As		Total liabilities (Part X, line 26)		36,801.	134,879.
_		Net assets or fund balances. Subtract line 21 from line 20		442,754.	348,529.
Pa	art II	Signature Block		and a dealer that the set of an	

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	Signature of officer		Date
Here	JOSEPH S. BODNER, TREASURER		
		L D - t -	
	Print/Type preparer's name Preparer's signature	Date	Check PTIN
Paid	AARON SHAPIRO		self-employed P01333816
Preparer	Firm's name 🖕 LOEB & TROPER LLP		Firm's EIN 👞 13–1517563
Use Only	Firm's address 55 THIRD AVENUE, 12TH FLOOR		
	NEW YORK, NY 10017		Phone no. 212 - 867 - 4000
May the II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No
632001 11-1	11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> (2016)

		11-3585917	Page
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u> L</u>
1	Briefly describe the organization's mission: TO PROVIDE EMERGENCY MEDICAL, ECONOMIC, AND HUMANITARIAN		
	VICTIMS OF TERROR. ONE FAMILY FUND PROVIDES EDUCATION AND		<u>:                                    </u>
	THOSE IN THE UNITED STATES ABOUT THE PLIGHT OF THE VICTI		
	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	XN
	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	XN
	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 n		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses,	and
42	revenue, if any, for each program service reported. (Code: )(Expenses \$ 1,457,429. including grants of \$ 1,442,479.) (Revenue	¢	
ta		WERE VICTI	MS
	OF VIOLENCE AND TERRORISM BY PROVIDING MEDICAL, ECONOMIC		
	HUMANITARIAN AID.		
416	(Code: ) (Expenses \$ 100,987. including grants of \$ 13,422.) (Revenue		
40	(Code: )(Expenses 100,987. including grants of 13,422.) (Revenue PROVIDES EDUCATION AND AWARENESSS TO THOSE IN THE UNITED	STATES ABC	דעו
	THE PLIGHT OF THE VICTIMES OF TERROR IN ISRAEL.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
4d	Other program services (Describe in Schedule O.)		
τu	(Expenses \$ including grants of \$ ) (Revenue \$	١	
4e	Total program service expenses ►     1,558,416.		
-10		Form	<b>990</b> (201
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J2002	2 11-11-16 2		
91	114 733030 2156 2016.05000 ONE FAMILY FUND	215	6
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Form 990 (	2016)	ONE	FAMILY	F
Part IV	Checklist o	f Require	d Schedule	es

ONE FAMILY FUND

			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? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? <i>If "Yes," complete Schedule D, Part III</i>	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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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	146	x	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	- 23	
15	foreign 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	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		х

Form **990** (2016)

632003 11-11-16

Form 990 (2	2016)	ONE	FAMILY	FUND
Part IV	Checklist of	of Require	d Schedule	S (continued)

ONE FAMILY FUND

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
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		<u> </u>
	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	05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			
	Schodula   Dart	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	250		<u> </u>
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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?			x
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
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			<u> </u>
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			
	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?			1
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2016)

632004 11-11-16

Form	990 (2016) ONE FAMILY FUND 11-3585	917	Р	age <b>5</b>
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6			
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		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x
	any contributions that were not tax deductible as charitable contributions?	6a		
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 $170(c)$ .	7-		x
a L	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 75		
	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	7-		x
ام	to file Form 8282?	7c		
	, , , , , , , , , , , , , , , , , , , ,	70		x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f		7g		
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		<b>├</b> ──
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
Ŭ		8		
9	Sponsoring organization nave excess business noidings at any time during the year?	Ŭ		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2016)

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ONE FAMILY FUND

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
			1 1-		Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	13	2		
	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 in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with	any other			
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		2
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		2
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
-	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			10		
-		-	-	8a	х	
a h	The governing body? Each committee with authority to act on behalf of the governing body?			8b	X	
9				00		
э	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re			9		
00	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		-
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F	levenu	e Code.)		<b>V</b>	
				40	Yes	
	Did the organization have local chapters, branches, or affiliates?			10a		-
b	If "Yes," did the organization have written policies and procedures governing the activities of such of					
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ .$			10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy bef	ore filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," c	lescribe			
	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?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15b		2
N	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16-		mont	with a			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			40-		2
	taxable entity during the year?			16a		14
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		• •			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizatio	on's			
	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 <b>NY</b> , <b>NJ</b> , <b>FL</b> , <b>CA</b> , <b>A</b>	λь,А	AK, AZ, AR, CA	А, СТ	, F.T	, 1
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website I Upon request Other (explain	n in Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy, an	d finan	cial	
	statements available to the public during the tax year.		-			
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks a	nd records:			
	JOSEPH S. BODNER - 646-289-8600					
	1029 TEANECK RD, SUITE 3B, TEANECK, NJ 07666					
3200	SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(20
,_UUt				1 0111		120
91	114 733030 2156 2016.05000 ONE FAMILY FUN	л		21	56	
	TIT (55050 2150 2010.05000 ONE FAMILI FON			<u> </u>	· · · _	

Part VII	Compensation of Officers,	Directors, Trustees	, Key Employees,	Highest Compensated
	Employees, and Independe	ent Contractors		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

		l				npei	loui			(E)
(A)	(B)			(0 Pos		n		(D)	(E)	(F)
Name and Title	Average		(do not check more than one box, unless person is both an		Reportable	Reportable	Estimated			
	hours per week					or/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				Ð		organization	(W-2/1099-MISC)	from the
	related	ee or	trustee			nsate		(W-2/1099-MISC)	(	organization
	organizations	trust	al tru		yee	ompe				and related
	below	Individual trustee or director	Institutional t	er	Key employee	Highest compensated employee	ler			organizations
	line)	Indiv	Insti	Officer	Key (	High emp	Former			
(1) MARC BELZBERG	10.00									
CHAIR		X		Х				0.	0.	0.
(2) JOSEPH S. BODNER	2.00									
TREASURER		X		Х				0.	0.	0.
(3) WENDY BELZBERG	2.00									
BOARD MEMBER (UNTIL 8/16)		x						0.	0.	0.
(4) LISA BELZBERG	2.00									
BOARD MEMBER		x						0.	0.	0.
(5) RACHEL BERG	2.00									
BOARD MEMBER		x						0.	0.	0.
(6) CHEDVA BREAU	2.00									
BOARD MEMBER		x						0.	0.	0.
(7) LARRY COHEN	2.00									
BOARD MEMBER (UNTIL 8/16)		x						0.	0.	0.
(8) JEFF KAHN	2.00									
BOARD MEMBER		x						0.	0.	0.
(9) JOEY HARARI	2.00									
BOARD MEMBER		X						0.	0.	0.
(10) MALCOM HOEMLEIN	2.00									
BOARD MEMBER		X						0.	0.	0.
(11) PHILIP ROSEN	2.00									
BOARD MEMBER		X						0.	0.	0.
(12) RUSSELL ROBINSON	2.00									
BOARD MEMBER (UNTIL 8/16)		Х						0.	0.	0.
(13) LIORA ROSENBLUM	2.00									
BOARD MEMBER		X						0.	0.	0.
(14) BRAD SCHWARTZ	2.00									
BOARD MEMBER		X						0.	0.	0.
(15) ELLEN SEGAL	2.00									
BOARD MEMBER (UNTIL 7/16)		X						0.	0.	0.
(16) IZZY STEINBERG	2.00									
BOARD MEMBER		x						0.	0.	0.
(17) LYDIA ZUKIER	2.00									
BOARD MEMBER		х						0.	0.	0.
632007 11-11-16										Form <b>990</b> (2016)

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	990 (2016) ONE FAMII	LY FUND								11-35	859	917	Pa	ige <b>8</b>
Par	VII Section A. Officers, Directors, Trus		ploy	ees,			ghe	st C		es (continued)				
	(A) Name and title	(B) Average hours per week	box offic	not cl unle	ss pe	i <b>tion</b> more rson i	than is bot pr/trus	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		am	(F) timate nount o other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	C)	fro orga and	pensat om the anizati d relate inizatio	e on ed
	P'NINA SEPLOWITZ	40.00							12.046		~			<u> </u>
-	JTIVE DIRECTOR (UNTIL 7/16) MICHELLE NAPELL	40.00			х				13,846.		0.			0.
	JTIVE DIRECTOR (UNTIL 8/16)				x				33,750.		0.			0.
									47,596.		0.			0.
с	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							<u> </u>		0.			0.
	Total number of individuals (including but n compensation from the organization 🕨	ot limited to th	iose	liste	ed al	ove	e) wł	no re	eceived more than \$100	,000 of reportable				0
											_		Yes	No
	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s	uch individual			· ·····				• ·			3		x
	For any individual listed on line 1a, is the su and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	ə J f	for such individual			4		x
	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	-				-			ed organization or indiv			5		Х
-	ion B. Independent Contractors Complete this table for your five highest co	mpensated inc	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100.000 of comp	ensa	ation f	rom	
	the organization. Report compensation for													
	(A) Name and business	address	NC	ONE	2			_	(B) Description of s	ervices	Сс	(C omper	;) nsatior	<u>ו</u>
								-						
	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lii	nite	d to		se lis )	stec	d above) who received n	nore than			000	
											F	orm	<b>990</b> (2	2016)

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		Check if Schedule O cont	ains a response	or note to any lir				
					<b>(A)</b> Total revenue	( <b>B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
t Its	а	Federated campaigns	1a					
Gra 10UI	b	Membership dues	1b					
An (is,	С	Fundraising events	1c	154,365.				
lar Gif	d	Related organizations	1d					
Sin s,		Government grants (contribut						
er fe	f	All other contributions, gifts, gran						
<u>ē</u> £		similar amounts not included abor		542,397.	-			
Contributions, Gifts, Grants and Other Similar Amounts 1	-	Noncash contributions included in lines	-		1 606 760			
9 C	h	Total. Add lines 1a-1f			1,696,762.			
				Business Code				
	a k							
Ser	b c							
s a	d							
Program Service Revenue S	e							
r Pr	-	All other program service reve	enue					
		Total. Add lines 2a-2f						
3		Investment income (including						
		other similar amounts)			1,312.			1,312.
4	Ļ	Income from investment of tax						
5	;	Royalties		►				
			(i) Real	(ii) Personal				
6	i a	Gross rents	7,800.					
		Less: rental expenses			-			
		Rental income or (loss)						
		Net rental income or (loss)			7,800.			7,800.
7	' a	Gross amount from sales of	(i) Securities	(ii) Other	-			
		assets other than inventory			-			
	b	Less: cost or other basis						
	_	and sales expenses			-			
		Gain or (loss)		└ ►				
		Net gain or (loss) Gross income from fundraising						
onu	a	including \$ 154,3						
evel		contributions reported on line						
Other Revenue		Part IV, line 18		0.				
the	b	Less: direct expenses						
0		Net income or (loss) from fund		►	-35,337.			-35,337.
9	a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ning activities	🕨				
10	a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale						
11	2	Miscellaneous Revenu		Business Code				
''	b b							
	с С							
	d	All other revenue		900099	11,000.			11,000.
		Total. Add lines 11a-11d			11,000.			,
12		Total revenue. See instructions.			1,681,537.	0.	0.	-15,225.
632009 11								Form <b>990</b> (2016

ONE FAMILY FUND

Form 990 (2016)

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ONE FAMILY FUND

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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	1 455 001	1 455 001		
	individuals. See Part IV, lines 15 and 16	1,455,901.	1,455,901.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	17 506	21 0 27	2,129.	12 640
	trustees, and key employees	47,596.	31,827.	2,129.	13,640
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
-	persons described in section 4958(c)(3)(B)	58,141.		58,141.	
7	Other salaries and wages	JU,141.		JU,141.	
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	4,686.	1,410.	2,671.	605
9 10	Other employee benefits Payroll taxes	8,468.	2,549.	4,827.	1,092
11	Fees for services (non-employees):	0,400.	2,545.	4,02/.	1,002
	Management				
a b	Legal				
	• ··· ·	25,000.		25,000.	
	Lobbying				
e					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch O.)	12,003.	3,433.	3,525.	5,045
12	Advertising and promotion	2,986.			5,045 2,986 31,165
13	Office expenses	116,216.	27,380.	57,671.	31,165
14	Information technology				
15	Royalties				
16	Occupancy	20,400.	12,240.	3,672.	4,488
17	Travel	8,724.	8,724.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	5,115.	3,069.	921.	1,125
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) MISCELLANEOUS VICTIM VI	7,139.	7,139.		
a h	TICITING COD VICITU VI	1,133.	1,133.		
b					
c d					
d	All other expenses	7,906.	4,744.	3,149.	13
е 25	All other expenses	1,780,281.	1,558,416.	161,706.	60,159
25 26	Joint costs. Complete this line only if the organization	-,,00,201•	±,550,±±0•	101,700.	00,100
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here				

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Form 990 (2016)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	257,446.	2	354,254.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	178,647.	4	79,090.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ŝt		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
◄	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	5,712.	9	4,204.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	31,066.
	12	Investments - other securities. See Part IV, line 11	33,610.	12	10,654.
	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 equal line 34)	479,555.	16	483,408.
	17	Accounts payable and accrued expenses	36,801.	17	34,879.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
abi		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	0.	25	100,000.
	26	Total liabilities. Add lines 17 through 25	36,801.	26	134,879.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	442,754.	27	348,529.
ala	28	Temporarily restricted net assets		28	
dВ	29	Permanently restricted net assets		29	
'n		Organizations that do not follow SFAS 117 (ASC 958), check here			
ъ Т		and complete lines 30 through 34.			
ŝts	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	442,754.	33	348,529.
	34	Total liabilities and net assets/fund balances	479,555.	34	483,408.

Form **990** (2016)

Form 99	OO (2016) ONE FAMILY FUND	11	-3585917	Pag	ge <b>12</b>
Part 2	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
<b>1</b> To	otal revenue (must equal Part VIII, column (A), line 12)	1	1,68		
<b>2</b> To	otal expenses (must equal Part IX, column (A), line 25)	2	1,78	0,2	81.
<b>3</b> R	evenue less expenses. Subtract line 2 from line 1	3			44.
<b>4</b> N	et assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			54.
5 N	et unrealized gains (losses) on investments	5		4,5	19.
6 D	onated services and use of facilities	6			
<b>7</b> In	vestment expenses	7			
<b>8</b> P	rior period adjustments	8			
	ther changes in net assets or fund balances (explain in Schedule O)	9			0.
<b>10</b> N	et assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	blumn (B))	10	34	8,5	29.
Part 2	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
<b>1</b> A	ccounting method used to prepare the Form 990: Cash X Accrual Other				
	the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
<b>2a</b> W	ere the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
lf	"Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
se	eparate basis, consolidated basis, or both:				
L	Separate basis Consolidated basis Both consolidated and separate basis				
bW	ere the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х	
lf	"Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s, 🔰		
	onsolidated basis, or both:				
L	X Separate basis Consolidated basis Both consolidated and separate basis				
	"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th				
re	view, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	the organization changed either its oversight process or selection process during the tax year, explain in Sch				
	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aı	udit		
	ct and OMB Circular A-133?		За		X
	"Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
or	audits, explain why in Schedule O and describe any steps taken to undergo such audits				(0010)

Form **990** (2016)

632012 11-11-16

SCHEDULE A
------------

(Form	990	or	990	-EΖ
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								orm990.	OMB No. 1545-0047		
Name of	the organizati								identification number		
			FAMILY FUN						1-3585917		
Part I	Reason	for Public C	harity Status (A	All organizations must co	mplete th	is part.) Se	ee instruction	S.			
The orga	nization is not a	a private founda	ation because it is: (	For lines 1 through 12, c	heck only	one box.)					
1 🖵	A church, co	nvention of chu	rches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)(1	I)(A)(i).				
2	1			Attach Schedule E (Forn							
3		•		anization described in <b>se</b>							
4		-	tion operated in co	njunction with a hospital	described	d in <b>sectio</b>	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,		
	city, and stat										
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	1			aantal unit daaaribad in d	nantion 17	0161141141	60				
7 X		-	-	nental unit described in ntial part of its support f				the general	nublic described in		
,	0	(b)(1)(A)(vi). (Co			ionia gov	ciminentai		and general			
8			• •	(1)(A)(vi). (Complete Parl	t II.)						
9	-			in section 170(b)(1)(A)(		ed in conju	inction with a	land-grant	college		
				ulture (see instructions).							
	university:	-				-		-			
10	An organizat	ion that normall	y receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	nd gross receipts from		
	activities rela	ated to its exemp	pt functions - subjee	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of	its support	from gross investment		
				(less section 511 tax) fro	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.		
		509(a)(2). (Com									
	-	-	-	ively to test for public sa	•						
12	-	-	-	ively for the benefit of, to	-			-			
				ed in <b>section 509(a)(1)</b> o					neck the box in		
a 🗌		•		f supporting organizatio upervised, or controlled		-		-	aivina		
a _			-	gularly appoint or elect a	•						
		-	omplete Part IV, Se	• • • •	amajonty (				upporting		
b 🗌			-	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	vina		
			-	anization vested in the s			-		-		
		-	complete Part IV,		·			0	•		
c 🗌	Type III fui	nctionally integ	grated. A supporting	g organization operated	in connect	tion with, a	and functiona	ally integrate	ed with,		
	its support	ed organization	(s) (see instructions	). You must complete I	Part IV, Se	ctions A,	D, and E.				
d	Type III no	on-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	orted organi	zation(s)		
	that is not	functionally inte	grated. The organiz	ation generally must sat	isfy a distr	ribution re	quirement an	d an attenti	veness		
_	requiremer	nt (see instructio	ons). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.				
e 🗆				written determination fro			а Туре I, Туре	e II, Type III			
				nally integrated support					]		
g Pro	(i) Name of supp	<u> </u>	about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga		(v) Amount o	f monetarv	(vi) Amount of other		
	organizatior		()	(described on lines 1-10	in your governi Yes	ng document? No	support (see i	-	support (see instructions)		
				above (see instructions))							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 13 Schedule A (Form 990 or 990-EZ) 2016

## Schedule A (Form 990 or 990-EZ) 2016 ONE FAMILY FUND

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,220,818.	1,014,271.	2,261,961.	2,638,118.	1,696,762.	8,831,930.
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	1,220,818.	1,014,271.	2,261,961.	2,638,118.	1,696,762.	8,831,930.
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)						434,941.
6	Public support. Subtract line 5 from line 4.						8,396,989.
	ction B. Total Support						, , , , , , , , , , , , , , , , , , , ,
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	1,220,818.	1,014,271.	2,261,961.	2,638,118.	1,696,762.	8,831,930.
	Gross income from interest,	_,,	_,,		_,	_,	-,,
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	8,500.	6,668.	4,308.	8,334.	9,112.	36,922.
•		0,500.	0,0001	±,500.	0,334.	5,112.	50,522.
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	8,982.	11,090.	4,998.	12,504.	11,000.	48,574.
	assets (Explain in Part VI.)	0,902.	11,090.	4,990.	12,304.	11,000.	
	Total support. Add lines 7 through 10		```				8,917,426.
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	-	first, second, third	l, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	. —
<u> </u>	organization, check this box and stop ction C. Computation of Publi	here	antago				▶∟
							94.16 %
	Public support percentage for 2016 (I					14	<u> </u>
	Public support percentage from 2015					15	94.18 %
16a	33 1/3% support test - 2016. If the o	-			14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		•				
b	<b>33 1/3% support test - 2015.</b> If the o						
	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac				-	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	t - <b>2015.</b> If the orga	anization did not cl	neck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th				•		
	organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	ly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instruction	s ►
					<b>.</b> .		000 EZ) 0046

Schedule A (Form 990 or 990-EZ) 2016

## Schedule A (Form 990 or 990 EZ) 2016 ONE FAMILY FUND

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

11-3585917 Page 3

(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.)

Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(	<b>e)</b> 2016	<b>(f)</b> Tota	
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								
	Amounts included on lines 1, 2, and			1	1	1			
10	3 received from disgualified persons								
r	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								
<u> </u>	Public support. (Subtract line 7c from line 6.)								
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015		<b>e)</b> 2016	(f) Tota	
	Amounts from line 6	(a) 2012	(0) 2013	(0) 2014	(0) 2013		<b>ej</b> 2010	(1) 101a	
	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								
	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								
2	Other income. Do not include gain								
	or loss from the sale of capital assets (Explain in Part VI.)			ļ					
	Total support. (Add lines 9, 10c, 11, and 12.)								
4	First five years. If the Form 990 is for	the organization?	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501	(c)(3) organiz	ation,	
	check this box and stop here							🕨	
Sec	ction C. Computation of Publi	c Support Pe	rcentage						
15	Public support percentage for 2016 (li	ne 8, column (f) d	livided by line 13,	column (f))		15			%
16	Public support percentage from 2015	Schedule A, Part	III, line 15			16			%
See	ction D. Computation of Inves	stment Incom	e Percentage	)					
17	Investment income percentage for 20	16 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17			%
18	Investment income percentage from 2					18			%
	<b>33 1/3% support tests - 2016.</b> If the						% and line 1	7 is not	,,,
	more than 33 1/3%, check this box ar								
r	33 1/3% support tests - 2015. If the								
ĸ									
20	line 18 is not more than 33 1/3%, che								
	Private foundation. If the organization	n dia not check a	box on line 14, 19	a, or 190, check th					
320:	23 09-21-16			15	Sch	edule	A (Form 990	or 990-EZ)	2016
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

Yes No

### 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 (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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16 2016.05000 ONE FAMILY FUND 9c 10a 10a 10b Schedule A (Form 990 or 990-EZ) 2016

			X	
			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		
	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 <b>Part VI.</b>	11c		
Sec	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 <b>Part VI</b> 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		
Sec	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			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	).	
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 <b>Part VI</b> 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.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
5	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
63202	5 09-21-16 Schedule A (Form 9		0-F7	2016
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17 2016.05000 ONE FAMILY FUND Schedule A (Form 990 or 990-EZ) 2016

#### Schedule A (Form 990 or 990-EZ) 2016 ONE FAMILY FUND

Part V Type III Non-Functionally 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.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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		
Sect	ion 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 integrate	d Type III supporting or	anization (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) 2016

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exe					
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS			
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	9			
	(provide details in <b>Part VI</b> ). See instructions					
9	Distributable amount for 2016 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
		(i)	(ii) Underdietrikutiene	(iii) Diatributable		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016		
	. ,					
1	Distributable amount for 2016 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2016 (reason-					
	able cause required- explain in Part VI). See instructions					
3	Excess distributions carryover, if any, to 2016:					
<u>a</u>						
<u>b</u>	Erom 2012					
	From 2013 From 2014					
	From 2015					
	Total of lines 3a through e					
-	Applied to underdistributions of prior years					
	Applied to 2016 distributable amount					
i	Carryover from 2011 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2016 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
-	Applied to 2016 distributable amount					
с	Remainder. Subtract lines 4a and 4b from 4					
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions					
7	Excess distributions carryover to 2017. Add lines 3j					
	and 4c					
8	Breakdown of line 7:					
a						
	Excess from 2013					
	Excess from 2014					
	Excess from 2015					
e	Excess from 2016					

Schedule A (Form 990 or 990-EZ) 2016

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.)

#### SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

#### OTHER REVENUE

~~

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

Name of the organization

Organization type (check one)

#### ** PUBLIC DISCLOSURE COPY **

## **Schedule of Contributors**

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

11-3585917

ONE	FAMILY	FUND
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Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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.

**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).

LHA 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) (2016)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Part I

(a)

No.

1

Page 2 Employer identification number

### ONE FAMILY FUND

11-3585917 Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution X Person

		\$_	160,014.	Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$_	75,000.	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
3		\$_	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		\$_	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		\$_	40,000.	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		\$_	36,350.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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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
		s	
(-)		⊅	
(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
		\$	
3453 10-18-16	23	Schedule B (Form	990, 990-EZ, or 990-PF

13591114 733030 2156

2156___1

	MILY FUND Exclusively religious, charitable, etc., cor the year from any one contributor. Complete	tributions to organizations described in se	11-3585917 ection 501(c)(7), (8), or (10) that total more than \$1,000 line entry. For organizations
	completing Part III, enter the total of exclusively religio	us, charitable, etc., contributions of \$1,000 or less	for the year. (Enter this info. once.)
No.	Use duplicate copies of Part III if addition	nal space is needed.	
rt 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
No.			
ti m ti	(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
No. m rt 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
No. m tl	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee (d) Description of how gift is held
No. m t I		 	
lo. m t I		 	
No. m rt I		(c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift	

SCHEDULE D	
------------	--

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Nam	e of the organization ONE FAMILY FUND				Employer identification number 11-3585917
Pa	rt I Organizations Maintaining Donor Advise	d Funds or Ot	her Similar Fun	ds or Ad	
	organization answered "Yes" on Form 990, Part IV, lin				
			advised funds	(b	) Funds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value of grants norm (during year)				
5	Did the organization inform all donors and donor advisors in v	writing that the ass	ets held in donor ad	l vised fund	e
5	are the organization's property, subject to the organization's	-			
6	Did the organization inform all grantees, donors, and donor a				
0	for charitable purposes and not for the benefit of the donor of				
Pa	t II Conservation Easements. Complete if the org				
				J, Faitiv, I	
1	Purpose(s) of conservation easements held by the organizati		1		
	Preservation of land for public use (e.g., recreation or e		Preservation of a hi	-	-
	Protection of natural habitat		Preservation of a ce	ertified his	toric structure
-	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation c	ontribution in the for	m of a cor	
	day of the tax year.			- H	Held at the End of the Tax Yea
	Total number of conservation easements				2a
b	Total acreage restricted by conservation easements				2b
С	Number of conservation easements on a certified historic str				2c
d	Number of conservation easements included in (c) acquired a				
	listed in the National Register				2d
3	Number of conservation easements modified, transferred, rel	leased, extinguishe	d, or terminated by	the organi	zation during the tax
	year ►				
4	Number of states where property subject to conservation east	sement is located	▶	_	
5	Does the organization have a written policy regarding the per				
	violations, and enforcement of the conservation easements in	t holds?			Yes 📖 No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	ons, and enforcing co	onservatio	n easements during the year
	▶				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, a	and enforcing conser	vation eas	sements during the year
	▶\$				
8	Does each conservation easement reported on line 2(d) above	e satisfy the requir	rements of section 1	70(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?				Yes 🛛 No
9	In Part XIII, describe how the organization reports conservati				
	include, if applicable, the text of the footnote to the organizat	tion's financial stat	ements that describe	es the orga	anization's accounting for
	conservation easements.				
Pa	t III Organizations Maintaining Collections o	f Art, Historica	I Treasures, or	Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8	5.		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to repr	ort in its revenue stat	tement an	d balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education,	or research in furthe	erance of p	public service, provide, in Part XIII
	the text of the footnote to its financial statements that descri			•	
b	If the organization elected, as permitted under SFAS 116 (AS		n its revenue stateme	ent and ba	lance sheet works of art. historica
	treasures, or other similar assets held for public exhibition, ed				
	relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					► \$
2	If the organization received or held works of art, historical tre				
2	the following amounts required to be reported under SFAS 1			olai gaili, þ	
	Revenue included on Form 990, Part VIII, line 1		ng to these items.		► \$
a	HEVENUE INCIDUED OF FOITI 330, FAIL VIII, IIIE I				✓ Ψ

25

b Assets included in Form 990, Part X

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

\$ Schedule D (Form 990) 2016

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632051 08-29-16

13591114 733030 2156 2016.05000 ONE FAMILY FUND

		ILY FUND						11-35	8591	7 _Р	age <b>2</b>
Par	t III Organizations Maintaining	Collections of A	rt, His	torical Ti	reasures, o	or Oth	er Sim	ilar Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, access	sion, and other record	ds, chec	k any of the	e following that	at are a s	significan	t use of its	collectio	n item	IS
	(check all that apply):										
а	Public exhibition	c	1 🗌 k	Loan or exc	change progra	ams					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's of	collections and explain	in how tl	hey further t	the organizati	ion's exe	empt pur	oose in Par	t XIII.		
5	During the year, did the organization solicit	or receive donations	of art, h	istorical trea	asures, or oth	er simila	ar assets		_		_
	to be sold to raise funds rather than to be n	naintained as part of	the orga	nization's c	ollection?			L	Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered	"Yes" oi	n Form 99	90, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custo								_		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	ollowing	table:				1			
									Amoun	t	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance						<b>1</b> f		1		
	Did the organization include an amount on						• • • • •	L	Yes		No
	If "Yes," explain the arrangement in Part XII										
Par	t V   Endowment Funds. Complete	1	1		1			waara baak	(-) [00	VAARA	haali
4.		(a) Current year	- (a) ⊢	Prior year	(c) Two yea	IS DACK	(a) 11100	years back	(e) Four	years	DACK
	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance		 								
2	Provide the estimated percentage of the cu	•		rg, column (	a)) neiù as.						
a L	Board designated or quasi-endowment ► Permanent endowment ►	%	%								
b											
С	Temporarily restricted endowment	%									
20	The percentages on lines 2a, 2b, and 2c sh Are there endowment funds not in the poss	-	ration th	at are hold (	and administ	arad for	the organ	vization			
Ja		ession of the organiz	auon in	at are new a		ered for	une organ	IIZALIUIT	ſ	Yes	No
	by:									165	
h	If "Yes" on line 3a(ii), are the related organiz										
4	Describe in Part XIII the intended uses of th				• • • • • • • • • • • • • • • • • • • •						
	t VI Land, Buildings, and Equipr		ownion								
	Complete if the organization answer		0. Part I	V. line 11a. :	See Form 990	0. Part X	. line 10.				
	Description of property	(a) Cost or c			t or other			ted	(d) Boo	k valu	e
		basis (investi		• •	(other)		preciatio		.,		
1a	Land			1							
	Buildings			1							
	Leasehold improvements										
	Equipment										
	Other										
	Add lines 1a through 1e. (Column (d) must		X, colur	mn (B), line	10c.)	<u></u>		🕨			0.
								Sabadula		- 0001	0040

Schedule D (Form 990) 2016

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.							
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value					
(1) Financial derivatives							
(2) Closely-held equity interests							
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)							
Part VIII Investments - Program Related.							
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.							

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCES	100,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	100,000.
C Liebility for uncertain toy positions. In Dart XIII, provide the toy of the	featurete to the eventimation is financial.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

#### Schedule D (Form 990) 2016

632053 08-29-16

Sche	dule D (Form 990) 2016 ONE FAMILY FUND			11-	3585917	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With I	Revenue per R			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,686,	056.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	4,519.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	4,	519.
3	Subtract line 2e from line 1			3	1,681,	537.
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.)				1,681,	537.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		Expenses per	Retu	irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					0.01
1	Total expenses and losses per audited financial statements			1	1,780,	781.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities					
b	Prior year adjustments					
С	Other losses					
d	Other (Describe in Part XIII.)	-				•
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	1,780,	281.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	4b				
-						
С	Add lines 4a and 4b			4c		0.
с _5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> ) <b>t XIII</b> Supplemental Information.			4c 5	1,780,	0. 281.

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.

PART X, LINE 2:

ONE FAMILY FUND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX

POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL

PERIODS ENDING DECEMBER 31, 2013 AND SUBSEQUENT REMAIN STATEMENTS.

SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES.

632054 08-29-16

13591114 733030 2156

Schedule D (Form 990) 2016

SC	HEDULE F		Stateme	nt of Act	ivities Outside the Un	nited Sta	ates	OMB No. 1545-0047
	rm 990)				n answered "Yes" on Form 990, Part			2016
•	-				Attach to Form 990.	,,		
	tment of the Treasury al Revenue Service		Information ab	out Schedule F	(Form 990) and its instructions is at	www.irs.gov/fe	orm990.	Open to Public Inspection
Nam	e of the organizat							lentification number
ON	E FAMILY	FUND	1				11-358	5917
Ра				ctivities Ou	tside the United States. Comple	te if the orgar		
		,	/, line 14b.					
1	-		-		ds to substantiate the amount of its gra the selection criteria used to award the			X Yes No
2	For grantmaker United States.	r <b>s.</b> Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistanc	e outside the
3	Activities per Re	gion. (Tl	he following Parl	t I, line 3 table c	an be duplicated if additional space is r	needed.)		
	(a) Region	<b>U</b>	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d	) (f) Total
			offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a pro	gram service,	expenditures
			in the region	independent contractors	gram services, investments, grants to		e specific type	Investments
				in the region	recipients located in the region)	of service	(s) in the regio	n in the region
				j				
MID	DLE EAST AND				GRANTS TO RECIPIENTS			
NOR	TH AFRICA -		1	2	LOCATED IN REGION			1,442,479.
3 a	Sub-total		1	2				1,442,479.
	Total from contin							, , ,
	sheets to Part I		o	0				0.

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

2

Schedule F (Form 990) 2016

632071 09-21-16

29 2016.05000 ONE FAMILY FUND 1,442,479.

13591114 733030 2156

c Totals (add lines 3a

and 3b)

Statement of Activities (	Outside the	United	States
Complete if the organization answered	"Yes" on Form 990.	Part IV. line	14b. 15. or 16

OMB No. 1545-0047 **N16** 2

ONE FAMILY FUND

Page 2

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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND	TO AID AND EDUCATE					
		NORTH AFRICA	VICTIMS OF TERROR	1,442,479.	BANK TRANSFER	0.		
2 Enter total number of	recipient organizatio	I Ins listed above that are	I recognized as charities by the	foreign country	I recognized as tax-e	L xempt by		1
			n 501(c)(3) equivalency letter					1
3 Enter total number of	other organizations	or entities				<b>&gt;</b>		0

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016         OI           Part III         Grants and Other Assistance	NE FAMILY FU		ates. Complete if th		<u>1-3585917</u> on Form 990, Part	IV, line 16.
Part III can be duplicated if ad (a) Type of grant or assistance	Iditional space is neede (b) Region	ed. (c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash	(g) Descriptior noncash assista
		recipients	Cash grant	Cash disbursement	assistance	HUHCASH ASSIST

Schedule F (Form 990) 2016

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? <i>If</i> "Yes," <i>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; do not file with Form 990)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

### 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 OFFICE MANAGER TRANSFERS THE

FUNDS TO THE GRANTEE. AT THE END OF THE YEAR THE OFFICE MANAGER CONFIRMS

WITH THE GRANTEE ORGANIZATION THAT THE FUNDS WERE RECEIVED AND THAT THEY

HAVE BEEN SPENT FOR THEIR PROPER PURPOSE.

632075 09-21-16

(Form 990 or 990-EZ) Complete if	the organization answered "Yes" on organization answered "Yes" on Attach to Form 990	Form 5,000 or Fo	990, I on Fo rm 99	Part IV, line 17, 18, o rm 990-EZ, line 6a. 90-EZ.	or 19,	, or if the	OMB No. 1545-0047
Name of the organization	n about Schedule G (Form 990 or 990-EZ MILY FUND	) and its	<u>s instri</u>	uctions is at www.irs.g	<i>jov/1</i> 0	Employer id	entification number
	S. Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV,	line 1		
<ol> <li>Indicate whether the organization r</li> <li>a Mail solicitations</li> <li>b Internet and email solicitation</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a writte key employees listed in Form 990</li> </ol>	aised funds through any of the followi e Solicita f Solicita g Specia n or oral agreement with any individua Part VII) or entity in connection with p dividuals or entities (fundraisers) purs	tion of tion of fundra l (inclue profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, tru fundraising services?	stees	Ye	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (o	Amount paid or retained by fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
		Yes	No				
Total	•						
3 List all states in which the organiza or licensing.			oution	s or has been notified	d it is	exempt from	registration
LHA For Paperwork Reduction Act N	otice, see the Instructions for Form	990 or	990-	EZ. S	Sche	dule G (Form	990 or 990-EZ) 2016

632081 09-12-16

 

 Schedule G (Form 990 or 990-EZ) 2016 ONE FAMILY FUND
 11-3585917 Page

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

 of fundraising event contributions and gross income on Form 990 EZ. lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			TEAM ONE	BELZBERG	NONE	(add col. (a) through
			FAMILY	EVENT		col. (c))
3			(event type)	(event type)	(total number)	
	1	Gross receipts	121,865.	32,500.		154,365
	2	Less: Contributions	121,865.	32,500.		154,365
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
חוובתו דאמנוספס	7	Food and beverages		280.		280
Ē						
	8	Entertainment		F 400		
	9	Other direct expenses				35,057 35,337
		Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from			🕨	-35,337
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
aniaau	1	Gross revenue				
2020	2	Cash prizes				
חוובתו דעלים ואבא	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses			[]	
	6	Volunteer labor	Yes%	└── Yes % │── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	7 8	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7				
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
	8 Ent	Net gaming income summary. Subtract line 7	7 from line 1, column (d) ucts gaming activities: _		<b>&gt;</b>	Ves N
а	<b>8</b> Ent	Net gaming income summary. Subtract line 7	7 from line 1, column (d) ucts gaming activities: _ uctivities in each of these	states?	<b>&gt;</b>	YesNo
a b	8 Ent Is t If "	Net gaming income summary. Subtract line a ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain:	7 from line 1, column (d) ucts gaming activities: uctivities in each of these	states?	►	
a b )a	8 Ent Is t If "	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization cond the organization licensed to conduct gaming a	7 from line 1, column (d) ucts gaming activities: _ uctivities in each of these evoked, suspended, or t	states?	►	
a b	8 Ent Is t If "	Net gaming income summary. Subtract line a ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain:	7 from line 1, column (d) ucts gaming activities: _ uctivities in each of these evoked, suspended, or t	states?	►	

Sch	edule G (Form 990 or 990-EZ) 2016 ONE FAMILY FUND	11-3	585917	7 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	_	I	
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amo	unt		
	of gaming revenue retained by the third party $\blacktriangleright$ \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation <b>&gt;</b> \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent			
	organization's own exempt activities during the tax year 🕨 \$			
Pa	<b>rt IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	² art III, lin	es 9, 9b, 1	0b, 15b,
6320	83 09-12-16 Schedule 36	G (Form	990 or 99(	D-EZ) 2016

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		<u></u>	rm 990 or 990

SCHEDULE O (Form 990 or 990-EZ)

Internal Revenue Service Name of the organization

Department of the Treasury

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. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Employer identification number 11 - 3585917

ONE FAMILY FUND

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

MARC BELZBERG, WENDY BELZBERG AND LISA BELZBERG HAVE A FAMILY RELATIONSHIP.

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

THE AUDIT COMMITTEE 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 QUESTIONS THEY ARE ADDRESSED.

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

BOARD MEMBERS AND OFFICERS ARE REQUIRED 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 ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. THE BOARD WILL DETERMINE, BY MAJORITY VOTE, WHETHER THE ARRANGEMENT IS ALLOWABLE.

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

THE EXECUTIVE BOARD MEETS TO DETERMINE THE APPROPRIATE SALARY BASED ON AN ANALYSIS OF SIMILAR POSITIONS IN NOT FOR PROFIT ORGANIZATIONS. THE SALARY ANALYSIS IS USED AS A GUIDE TO DETERMINE THE APPROPRIATE SALARY FOR THE EXECUTIVE DIRECTOR POSITION. THE BOARD CHAIRS APPROVE THE SALARY DETERMINATION. THIS PROCESS WAS LAST PERFORMED IN JULY 2016.

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

NY, NJ, FL, CA, AL, AK, AZ, AR, CA, CT, FL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC

OH, OK, OR, PA, RI, SC, UT, VA, WA, WV, WI

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2016)

 632211
 08-25-16

Name of the organization

ONE FAMILY FUND

Page 2 Employer identification number 11-3585917

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

ONE FAMILY FUND MAKES AVAILABLE ALL FINANCIAL DOCUMENTS UPON REQUEST.

FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

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Schedule O (Form 990 or 990-EZ) (2016)