Bonadio & Co., LLP Certified Public Accountants

SEPTEMBER 22, 2020

HARRY SZAFRANSKI ONE FAMILY FUND 1029 TEANECK ROAD NO. 3B TEANECK, NJ 07666 ATTENTION: HARRY SZAFRANSKI

HARRY SZAFRANSKI

ENCLOSED IS THE ORGANIZATION'S 2018 EXEMPT ORGANIZATION RETURN. THE STATE EXEMPT ORGANIZATION ANNUAL REPORT IS ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATA, AND MAILED, AS INDICATED.

PLEASE REVIEW EACH RETURN FOR COMPLETENESS AND ACCURACY.

THE IRS REQUIRES THAT RETURNS BE MADE AVAILABLE TO THE PUBLIC FOR THE PREVIOUS THREE YEARS. FOR YOUR CONVENIENCE, WE HAVE ENCLOSED A "PUBLIC DISCLOSURE COPY" OF YOUR EXEMPT ORGANIZATION RETURN. THIS IS THE COPY WHICH SHOULD BE PROVIDED TO THOSE WHO MAY REQUIRES THIS INFORMATION.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

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

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

ENCLOSE A CHECK OR MONEY ORDER FOR \$125, PAYABLE TO DEPARTMENT OF LAW.

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

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

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVICE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

SINCERELY,

BONADIO & CO., LLP

IRS e-file Signature Authorization for an Exempt Organization

calendar year 2018, or fiscal year beginning	, 2018, and ending	, 20

▶ Do not send to the IRS. Keep for your records.

Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organi	ration	Employer	identification number
ONE FAMILY	FUND	11-3	585917
Name and title of officer			
HARRY SZAFI	ANSKI		
TREASURER			
Part I Type	of Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4 a	e return for which you are using this Form 8879-EO and enter the applicable amount, if any, fro 5a, below, and the amount on that line for the return being filed with this form was blank, to ble, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable .	hen leave l	ine 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check	here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,404,354.
2a Form 990-EZ che			
3a Form 1120-POL (. \square		
4a Form 990-PF che	. \square		
5a Form 8868 check			
	aration and Signature Authorization of Officer rjury, I declare that I am an officer of the above organization and that I have examined a copy of		
intermediate service (a) an acknowledgen the date of any refun debit) entry to the fin return, and the financial 1-888-353-4537 no la processing of the ele payment. I have select	the amount in Part I above is the amount shown on the copy of the organization's electronic return originator (ERO) to send the organization's return to the torovider, transmitter, or electronic return originator (ERO) to send the organization's return to the tent of receipt or reason for rejection of the transmission, (b) the reason for any delay in proced. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an elancial institution account indicated in the tax preparation software for payment of the organizatial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. ter than 2 business days prior to the payment (settlement) date. I also authorize the financial incirconic payment of taxes to receive confidential information necessary to answer inquiries and extend a personal identification number (PIN) as my signature for the organization's electronic return to electronic funds withdrawal.	he IRS and ssing the re lectronic fution's feder Treasury Finstitutions iresolve iss	to receive from the IRS eturn or refund, and (c) ands withdrawal (direct ral taxes owed on this nancial Agent at nvolved in the ues related to the
Officer's PIN: check	one box only		
X I authorize	BONADIO & CO., LLP	to enter m	
	ERO firm name		Enter five numbers, bu do not enter all zeros
is being file	ature on the organization's tax year 2018 electronically filed return. If I have indicated within the d with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also auth IN on the return's disclosure consent screen.		• •
indicated v program, I	er of the organization, I will enter my PIN as my signature on the organization's tax year 2018 e within this return that a copy of the return is being filed with a state agency(ies) regulating chari- will enter my PIN on the return's disclosure consent screen.	ties as part	
Officer's signature 🕨 _	Date ▶ 9/23/20)20	
Part III Cert	ification and Authentication		
	ter your six-digit electronic filing identification ed by your five-digit self-selected PIN. 14227212345 Do not enter all zeros		
	e numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the mitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeFusiness Returns.		
ERO's signature 🕨	Date ▶		
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	So	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

823051 10-26-18

EXTENDED TO NOVEMBER 15, 2019

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A	For th	e 2018 calendar year, or tax year beginning and	enaing		
В	Check if applicab	C Name of organization		D Employer identifi	cation number
	Addre				
	Name	ge Doing business as	11-3	<u>585917</u>	
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return	1029 TEANECK ROAD	3B	6462	898600
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,404,354.
	Amer	ded meaneon nt 07666		H(a) Is this a group re	
F	Appli			for subordinates	
_	pendi	1029 TEANECK ROAD, TEANECK, NJ 07666		H(b) Are all subordinates in	—
$\overline{}$	Tav. 6v	tempt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) $4947(a)(1)$	or 527	1	list. (see instructions)
		te: NTTPS: //WWW.ONEFAMILYTOGETHER.ORG/	01 321	H(c) Group exemption	
_		f organization: X Corporation Trust Association Other	I Voor		M State of legal domicile: NY
	art I	Summary	L 1 Gai	or formation. 2001 r	M State of legal dofficite. 14 1
	1	Briefly describe the organization's mission or most significant activities: TO P.	ROVIDE	EMERGENCY I	MEDICAL.
ဗ	'	ECONOMICAL AND HUMANITARIAN AID TO PEOPLE			indicini,
Jan	2	Check this box if the organization discontinued its operations or dispose			note .
Jerr	3			ı	14
9	4	• • • • • • • • • • • • • • • • • • • •			13
≪	4	Number of independent voting members of the governing body (Part VI, line 1b)			4
ies	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			13
Activities & Governance	6	Total number of volunteers (estimate if necessary)			0.
Ä	/a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	l D	Net unrelated business taxable income from Form 990-T, line 38			
		Contributions and suggets (Doct VIII line 11)		Prior Year 1,176,055.	Current Year 1,366,481.
ne	8	Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)		1,557.	3,182.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		15,155.	34,691.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,192,767.	1,404,354.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		806,453.	880,000.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.00,455.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		115,840.	318,838.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ΩX	_b	Total fundraising expenses (Part IX, column (D), line 25)		163,740.	244 756
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			344,756.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,086,033.	1,543,594.
	19	Revenue less expenses. Subtract line 18 from line 12		106,734.	-139,240.
Net Assets or			Ве	ginning of Current Year	End of Year
Ssel	20	Total assets (Part X, line 16)		494,700.	335,734.
etA	21	Total liabilities (Part X, line 26)		27,235.	21,234.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		467,465.	314,500.
					. Ialadaa aad baliaf itia
		alties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of what $\Gamma_{f k}$	licii preparer	Thas any knowledge.	
٥.		Signature of officer		I Date	
Sig		'		Duto	
Hei	re	HARRY SZAFRANSKI, TREASURER Type or print name and title			
				Date Check C	PTIN
De!	4	Print/Type preparer's name KENNETH MCGIVNEY Preparer's signature		if L	
Pai				self-employ	P01324731 16-1131146
	parer			Firm's EIN ▶	TO_TT2TT#0
use	Only	Firm's address 6 WEMBLEY CT ALBANY, NY 12205		Dhan / E	18\ 161_1000
		· · · · · · · · · · · · · · · · · · ·		Phone no. (3	18) 464-4080
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE EMERGENCY MEDICAL, ECONOMICAL AND HUMANITARIAN AID TO
	VICTIMS OF TERROR. ONE FAMILY FUND PROVIDES EDUCATION AND AWARENESS TO
	THOSE IN THE UNITED STATES ABOUT THE PLIGHT OF THE VICTIMS OF TERROR
	IN ISRAEL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 906,874. including grants of \$ 880,000.) (Revenue \$)
	GRANTS TO ASSIST FAMILIES AND INDIVIDUALS IN ISRAEL WHO WERE VICTIMS OF
	VIOLENCE AND TERRORISM BY PROVIDING MEDICAL, ECONOMIC, AND HUMANITARIAN
	AID.
4b	(Code:) (Expenses \$
40	(Code:) (Expenses \$
	THE PLIGHT OF THE VICTIMS OF TERROR IN ISRAEL
	III I I I I I I I I I I I I I I I I I
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 976,001.
	Form 990 (2018)

Form 990 (2018) ONE FAMILY FUND Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>		
•	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	<u> </u>		
10	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.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a		X
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1 Ia		1
b		11b		X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		125
C		11c		x
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		125
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX			X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	444		x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		v
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13	Did the appropriation projection of the control of the Light of the Light of the Light of the Control	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	446	Х	
45	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	- 21	
15		4.5	Х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	21	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b O4	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	_		_v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form **990** (2018)

Form 990 (2018)

Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		Х
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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
01		31		Х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 31		
JZ.	,	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J-7		34		Х
35.5	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
55	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			
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	51		
30		38	Х	
Pai	Note. All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	, 50		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c		
	<u> </u>		000	(2010)

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Form **990** (2018)

	990 (2018) ONE FAMILY FUND	11-3363	91/	P	age 2
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
	1			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	ا م			
	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 return		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
			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		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other ac	·			۱
	financial account in a foreign country (such as a bank account, securities account, or other financial account	count)?	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 Ac	counts (FBAR).			
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				7.7
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv		7a		X
b			7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	'			3,7
	to file Form 8282?	1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
_			8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		\vdash
b			9b		
10	Section 501(c)(7) organizations. Enter:	اما			
a	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:	امدا			
a		11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	11b			
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	•	12a		
		12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.		ioa		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	·	13b			
С		13c			
14a		100	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule</i>		14b		_ <u></u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х

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If "Yes," complete Form 4720, Schedule O.

ONE FAMILY FUND 11-3585917 Page 6 Form 990 (2018) 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 Section A. Governing Body and Management Yes No 14 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 13 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation

Section C. Disclosure

exempt status with respect to such arrangements?

17	List the states with which a copy of this Form 9	0 is required to be filed $ ightharpoonup N$	Y,NJ	,FL,C	A,AL,A	K,AZ,AR	,CT,KS	,KY,	ME
----	--	--	------	-------	--------	---------	--------	------	----

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-1 (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.

	」Own website	Another's website		Upon request		∫ Other ((explain in	Schedule C
--	--------------	-------------------	--	--------------	--	-----------	-------------	------------

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

	HARRY SZAFRANSKI - 646-289-8600
20	State the name, address, and telephone number of the person who possesses the organization's books and records

1029 TEANECK ROAD, TEANECK, NJ 07666

SEE SCHEDULE O FOR FULL LIST OF STATES

Form **990** (2018)

ONE03901

16h

¹⁹ Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

Form 990 (2018) ONE FAMILY FUND 11-3585917 Page 7

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MARC BELZBERG	10.00								•	•
CHAIR	0.00	Х		Х				0.	0.	0.
(2) JOSEPH BODNER	2.00	.,		,,					0	•
TREASURER THROUGH APRIL 2018	20 00	Х		Х				0.	0.	0.
(3) HARRY SZAFRANSKI	20.00	37		7,7				27 574	0	•
TREASURER AS OF MAY 2018	2 00	Х		Х				37,574.	0.	0.
(4) LISA BELZBERG	2.00	v						0.	0	0
BOARD MEMBER (5) RACHEL BERG	2.00	Х						0.	0.	0.
BOARD MEMBER	2.00	Х						0.	0.	0.
(6) CHEDVA BREAU	2.00	Δ						0.	0.	· ·
BOARD MEMBER THROUGH MAY 2018	2.00	Х						0.	0.	0.
(7) JEFF KAHN	2.00	72						0.	0.	<u></u>
BOARD MEMBER THROUGH MAY 2018	2.00	х						0.	0.	0.
(8) JOEY HARARI	2.00	-25						•	•	
BOARD MEMBER		х						0.	0.	0.
(9) MALCOM HOEMLEIN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) CAROL LEVIN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) PHILP ROSEN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) LIORA ROSENBLUM	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) BRAD SCHWARTZ	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) LYDIA ZUKIER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) DAVID PASTERNACK	40.00	-							_	
PRESIDENT THROUGH AUGUST 2018				Х				190,000.	0.	11,781.
										_
										Form 990 (2019)

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Pdi	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hi	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		ገ than	one	Reportable	Reportable		Es	stimate	ed
		hours per	box	, unle	ss pe	rson i	is botl	h an	compensation	compensation	ו ו	ar	nount	of
		week		cer an	na a a	Irecto	or/trus	itee)	from	from related			other	
		(list any hours for	Individual trustee or director			1			the	organizations			pensa	
		related	or di	98			ated		organization	(W-2/1099-MIS	⁽⁾		om th	
		organizations	rustee	trust		ee	n bens		(W-2/1099-MISC)				anizat d relat	
		below	dual tr	tional	١.	yold	st con						anizati	
		line)	ndivic	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				o g	ai iizati	0110
			_	_	Ŭ	Ť	1	<u> </u>			\neg			
			-											
											$ \bot $			
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											\dashv			
									005 554		$\overline{}$		4 -	0.4
	Sub-total								227,574.		0.		1,7	0. 81.
	Total from continuation sheets to Part VI								227,574.		0.	1	1,7	
2	Total (add lines 1b and 1c) Total number of individuals (including but n							o re	•	000 of reportable			- , ,	<u> </u>
_	compensation from the organization	ot illilited to til	030	11310	a a	JO V C	<i>)</i> wi	10 10	conved more than \$100,	ood of reportable				1
													Yes	No
3	Did the organization list any former officer,	, director, or tru	ıste	e, ke	y en	nplo	yee,	or I	highest compensated er	nployee on				
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su												7.7	
_	and related organizations greater than \$150											4	X	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	•				•			•		ı	5		Х
Sec	tion B. Independent Contractors	ipiete Scriedule	2	or st	ICH J	bers	SOLL							
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of comp	ensat	ion fr	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith o	or wi	thin	the organization's tax y	ear.				
	(A) Name and business	addraga	37/	~ ****	,				(B)	uon dooo	C	()		n
	Name and business	auuress	M	ONE	5			\dashv	Description of s	ervices		ompe	nsatio	11
								\dashv		+				
2	Total number of independent contractors (i	ncluding but no	ot lir	nited	d to	thos	se lis	ted	above) who received me	ore than				
	\$100,000 of compensation from the organi	zation >				()						000	
												Form	990 (2018)

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Form 990 (2018) ONE FAM
Part VIII Statement of Revenue

		Check if Schedule O contain	s a response	or note to any lir	ne in this Part VIII			
				,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S (0	1 2	Federated campaigns	1a	90,000.		revenue		312 - 314
ant	ı a	Membership dues		30,000	-			
2 5		Fundraising events			-			
Contributions, Gifts, Grants and Other Similar Amounts	0	Related organizations			-			
ig Big	-	Government grants (contribution			-			
Sin	f	All other contributions, gifts, grants,			-			
et i		similar amounts not included above		276.481.				
를		Noncash contributions included in lines 1a-						
Sign	e h	Total. Add lines 1a-1f			1,366,481.			
<u> </u>		Totally led miles 14 11		Business Code				
o o	2 a	L		Buomoco Couc				
, <u>vi</u>	_ b							
Ser	c	-						
E S	d							
Program Service Revenue	е							
Pro	f	All other program service revenu	<u> </u>					
		Total. Add lines 2a-2f						
	3	Investment income (including div						
		other similar amounts)			3,182.			3,182.
	4	Income from investment of tax-e						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	7,800.					
	b	Less: rental expenses	0.					
	c	Rental income or (loss)	7,800.					
	d	Net rental income or (loss)		<u> </u>	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)						
	d	Net gain or (loss)		······				
une	8 a	Gross income from fundraising e including \$						
eve		contributions reported on line 1c). See					
Other Revenu		Part IV, line 18	а					
the l	b	Less: direct expenses	b					
٥	c	Net income or (loss) from fundrai	sing events	<u></u>				
	9 a	Gross income from gaming activ	ities. See					
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming	-	<u>,</u>				
	10 a	Gross sales of inventory, less ret	urns					
		and allowances			-			
		Less: cost of goods sold						
ŀ	С	Net income or (loss) from sales of						
-		Miscellaneous Revenue		Business Code				26 001
		OTHER		900099	26,891.			26,891.
	b							
	C							
		All other revenue			26,891.			
		Total. Add lines 11a-11d Total revenue. See instructions			1,404,354.	0.	0.	37,873.
	12	ivial revenue. See mistructions		–	上 / ェロェ / ココモ・	1 0.	J •	<u> </u>

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 880,000. 880,000. Benefits paid to or for members Compensation of current officers, directors, 27,071. trustees, and key employees 239,355. 45,859. 166,425. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 55,840. 30,791. 25,049. Other salaries and wages 7 Pension plan accruals and contributions (include 1,098. 1,464. 366. section 401(k) and 403(b) employer contributions) 5,135. 3,851. 1,284. Other employee benefits 9 17,044. 1,194. 4,182. 11,668. 10 Payroll taxes 11 Fees for services (non-employees): Management 40,032. 40,032. Legal 12,576. 12,576. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 33,244. 942. 32,302. column (A) amount, list line 11g expenses on Sch O.) 45,351. 45,351. Advertising and promotion 12 86,174. 8,679. 13,855. 63,640. Office expenses 13 Information technology 14 15 Royalties 54,901. 32,940. 9,883. 12,078. 16 Occupancy 25,146. 12,573. 12,573. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 7,500. 7,500. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 5,652. 3,391. 1,018. 1,243. 23 Other expenses. Itemize expenses not covered 24 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 O.) 22,143. 22,143. BANK AND CREDIT CHARGES STATE REGISTRATION FEES 3,479. 3,479. С d 8,558. 2,653. 5,563. 342. All other expenses 1,543,594. 976,001. 191,793. 375,800. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2018)

Form 990 (2018) Part X Balance Sheet

Part /				
	Check if Schedule O contains a response or note to any line in this Part X		·····	
		(A) Beginning of year		(B) End of year
-	1 Cash · non-interest-bearing	336,555.	1	155,694.
2	2 Savings and temporary cash investments		2	4,665.
3	3 Pledges and grants receivable, net	91,250.	3	118,000
4	4 Accounts receivable, net		4	
5				
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6				
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
,	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7 Notes and loans receivable, net		7	
Ass			8	
		7,882.	9	4,998
		7,002.	9	±, 550
"	Da Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a		40-	
	b Less: accumulated depreciation 10b	43,833.	10c	36 707
11	1 /	11,040.	11	36,797. 11,440.
12	,	11,040.	12	11,440
13	,		13	
14	•	1 110	14	4 1 4 0
15	,	4,140. 494,700.	15	4,140
16		27,235.	16	335,734
17		41,433.	17	21,234
18	1 7		18	
19			19	
20			20	
21	, , ,		21	
S 22	• •			
≣	key employees, highest compensated employees, and disqualified persons.			
Liabilities	Complete Part II of Schedule L		22	
23	1 ,		23	
24			24	
25	, , ,			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	07 025	25	01 024
26		27,235.	26	21,234.
	Organizations that follow SFAS 117 (ASC 958), check here X and			
es	complete lines 27 through 29, and lines 33 and 34.	400 071		207 170
ဋ 27		420,971.	27	307,179
울 28	8 Temporarily restricted net assets	46,494.	28	7,321.
물 29	,		29	
∄	Organizations that do not follow SFAS 117 (ASC 958), check here			
a	and complete lines 30 through 34.			
ફ 30			30	
Š 31	1 Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	, , , , , , , , , , , , , , , , , , , ,		32	<u> </u>
Ž 33	3 Total net assets or fund balances	467,465.	33	314,500
34	4 Total liabilities and net assets/fund balances	494,700.	34	335,734.

Form **990** (2018)

Pa	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,40		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,54		
3	Revenue less expenses. Subtract line 2 from line 1	3	-13		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	46	7,4	<u>65.</u>
5	Net unrealized gains (losses) on investments	5	-	7,8	37.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	_	5,8	88.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	31	4,5	00.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990	(2018)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

11-3585917

Name of the organization

ONE FAMILY FUND

Pa	ırt I	Reason for Public 0	Charity Status 🖟	All organizations must co	mplete th	is part.) Se	ee instructions.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)		
1	\Box	A church, convention of ch	,	o ,	,	,	1YAYi).	
2	H	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3	H	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
_	H	A medical research organization					•	the hespital's name
4		-	ation operated in cor	ijunction with a nospital	described	iii secilo	III I70(D)(I)(A)(III). EITE	the nospital's name,
_		city, and state:						
5		An organization operated for		liege or university owned	or operat	ed by a go	overnmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6	Щ	A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	rom a gove	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a land-grant	college
		or university or a non-land-g				-		-
		university:	, 3	(**************************************		, ,	,	
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sun	oort from o	contributio	ns membershin fees ar	nd aross receints from
		activities related to its exem						
			-	•			• •	-
		income and unrelated busin		(less section of reax) inc	iii busiiles	sses acqui	red by the organization a	aiter June 30, 1973.
		See section 509(a)(2). (Cor		b. da da da fan ar de Caraca		W - -	20(-)(4)	
11	Н	An organization organized a						•
12		An organization organized a	· ·	•	-		· · · · · · · · · · · · · · · · · · ·	
		more publicly supported or						Check the box in
	_	lines 12a through 12d that	* *			-	· · · · · ·	
а	ı <u>L</u>		anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), typically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	ctors or trustees of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b	,	Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organization(s), by hav	/ing
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
c	;	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization						
c	ı [Type III non-functionally		·				zation(s)
	-	that is not functionally int					• • • •	* *
		requirement (see instructi	-		•		•	
e		Check this box if the orga	•	= '				
•	· L	functionally integrated, or					Type i, Type ii, Type iii	
	Ent	er the number of supported o	• •	nally integrated supporting	ng organiz	ation.		
†				d arganization(a)				
		vide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other
		organization	(, =	(described on lines 1-10		ing document?	support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No		
T-4	-1							

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2261961.	2638118.	1696762.	1176055.	1366481.	9139377.
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	2261961.	2638118.	1696762.	1176055.	1366481.	9139377.
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)						
	Public support. Subtract line 5 from line 4.						9139377.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	2261961.	2638118.	1696762.	1176055.	1366481.	9139377.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,308.	8,334.	9,112.	9,357.	10,982.	42,093.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	4,998.	12,504.	11,000.	12,000.	26,891.	67,393.
11	Total support. Add lines 7 through 10						9248863.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
_	organization, check this box and stop	here					>
Sec	ction C. Computation of Publi					т т	
14	111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					14	98.82 %
15	Public support percentage from 2017					15	94.21 %
16a	33 1/3% support test - 2018. If the o						
	stop here. The organization qualifies		~				
b	33 1/3% support test - 2017. If the o				line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual		• • •				
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac				•	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						•
	organization meets the "facts-and-circ			•			>
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2018

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		T			_	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	· ·			•	. , . ,	
0	check this box and stop here						.
	ction C. Computation of Publi			. (5)		T .= T	
	Public support percentage for 2018 (li	, (,,	,	(,,		15	<u>%</u>
	Public support percentage from 2017 ction D. Computation of Inves					16	%
				20 13 column (f)		17	0/
	Investment income percentage for 20 Investment income percentage from 2					18	<u>%</u>
198	33 1/3% support tests - 2018. If the						. .
L	more than 33 1/3%, check this box an 33 1/3% support tests - 2017. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
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- 1			
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	10a		
	10b		

Pai	TIV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	and 2. Type i capperang organizations		Yes	No
_	Did the directors to store as recently such as a successful as		162	INO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11		
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			
	<i>y</i> , y y		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	•		
2				
	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			
<u> </u>	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 year (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 instru	uctions)	<u> </u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections 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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
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	T		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ed Type III supporting orga	inization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Par	[↑] V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _(continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
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 t	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Cumplemental Information
· art 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.
	Section D, lines 5, 6, and 8; and 8 and 8 art v, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
i 	(See instructions.)
-	
i	
-	
i 	
-	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Name of the organization

ONE FAMILY FUND

Employer identification number

11-3585917

Organiza	ation type (check o	ne):
Filers of	:	Section:
Form 990	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990)-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	nly a section 501(c)(s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
	-	i filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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; line 1. Complete Parts I and II.
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
	-	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

ONE FAMILY FUND 11-3585917

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE RAYMOND KLEIN CHARITABLE FOUNDATION 1700 MARKET STREET, SUITE 2600 PHILADELPHIA, PA 19103	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CAROL ENGLANDER 666 FIFTH AVENUE, 4TH FLOOR NEW YORK, NY 10103	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 UJA-FEDERATION OF JEWISH PHILANTHROPIES OF NY 130 E 59TH STREET NEW YORK, NY 10022	\$ 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	THEODORE COHEN 6225 SHERIDAN DRIVE WILLIAMSVILLE, NY 14221	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 IRANIAN AMERICAN JEWISH FEDERATION OF NY 770 MIDDLE NECK ROAD GREAT NECK, NY 11021	\$ 40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
6	Name, address, and ZIP + 4 BENNETT FINER 623 CENTRAL AVENUE CEDARHURST, NY 11516	\$ 36,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ONE FAMILY FUND

11-3585917

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

Name of organization **Employer identification number** ONE FAMILY FUND 11-3585917 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ONE FAMILY FUND

Employer identification number 11-3585917

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose c	onferring
_			
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically important land area
	Protection of natural habitat	Preservation of a certification	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		l l
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		I I
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
_	year >		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing concernati	on accoments during the year
′	S	alling of violations, and emorcing conservation	on easements during the year
8	Does each conservation easement reported on line 2(d) above	ve estisfy the requirements of section 170/h)(4)(B)(i)
Ü	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
Ŭ	include, if applicable, the text of the footnote to the organiza	•	•
	conservation easements.	tion o initiational statements that december t	ie organization e accounting for
Par	t III Organizations Maintaining Collections or	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exl	hibition, education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publ	ic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2018

Par	rt III Organizations Maintaining	Collections of Ar	t, Historical Tr	easures, or Otl	ner Sii	milar As	ssets _{(conti}	nued)	
3	Using the organization's acquisition, acces	sion, and other record	s, check any of the	following that are a	a signific	cant use c	of its collection	items	3
	(check all that apply):								
а	Public exhibition	c	I Loan or ex	change programs					
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's	collections and explair	n how they further	the organization's e	xempt p	ourpose ir	n Part XIII.		
5	During the year, did the organization solicit								_
_	to be sold to raise funds rather than to be r								No
Par	rt IV Escrow and Custodial Arra		ete if the organizati	on answered "Yes"	on For	n 990, Pa	art IV, line 9, o	r	
	reported an amount on Form 990, P								
1a	Is the organization an agent, trustee, custo								٦
	on Form 990, Part X?						Yes		_ No
b	If "Yes," explain the arrangement in Part XI	II and complete the fol	lowing table:		Г				
	Decimales halos es				-	4.	Amour	nt	
						1c			
a	Additions during the year					1d			
e •	Distributions during the year					1e 1f			
f	Ending balance					•	Yes		No
	If "Yes," explain the arrangement in Part XI				•			F	
	rt V Endowment Funds. Complete								
	30p.c.	(a) Current year	(b) Prior year	(c) Two years bac		hree vears	hack (e) Fou	r vears	hack
1a	Beginning of year balance		(<i>b</i>) : ::e: year	(c) me years sas	(3.)	····oo youro	(5) 1 00	youro	<u> </u>
b									
С	Net investment earnings, gains, and losses								
d									
е									
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cu	irrent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	·	_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment >	%							
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.							
За	Are there endowment funds not in the poss	session of the organiza	tion that are held a	and administered fo	r the or	ganizatior	1		
	by:							Yes	No
	(i) unrelated organizations								<u> </u>
	If "Yes" on line 3a(ii), are the related organize			·			3b		<u> </u>
4 Dor	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipo		wment funds.						
Fai			N. David IV. Bara did a	0 F 000 D	V C	10			
	Complete if the organization answer						(-I) D	. 1 1	
	Description of property	(a) Cost or o basis (investr	, , ,	1 ,	Accur deprec		(d) Boo	ok valu	.e
	Land								
	9								
	1								
	Equipment								
	Other								
Total	ıl. Add lines 1a through 1e. <i>(Column (d) must</i>	equal Form 990, Part	X. column (B). line	10c.)		<u></u>			0.

Schedule D (Form 990) 2018

Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11b. See Form 990, Part X, lir	ie 12.
(a) Description of Security or category (including name of security)	(b) Book value		Cost or end-of-year market value
) Financial derivatives			
) Closely-held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" o (a) Description of investment	on Form 990, Part IV, line (b) Book value		e 13. Cost or end-of-year market value
(1)	(b) Book value	(e) Mothed of Valdation.	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8) (9)			
(9)			
(9) vital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	on Form 990, Part IV, line	11d. See Form 990, Part X, lir	ne 15.
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV, line Description	11d. See Form 990, Part X, lin	e 15. (b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, lir	1
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D		11d. See Form 990, Part X, lin	1
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [1]		11d. See Form 990, Part X, lin	
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" or (a) [1] (1) (2) (3)		11d. See Form 990, Part X, lin	
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4)		11d. See Form 990, Part X, lin	1
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5)		11d. See Form 990, Part X, lin	1
(9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, lin	1
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" or (a) [1] (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, lin	1
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, lin	
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
(9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
(9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line (Column (b) must equal Form 990, Part X, col. (B) (Column (b) must equal Form 990, Part X, col. (B) (Column (b) must equal Form 990, Part X, col. (B) (Column (b) must equal Form 990, Part X, col. (B) (Column (b) must equal Form 990, Part X, col. (B) (Column (b) must equal Form 990, Part X, col. (B) (Column (b) must equal Form 990, Part X, col. (B) (Column (b) must equal Form 990, Part X, col. (B) (Column (b) must equal Form 990, Part X, col. (B) (Column (b) must equal Form 990, Part X, col. (B) (Column (b) must equal Form 990, Part X	Description 15.)		(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line (Part X) Other Liabilities. Complete if the organization answered "Yes" of (a) Pagarization answered "Yes" of (b) Pagarization and (b) line (b) Pagarization and (c) Pagarization and (c) Pagarization and (c) Pagarization of (c) Pagari	Description 15.)		(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" organization of liability	Description 15.)	11e or 11f. See Form 990, Pa	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" organization of liability (1) Federal income taxes	Description 15.)	11e or 11f. See Form 990, Pa	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2)	Description 15.)	11e or 11f. See Form 990, Pa	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2) (3)	Description 15.)	11e or 11f. See Form 990, Pa	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2) (3) (4)	Description 15.)	11e or 11f. See Form 990, Pa	(b) Book value
(9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2) (3) (4) (5)	Description 15.)	11e or 11f. See Form 990, Pa	(b) Book value
(9) Intal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Intal. (Column (b) must equal Form 990, Part X, col. (B) line (Part X) Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description 15.)	11e or 11f. See Form 990, Pa	(b) Book value
(9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description 15.)	11e or 11f. See Form 990, Pa	(b) Book value
(9) Datal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description 15.)	11e or 11f. See Form 990, Pa	(b) Book value

832053 10-29-18

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

Schedule D (Form 990) 2018

Par		Revenue per Audited Finan		vitn Revenue per Ro	eturn.	
		ation answered "Yes" on Form 990,			1 1	1 206 515
1	. • .	r support per audited financial state			1	1,396,517.
2		t not on Form 990, Part VIII, line 12	1	I		
а		n investments		a -7,837	_	
b		acilities			_	
С		······			_	
	,			d		7 027
					2e	-7,837. 1,404,354.
3					3	1,404,354.
4		0, Part VIII, line 12, but not on line 1	1	1		
		ded on Form 990, Part VIII, line 7b			-	
				<u> </u>	_	0
					4c	1,404,354.
5 Par	rt XII Reconciliation of	l 4c. (This must equal Form 990, Pai Expenses per Audited Fina	<u>rt I. line 12.) </u>	With Expenses per	5 Return	1,404,334.
ı aı		ation answered "Yes" on Form 990,		With Expenses per	rictari	•
_					1	1,543,594.
1		audited financial statementst not on Form 990, Part IX, line 25:			-	1,343,334.
		, ,	22	<u>ا</u> ا		
_		acilities				
b						
c d						
	,				2e	0.
3					3	1,543,594.
4		0, Part IX, line 25, but not on line 1:				1,313,331
-		ded on Form 990, Part VIII, line 7b	1	<u> </u>		
			·	-	4c	0.
		nd 4c. (This must equal Form 990. P			5	1,543,594.
Par	rt XIII Supplemental Info	ormation.	art i, iiiio 10.)			, ,
	·	Part II, lines 3, 5, and 9; Part III, line		•	, r are /-	,

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2018
Open to Public Inspection

Name of the organization

Employer identification number

ONI	E FAMILY FUND					11-358591	L7
Pa	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organi	zation answered "	Yes" on
	Form 990, Part I\						
1	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	nts and other a		
	the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assist	tance? <u>X</u>	Yes No
2	For grantmakers. Description United States.	ribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and oth	ner assistance outs	side the
3	Activities per Region. (TI	he following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	rity listed in (d) gram service, specific type s) in the region	(f) Total expenditures for and investments in the region
TDE	NE EACH AND			CDANING MO DECIDIENTS			
	DLE EAST AND TH AFRICA	1	2	GRANTS TO RECIPIENTS LOCATED IN REGION			880,000.
OKI	TH AFRICA		2	LOCATED IN REGION			880,000.
	0.11.1.1	1					880 000
	Subtotal		2				880,000.
b	Total from continuation	0	0				_
_	sheets to Part I	-					0.
С	Totals (add lines 3a	1	2				880,000.
	and 3b)						

 $\label{eq:LHA} \mbox{ Hor Paperwork Reduction Act Notice, see the Instructions for Form 990.}$

Schedule F (Form 990) 2018

Scriedule F (FOITH 990) 2010	01111	THITHI I OND			<u> </u>	00011		raye z
			Outside the United States. O		rganization answered	l "Yes" on Form	990, Part IV, line 15, for	any
recipient who rec	ceived more than \$5,	,000. Part II can be dupli	cated if additional space is nee	ded.				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TO AID AND EDUCATE VICTIMS OF TERROR	880,000.	BANK TRANSFER	0.		

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

	1
	0

Schedule F (Form 990) 2018

ONE FAMILY FUND

Part III Grants and Other Assistance Part III can be duplicated if ac			tes. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2018 (Part IV Foreign Forms

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

Schedule F (Form 990) 2018

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.

2018

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

ONE FAMILY FUND

Employer identification number 11-3585917

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
J	contingent on the revenues of:			
а	The organization?	5a		х
	Any related organization?	5b		Х
-	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
-	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) DAVID PASTERNACK	(i)	165,000.	25,000.	0.	0.	11,781.	201,781.	0.
PRESIDENT THROUGH AUGUST 2018	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open To Public Inspection

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization and organization and organization (c) Description of transaction (d) Corrected? Yes No Yes	Name of the organization ONE FAMILY FUND							-	identi		on nu	mber		
(a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrected? Yes No Yes No	Part I Excess Bend	efit Transacti	ons (section 50	01(c)(3	3), secti	ion 501(c)(4), and 50	1(c)(29) organizations							
Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. Camplete if the organization answered "Yes" on Form 990, Part IV, line 27. Camplete if the organization answered Persons.							o, or Form 990-EZ, Pa	art V, li	ne 40	b.		_		
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of (b) Relationship of loan organization with organization of loan organization organ	1 (a) Name of disqualified	person (b) F					c) Description of trans	sactio	า					
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship with organization of loan or organization? To From To From To From Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part IV, line 26; or if the organization reported an amount of a loan or organization of loan organization	.,	·	person and or	yarııza	alion	,	<u> </u>				+ Y	es	No	
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship with organization of loan or organization? To From To Fro											+	+		
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Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship with organization of loan or organization? To From To Fro											+	_		
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Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose of loan of loan (c) Purpose of loan (d) Type of assistance sessistance interested person (d) Name of interested person (e) Original principal amount (f) Balance due (g) In default? (h) Approved (b) board or greenent? (h) Approved (b) board or greenent? (h) Approved (h) Written (h) Approved (h) board or greenent? (h) Approved (h) App	ti 1050	•	·	•					\$					
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship with organization (c) Purpose of loan (d) Loan to organization (d) Loan to organization (e) Original principal amount (f) Balance due (g) In default? (h) Approved by board or committee? (d) Written default? (e) Form (e) Original principal amount (f) Balance due (g) In default? (g) In default? (h) Approved (g) In default? (g) In de														
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(a) Name of interested person with organization with organization with organization of loan of	Complete if the	organization ansv	vered "Yes" on I	orm 9	990-EZ	, Part V, line 38a or F	Form 990, Part IV, line	e 26; c	r if th	e orgai	nizatio	n		
interested person with organization of loan of loan of loan of loan organization? To From the organiz	reported an amo	ount on Form 990	, Part X, line 5, 6	_						10. 3. 5.				
rinterested person with organization of loan organization? To From To Fro							(f) Balance due	(9)		This board or 11		(1) *	/ritten	
Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and assistance assistance (e) Purpose of assistance	interested person	with organization	anization of loan			principal amount		default?		committee?		e? agreemen		
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and interested person and assistance (c) Amount of assistance (e) Purpose of assistance				То	From			Yes No		Yes	No	Yes	No	
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and interested person and assistance (c) Amount of assistance (e) Purpose of assistance														
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(a) Name of interested person (b) Relationship between interested person and (c) Amount of assistance (d) Type of assistance assistance	Part III Grants or As	ssistance Ber	efiting Inter	este	d Per	sons.	•							
interested person and assistance assistance assistance	Complete if the	organization ansv	vered "Yes" on I	orm 9	990, Pa	art IV, line 27.								
interested person and	(a) Name of interested	person	(b) Relationship	betwe	een	(c) Amount of	(d) Type	of		(e)) Purp	ose o	f	
the organization			•		ıd	assistance	assistan	ce		á	assista	ance		
			the organiza	ation										
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2018

(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sha organiz	ation's
	person and the organization	transaction	transaction	revenues? Yes No	
HARRY SZAFRANSKI	TREASURER	37,574.	PROFESSIONA		X
Provide additional information for n	esponses to questions on Schedule L (see ir	nstructions).			
SCH L, PART IV, BUSINESS			ED PERSONS:		
(A) NAME OF PERSON: HARR	Y SZAFRANSKI				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANIZATI	ON:		
TREASURER					
(C) AMOUNT OF TRANSACTIO	N \$ 37,574.				
(D) DESCRIPTION OF TRANS	ACTION: PROFESSIONAL S	ERVICES			
(E) SHARING OF ORGANIZAT	ION REVENUES? = NO				
_					
_					

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

ONE FAMILY FUND

Employer identification number 11-3585917

FORM 990, PART VI, SECTION A, LINE

MARC BELZBERG AND LISA BELZBERG HAVE A FAMILY RELATIONSHIP.

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

THE TREASURER REVIEWS AND APPROVES THE COMPLETED FORM 990 THE FORM 990 IS THEN DISTRIBUTED TO THE FULL BOARD PRIOR TO SUBMISSION TO THE IRS. 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 ARRAINGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. THE BOARD WILL DETERMINE, BY WHETER THE ARRANGEMENT IS ALLOWABLE. MAJORITY VOTE,

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: NY, NJ, FL, CA, AL, AK, AZ, AR, CT, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NM, NC, OH, OK, OR, PA RI, SC, UT, VA, WA, WV, WI

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

ONE FAMILY FUND MAKES AVAILABLE ALL FINANCIAL DOCUMENTS UPON REQUEST.

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

ONE FAMILY FUND MAKES AVAILABLE ALL FINANCIAL DOCUMENTS UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2018)

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

filina vour

return. See instructions

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

► File a separate application for each return.

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

OMB No. 1545-1709

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Type or print ONE FAMILY FUND Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN)

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1 Return **Application Application** Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Ω4 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12

HARRY SZAFRANSKI

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

1029 TEANECK ROAD, NO. 3B

07666

TEANECK, NJ

	muuti bammuuti
•	The books are in the care of ▶ 1029 TEANECK ROAD - TEANECK, NJ 07666
	Telephone No. ► 646-289-8600 Fax No. ►
•	If the organization does not have an office or place of business in the United States, check this box
•	If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this
cod	. If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and EINs of all members the extension is for.
1	I request an automatic 6-month extension of time untilNOVEMBER_15, _2019, to file the exempt organization return for
	the organization named above. The extension is for the organization's return for:
	lacksquare X calendar year 2018 or
	tax year beginning , and ending

_	Change in accounting period	
За	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less	

f this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less			
any nonrefundable credits. See instructions.	3a	\$	0.
f this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by			
using EFTPS (Electronic Federal Tax Payment System). See instructions.	3с	\$	0.
	f this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	any nonrefundable credits. See instructions. f this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b 3a 3a 3b 3b 3b 3b 3b 3c 3c 3c 3c 3c	any nonrefundable credits. See instructions. f this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

If the tax year entered in line 1 is for less than 12 months, check reason:

Form 8868 (Rev. 1-2019)

Final return

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

STATE COPY

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

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

2018

Open to Public Inspection

1.General Information 01/01/2018 and Ending (mm/dd/yyyy) 12/31/2018 For Fiscal Year Beginning (mm/dd/yyyy) Name of Organization: Employer Identification Number (EIN): Check if Applicable: ONE FAMILY FUND 11-3585917 Address Change Mailing Address: NY Registration Number: Name Change 1029 TEANECK ROAD, NO. 3B 069446 Initial Filing Telephone: Final Filing City / State / ZIP: TEANECK, 07666 201 227-1509 NJ Amended Filing Email: Reg ID Pending Website: HTTPS://WWW.ONEFAMILYTOGETHER.ORG/ Check your organization's Confirm your Registration Category in the EPTL only X DUAL (7A & EPTL) EXEMPT* registration category: 7A only Charities Registry at www.CharitiesNYS.com. 2. Certification See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report. MARC BELZBERG President or Authorized Officer: CHAIR Signature Print Name and Title Date HARRY SZAFRANSKI TREASURER Chief Financial Officer or Treasurer: Date Print Name and Title Signature 3. Annual Reporting Exemption Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees. 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year. 4. Schedules and Attachments See the following page X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for a checklist of for fund raising activity in NY State? If yes, complete Schedule 4a. schedules and attachments to X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b. complete your filing. 5. Fee See the checklist on the 7A filing fee: EPTL filing fee: Total fee: Make a single check or money order

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CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

25.

\$

The Exempt dategory releas to all organizations with registration status. It does not release to tax designation

payable to:

"Department of Law"

are submitting here:

next page to calculate your

fee(s). Indicate fee(s) you

100.

125.

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

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

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

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:	
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers	(PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable	
All additional IRS Form 990 Schedules, including Schedule B (Schedule of Cordisclosure and will not be available for public review.	ntributors). Schedule B of public charities is exempt from
Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenufiling year. We have included an IRS Form 990-EZ for state purposes only.	ue exceeded \$25,000 and/or our assets exceeded \$25,000 in the
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Review Report if you received total revenue and support greater than \$250,000	·
X Audit Report if you received total revenue and support greater than \$750,000	o and up to \$7.50,000.
No Review Report or Audit Report is required because total revenue and supp	ort is less than \$250,000
We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	•
Calculate Your Fee	
	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?
For 7A and DUAL filers, calculate the 7A fee:	Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York
X \$25, if you did not check the 7A exemption in Part 3a	under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee:	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$0, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000	·
X \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	Exemption for Charitable Organizations. These
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	organizations are not required to file annual financial reports
\$1500, if the NET WORTH is \$50,000,000 or more	but may do so voluntarily.
	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com .
Send Your Filing	Miles de la fire de seu escenientie e la NET MODTHO
Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:
NYS Office of the Attorney General	- IRS Form 990 Part I, line 22
Charities Bureau Registration Section	- IRS Form 990 EZ Part I, line 21 - IRS Form 990 PF, calculate the difference between
28 Liberty Street	Total Assets at Fair Market Value (Part II, line 16(c)) and
New York, NY 10005	Total Liabilities (Part II, line 23(b)).

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Need Assistance?

Email: Charities.Bureau@ag.ny.gov

868461 01-15-19 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

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ONE03901

EXTENDED TO NOVEMBER 15, 2019

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A	For th	e 2018 calendar year, or tax year beginning and	enaing				
В	Check if applicab	C Name of organization		D Employer identifi	cation number		
	Addre						
	Name	ge Doing business as		11-3	<u>585917</u>		
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r		
	Final return	1029 TEANECK ROAD	3B	6462	898600		
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,404,354.		
	Amer	ded meaneon nt 07666		H(a) Is this a group re			
F	Appli			for subordinates			
_	pendi	1029 TEANECK ROAD, TEANECK, NJ 07666		H(b) Are all subordinates in	—		
$\overline{}$	Tav. 6v	tempt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) $4947(a)(1)$	or 527	1	list. (see instructions)		
		te: NTTPS: //WWW.ONEFAMILYTOGETHER.ORG/	01 321	H(c) Group exemption			
_		f organization: X Corporation Trust Association Other	I Voor		M State of legal domicile: NY		
	art I	Summary	L 1 Gai	or formation. 2001 r	M State of legal dofficite. 14 1		
	1	Briefly describe the organization's mission or most significant activities: TO P.	ROVIDE	EMERGENCY I	MEDICAL.		
ဗ	'	ECONOMICAL AND HUMANITARIAN AID TO PEOPLE			indicini,		
Jan	2	Check this box if the organization discontinued its operations or dispose			note .		
Jerr	3			ı	14		
9	4	• • • • • • • • • • • • • • • • • • • •			13		
≪	4	Number of independent voting members of the governing body (Part VI, line 1b)			4		
ies	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			13		
Activities & Governance	6	Total number of volunteers (estimate if necessary)			0.		
Ä	/a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	l D	Net unrelated business taxable income from Form 990-T, line 38					
		Contributions and suggets (Doct VIII line 11)		Prior Year 1,176,055.	Current Year 1,366,481.		
ne	8	Contributions and grants (Part VIII, line 1h)		0.	0.		
Revenue	9	Program service revenue (Part VIII, line 2g)		1,557.	3,182.		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		15,155.	34,691.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,192,767.	1,404,354.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		806,453.	880,000.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.00,455.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		115,840.	318,838.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ΩX	_b	Total fundraising expenses (Part IX, column (D), line 25)		163,740.	244 756		
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			344,756.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,086,033.	1,543,594.		
	19	Revenue less expenses. Subtract line 18 from line 12		106,734.	-139,240.		
Net Assets or			Ве	ginning of Current Year	End of Year		
Ssei	20	Total assets (Part X, line 16)		494,700.	335,734.		
etA	21	Total liabilities (Part X, line 26)		27,235.	21,234.		
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		467,465.	314,500.		
					. Ialadaa aad baliaf itia		
		alties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is		
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of what $\Gamma_{f k}$	licii preparer	Thas any knowledge.			
٥.		Signature of officer		I Date			
Sig		'		Duto			
Hei	re	HARRY SZAFRANSKI, TREASURER Type or print name and title					
				Date Check C	PTIN		
De!	4	Print/Type preparer's name KENNETH MCGIVNEY Preparer's signature		if L			
Pai				"self-employed P01324731			
	parer			Firm's EIN ▶	16-1131146		
use	Only	Firm's address 6 WEMBLEY CT ALBANY, NY 12205		Dhan / E	18\ 161_1000		
		· · · · · · · · · · · · · · · · · · ·		Phone no. (3	18) 464-4080		
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		

Pa	Till Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE EMERGENCY MEDICAL, ECONOMICAL AND HUMANITARIAN AID TO
	VICTIMS OF TERROR. ONE FAMILY FUND PROVIDES EDUCATION AND AWARENESS TO
	THOSE IN THE UNITED STATES ABOUT THE PLIGHT OF THE VICTIMS OF TERROR
	IN ISRAEL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$906 , 874including grants of \$800 , 000) (Revenue \$)
	GRANTS TO ASSIST FAMILIES AND INDIVIDUALS IN ISRAEL WHO WERE VICTIMS OF
	VIOLENCE AND TERRORISM BY PROVIDING MEDICAL, ECONOMIC, AND HUMANITARIAN
	AID.
	1115.
4b	(Code:) (Expenses \$
	PROVIDES EDUCATION AND AWARENESS TO THOSE IN THE UNITED STATES ABOUT
	THE PLIGHT OF THE VICTIMS OF TERROR IN ISRAEL
4c	(Out
40	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u></u>	Total program service expenses > 976,001.

Form **990** (2018)

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

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Form		<u>-358591</u>	7	Page 4
Par	rt IV Checklist of Required Schedules (continued)			T
00	Did the annual of the second o		Yes	No.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	,	x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's curre			+**
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete	""		
	Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			+
	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	24	a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			+
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		_	+
_	any tax-exempt bonds?	I .	اء	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			\top
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25	a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	251	3	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		\top	T
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes			
	complete Schedule L, Part II	'	.	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			\top
	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		l 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	28	a X	
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part</i> "Yes," <i>complete Schedule L, Part</i>			X
	An entity of which a current or former officer, director, trustee, or key employee: If Yes, Complete Schedule L, Part		1	+
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	I .		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive more than \$25,000 in horeast contributions: 11 Yes, complete scriedule in			+
30		30	.	X
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?			+
31		31		X
22	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		+	+**
JZ	•	32	,	x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		-	+**
33	, c ,	33	,	x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		-	+**
34		34	í	x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		4	+**
D			_	
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization.		+-	+-
36			.	x
27	If "Yes," complete Schedule R, Part V, line 2	36	-	+*
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07	,	x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	+-	$+^{\Lambda}$
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		X	
Par	Note. All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38		
. ui	Check if Schedule O contains a response or note to any line in this Part V			
	5.155.1.1 55.166416 6 contains a response of field to diffy fille in the v		Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3	168	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•				

832004 12-31-18

(gambling) winnings to prize winners?

	990 (2018) ONE FAMILY FUND	11-3585	917	P	age 5
Pai	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule ()	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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 Advanced Financial Advanced Financial Advanced Financial Advanced Financial Advanced Financial Advanced Financial Financial Advanced Financial Fina	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?	·······	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
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.)	11b			
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	1 1			
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ration or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	: income?	16		X

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If "Yes," complete Form 4720, Schedule O.

ONE FAMILY FUND 11-3585917 Page 6 Form 990 (2018) 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 Section A. Governing Body and Management Yes No 14 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 13 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 3

Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,

	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before 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 rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	►NY	,NJ	,FL	, CA	,AL	, AK	, AZ	,AR,	CT,	KS,	KY,	, ME
----	--	-----	-----	-----	------	-----	------	------	------	-----	-----	-----	------

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply.

	」Own website	Another's website		Upon request		∫ Other ((explain in	Schedule C
--	--------------	-------------------	--	--------------	--	-----------	-------------	------------

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

	otatomente avanable te the passe daming the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	\ _
	HARRY SZAFRANSKT - 646-289-8600	

1029 TEANECK,

SCHEDULE O FOR FULL LIST OF STATES

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

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

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

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

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

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

(A)	(B)	1		((<u></u>			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per week					s both r/trus		compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	ndividual trustee or director	يو			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	nstitutional trustee		98	suadı		(W-2/1099-MISC)		organization and related
	below	lual tr	tional	١.	nploy	st con yee	_			organizations
	line)	Indivic	Institu	Officer	Key employee	Highest compensated employee	Former			organization o
(1) MARC BELZBERG	10.00									
CHAIR		Х		X				0.	0.	0.
(2) JOSEPH BODNER	2.00									
TREASURER THROUGH APRIL 2018		Х		Х				0.	0.	0.
(3) HARRY SZAFRANSKI	20.00									
TREASURER AS OF MAY 2018		Х		X				37,574.	0.	0.
(4) LISA BELZBERG	2.00									
BOARD MEMBER		Х						0.	0.	0.
(5) RACHEL BERG	2.00									
BOARD MEMBER		Х						0.	0.	0.
(6) CHEDVA BREAU	2.00									
BOARD MEMBER THROUGH MAY 2018		Х						0.	0.	0.
(7) JEFF KAHN	2.00									
BOARD MEMBER THROUGH MAY 2018		Х						0.	0.	0.
(8) JOEY HARARI	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) MALCOM HOEMLEIN	2.00	1							_	_
BOARD MEMBER		Х						0.	0.	0.
(10) CAROL LEVIN	2.00	1								_
BOARD MEMBER		Х						0.	0.	0.
(11) PHILP ROSEN	2.00	1								
BOARD MEMBER		Х						0.	0.	0.
(12) LIORA ROSENBLUM	2.00	ļ								
BOARD MEMBER		Х						0.	0.	0.
(13) BRAD SCHWARTZ	2.00	l								•
BOARD MEMBER		Х						0.	0.	0.
(14) LYDIA ZUKIER	2.00	ļ								•
BOARD MEMBER	10.00	Х	_		_		_	0.	0.	0.
(15) DAVID PASTERNACK	40.00	4						100 000	•	11 501
PRESIDENT THROUGH AUGUST 2018				Х				190,000.	0.	11,781.

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. ui	T VII Section A. Officers, Directors, Trus		סוכ ופ	ees,			ynes	σC			$\overline{}$		(F)	
	(A)	(B) Average			Pos	C) ition	1		(D)	(E)		_	(F)	1
	Name and title	hours per		(do not check more than one box, unless person is both an					Reportable	Reportable			stimate	
		week					is both or/trus		compensation from	compensatior from related	1	ar	nount other	
		(list any	tor						the	organizations		com	ipensa	
		hours for	direc				D.		organization	(W-2/1099-MIS			om th	
		related	ee or	stee			nsate		(W-2/1099-MISC)	· ·			anizat	
		organizations	Itrus	nal tru		oyee	om pe					an	d relat	.ed
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
		line)	Pul	lust)#O	Key	e Hig	For			\dashv			
		+					-				\dashv			
											$\neg \dagger$			
											\dashv			
											\dashv			
								Ļ	227 574		$\overline{}$	- 1	1 7	01
	Sub-total								227,574.		0.		1,7	0.
	Total from continuation sheets to Part V								227,574.		0.	1	1,7	
2	Total (add lines 1b and 1c) Total number of individuals (including but r							o re		000 of reportable			± , ,	<u> </u>
_	compensation from the organization	iot iii iiited to ti i	030	iisto	u ac	JOVC	<i>)</i>	10 10	cerved more man proo,	ooo or reportable				1
													Yes	No
3	Did the organization list any former officer	, director, or tru	ıste	e, ke	y en	nplo	yee,	or I	highest compensated er	nployee on				
	line 1a? If "Yes," complete Schedule J for s	such individual										3		X
4	For any individual listed on line 1a, is the s	um of reportabl	e cc	mpe	ensa	tion	and	oth	ner compensation from t	ne organization				
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4	Х	
5	Did any person listed on line 1a receive or	•				-			•					
	rendered to the organization? If "Yes," cor	nplete Schedule	e <i>J f</i>	or su	ıch <u>ı</u>	pers	on				<u> </u>	5		X
	tion B. Independent Contractors							41		100 000 of come				
1	Complete this table for your five highest countries the organization. Report compensation for	· ·	-							· · · · · · · · · · · · · · · · · · ·	ensat	.1011 110	וווכ	
	(A)	tric calcildar y	Jai	, i i dii	ig w	1011	J1 VVI		(B)	car.		((
	Name and business	address	N	ONE	3				Description of s	ervices	С		nsatio	n
								_						
											_			
2	Total number of independent contractors (ot lir	nited	d to		_	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organ	zation				()					F	990 (:	0010
												-orm	33U (ZLIT X1

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Form 990 (2018) ONE FAMILY FUND
Part VIII Statement of Revenue

		Check if Schedule O conta	aine a reenonc	or note to any lir	ne in this Dart VIII			
		Check if Schedule O conta	ams a response	or note to any iir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a	90,000.				
ran		Membership dues						
Ē,	С	Fundraising events						
ifts ar A		Related organizations						
s, G nik		Government grants (contributi						
Sig		All other contributions, gifts, grant						
buti		similar amounts not included above		,276,481.				
ntri O	g	Noncash contributions included in lines	1a-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		>	1,366,481.			
				Business Code				
e	2 a							
e e	b							
Senne	С							
ran }ev	d	·						
Program Service Revenue	е							
Д		All other program service reve						
		Total. Add lines 2a-2f						
	3	Investment income (including			3,182.			3,182.
		other similar amounts)			3,102.			3,102.
	4	Income from investment of tax						
	5	Royalties		(ii) Personal				
	6.0	Gross rents	(i) Real 7,800	(II) Personal	-			
		Gross rents Less: rental expenses			1			
		Rental income or (loss)	7,800		1			
		Net rental income or (loss)		•	7,800.			7,800.
		Gross amount from sales of	(i) Securities		7,0000			.,,,,,,
	, "	assets other than inventory	(i) Cocarrios	(ii) Strioi	-			
	b	Less: cost or other basis			1			
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
ne	8 a	Gross income from fundraising	•					
Other Revenu		including \$ contributions reported on line	•					
Re		Part IV, line 18	,					
her	h	Less: direct expenses		5	-			
ð		Net income or (loss) from fund			1			
		Gross income from gaming ac	•					
	- 4	Part IV, line 19		a				
	b	Less: direct expenses		5				
		Net income or (loss) from gam		>				
		Gross sales of inventory, less						
		and allowances		a				
	b	Less: cost of goods sold		0				
		Net income or (loss) from sales		•				
		Miscellaneous Revenue		Business Code				
	11 a	OTHER		900099	26,891.			26,891.
	b							
	С				ļ			
		All other revenue			0.5.001			
		Total. Add lines 11a-11d			26,891.			20 202
	12	Total revenue. See instructions			1,404,354.	0.	0.	37,873.

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b,
7b, 8b, 9b, and 10b of Part VIII.

Grants and other assistance to domestic organizations

Section 501(c)(3) and 501(c)(4) organizations must complete column (A).

(A)
(B)
(C)
Management and general expenses

Expenses

Fundraising expenses

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
1	_				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	880,000.	880,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	239,355.	27,071.	45,859.	166,425.
6	Compensation not included above, to disqualified		-		
_	persons (as defined under section 4958(f)(1)) and				
7		55,840.		30,791.	25,049.
	Other salaries and wages	33,040.		30,731.	23,043.
8	Pension plan accruals and contributions (include	1,464.		1,098.	366.
_	section 401(k) and 403(b) employer contributions)	5,135.		3,851.	1,284.
9	Other employee benefits		1 104		
10	Payroll taxes	17,044.	1,194.	4,182.	11,668.
11	Fees for services (non-employees):				
а	Management				
b	Legal	40,032.		40,032.	
С	Accounting	12,576.		12,576.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
·	column (A) amount, list line 11g expenses on Sch O.)	33,244.		942.	32,302.
12	Advertising and promotion	45,351.			32,302. 45,351.
13	Office expenses	86,174.	8,679.	13,855.	63,640.
14	Information technology		0,000		,
15					
	Royalties	54,901.	32,940.	9,883.	12,078.
16	Occupancy	25,146.	12,573.	5,005.	12,573.
17	Travel	25,140.	12,373.		12,313.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	7 500	7 500		
19	Conferences, conventions, and meetings	7,500.	7,500.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			1 212	
23	Insurance	5,652.	3,391.	1,018.	1,243.
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.)				
а	BANK AND CREDIT CHARGES	22,143.		22,143.	
b	STATE REGISTRATION FEES	3,479.			3,479.
С		·			
d					
	All other expenses	8,558.	2,653.	5,563.	342.
	Total functional expenses. Add lines 1 through 24e	1,543,594.	976,001.	191,793.	375,800.
25		1,J1J,J1.	270,0010	171,1750	373,000.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2018) Part X Balance Sheet

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		336,555.	1	155,694.
	2	Savings and temporary cash investments			2	4,665
	3	Pledges and grants receivable, net		91,250.	3	118,000
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compensation	ated employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	tion 501(c)(9) voluntary			
छ		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
ĕ	8	Inventories for sale or use			8	
	9	B		7,882.	9	4,998
	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		43,833.	11	36,797 11,440
	12	Investments - other securities. See Part IV, line	11	11,040.	12	11,440
	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	4,140 335,734	
	16	Total assets. Add lines 1 through 15 (must equ		494,700.	16	335,734
	17	Accounts payable and accrued expenses		27,235.	17	21,234
	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				
Ě		key employees, highest compensated employee	es, and disqualified persons.			
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of			
				07 025	25	01 004
	26	Total liabilities. Add lines 17 through 25		27,235.	26	21,234
		Organizations that follow SFAS 117 (ASC 958				
es		complete lines 27 through 29, and lines 33 an		420 071		207 170
auc	27	Unrestricted net assets		420,971.	27	307,179 7,321
Bal	28	Temporarily restricted net assets	·····	46,494.	28	1,321
פ	29				29	
Ī		Organizations that do not follow SFAS 117 (A	SC 958), check here			
o c		and complete lines 30 through 34.			0.0	
sets	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or ed			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		167 165	32	211 500
_	33	Total net assets or fund balances		467,465.	33	314,500
	34	Total liabilities and net assets/fund balances .		494,700.	34	335,734

Form **990** (2018)

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>1,40</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,54		
3	Revenue less expenses. Subtract line 2 from line 1	3	-13		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			65.
5	Net unrealized gains (losses) on investments	5	_	7,8	<u>37.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	_	5,8	88.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	31	4,5	00.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
			Form	990	(2018)

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization ONE FAMILY FUND 11-3585917 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

Total

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

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

Sec	ction A. Public Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	2261961.	2638118.	1696762.	1176055.	1366481.	9139377.					
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	2261961.	2638118.	1696762.	1176055.	1366481.	9139377.					
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)											
	Public support. Subtract line 5 from line 4.						9139377.					
Sec	ction B. Total Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total					
7	Amounts from line 4	2261961.	2638118.	1696762.	1176055.	1366481.	9139377.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources	4,308.	8,334.	9,112.	9,357.	10,982.	42,093.					
9	Net income from unrelated business											
	activities, whether or not the											
	business is regularly carried on											
10	Other income. Do not include gain											
	or loss from the sale of capital											
	assets (Explain in Part VI.)	4,998.	12,504.	11,000.	12,000.	26,891.	67,393.					
11	Total support. Add lines 7 through 10						9248863.					
12	Gross receipts from related activities,	•	,			12						
13	-	•			•	. , . ,	. —					
500	organization, check this box and stop	here Per	centage				>					
	-			- L			98 82 ~					
16a												
h												
D												
170												
17 a	·											
h												
D		ū				•						
	,		•		•		, 					
18	•			•								
14 15 16a b 17a	organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 98.82 %											

Schedule A (Form 990 or 990-EZ) 2018

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

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

Se	ction A. Public Support		•							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Gross receipts from admissions,									
	merchandise sold or services per-									
	formed, or facilities furnished in any activity that is related to the									
	organization's tax-exempt purpose									
3	Gross receipts from activities that									
	are not an unrelated trade or bus-									
	iness under section 513									
4	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
5	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
6	Total. Add lines 1 through 5									
7	Amounts included on lines 1, 2, and									
	3 received from disqualified persons									
ŀ	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									
(Add lines 7a and 7b									
8	Public support. (Subtract line 7c from line 6.)									
Se	ction B. Total Support		1	Г	T					
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
	Amounts from line 6									
10	Gross income from interest, dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources									
ŀ	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									
40	regularly carried on									
12	Other income. Do not include gain or loss from the sale of capital									
	assets (Explain in Part VI.)									
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		<u></u>			
14	First five years. If the Form 990 is for	-			-					
20	check this box and stop here						P			
	Public support percentage for 2018 (I			oolumn (fl)		15	0/			
	Public support percentage from 2017			.,,		16	<u>%</u> %			
<u>16</u> Se	ction D. Computation of Inves					10	70			
	Investment income percentage for 20			ne 13 column (f)		17	%			
	Investment income percentage from					18	<u>%</u>			
	a 33 1/3% support tests - 2018. If the									
.50	more than 33 1/3%, check this box ar						. —			
	33 1/3% support tests - 2017. If the									
•		•			•	•				
20	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions									

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4 -		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
40-		
10a		
10h		
10b		

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	etion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800	supervised, or controlled the supporting organization.	2		<u> </u>
<u> </u>	ction C. Type II Supporting Organizations		V-	
_	Wang a majarik, af kha a magainaking), alimakan an kunakan ah mina kha kan maganakan an ajarik, af kha alimakan		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	etion 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		<u> </u>
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	_		
500	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
		-1		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 2 below.	s).		
b				
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	etructions	١	
2	Activities Test. Answer (a) and (b) below.	Structions	Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
ı.	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or no supported organizations: If tes, describe in the true to be played by the organization in this regard.	UU	1	

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Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must of			•
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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-function	ally integrate	ed Type III supporting orga	inization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	T V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _(continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	 S		
	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	he organization is responsive		
	(provide details in Part VI). See instructions.	3		
9	Distributable amount for 2018 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
	and our mount and any mile of announce	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Name of the organization

ONE FAMILY FUND

Employer identification number

11-3585917

Organization type (check one):								
Filers of	:	Section:						
Form 990	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 990)-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
	nly a section 501(c)(s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
	-	i filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules							
	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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
	-	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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						

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

ONE FAMILY FUND

11-3585917

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE RAYMOND KLEIN CHARITABLE FOUNDATION 1700 MARKET STREET, SUITE 2600 PHILADELPHIA, PA 19103	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CAROL ENGLANDER 666 FIFTH AVENUE, 4TH FLOOR NEW YORK, NY 10103	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	UJA-FEDERATION OF JEWISH PHILANTHROPIES OF NY 130 E 59TH STREET NEW YORK, NY 10022	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THEODORE COHEN 6225 SHERIDAN DRIVE WILLIAMSVILLE, NY 14221	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	IRANIAN AMERICAN JEWISH FEDERATION OF NY 770 MIDDLE NECK ROAD GREAT NECK, NY 11021	\$ 40,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	BENNETT FINER 623 CENTRAL AVENUE CEDARHIDET NV 11516	\$36,000.	Person X Payroll Noncash (Complete Part II for

Name of organization Employer identification number

ONE FAMILY FUND

11-3585917

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
23453 11-08-	40.	Sahadula B (Farm	990, 990-EZ, or 990-PF) (2018				

Name of organization **Employer identification number** ONE FAMILY FUND 11-3585917 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ONE FAMILY FUND

Employer identification number 11-3585917

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	_	
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	
Da			
Par			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		1 1
b	, , , , , , , , , , , , , , , , , , , ,		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
4	year ▶ Number of states where property subject to conservation eas	ament is leasted	
5	Does the organization have a written policy regarding the peri	· · · · · · · · · · · · · · · · · · ·	
3	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
Ū	b	mandaning of violations, and officioning cont	servation deserments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
-	▶ \$	g or moranorio, and ornoronig concerna	mon casements adming and year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati		
	conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financia	ıl gain, provide
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

Schedule D (Form 990) 2018

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	t III Organizations Maintaining C	TLY FUND	t Historical T	reasures or Oth	or S		TT-22			age ∠
								,		
3	Using the organization's acquisition, accessing	on, and other record	s, cneck any of tr	ie following that are a	signit	icant u	se of its c	ollection	items	
	(check all that apply):		. 🗀 .	_						
а	Public exhibition	C		exchange programs						
b										
С	c Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit of	r receive donations	of art, historical tr	easures, or other sim	ilar ass	sets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organiza	tion answered "Yes"	on Fo	rm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi							7	_	7
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:							
								Amount		
	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or	custodial account lia	ability?		L	Yes	L	No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete i	if the organization an	nswered "Yes" on	Form 990, Part IV, lir	ne 10.					
		(a) Current year	(b) Prior year	(c) Two years bac	k (d)	Three y	ears back	(e) Four	years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1a. column	(a)) held as:	_					
	Board designated or quasi-endowment		%	(a)) Hold do.						
	Permanent endowment	 %								
	Temporarily restricted endowment									
·	· · ·									
2-	The percentages on lines 2a, 2b, and 2c sho		ation that are hald	and administered fo	, tha a	i	tion			
Sa	Are there endowment funds not in the posse	SSION OF THE ORGANIZA	ation that are neig	and administered to	i lile o	ryaniza	ation	Г	Yes	
	by:								res	<u>No</u>
	(i) unrelated organizations							3a(i)	\dashv	
								3a(ii)	-+	
b	If "Yes" on line 3a(ii), are the related organiza			₹?				3b		
Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.							
ı aı) Dort IV II 4-4 -	Con Form 000 Deal	V 15	. 10				
	Complete if the organization answere									
	Description of property	(a) Cost or o		1 .	Accu		ea	(d) Book	value	€
		basis (investr	nent) bas	sis (other)	depre	JIALION				
	Land									
	Buildings									
	Leasehold improvements									
d	Equipment									
	Other									
Total	Add lines 1a through 1e (Column (d) must o	aud Form 000 Dort	V solumn (P) line	1001						0.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 ONE FAMILY	FUND		11-3585917 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value		12. ost or end-of-year market value
	(b) Book value	(c) Method of Valuation. C	ost or end-or-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.	<u> </u>		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part Y line	13
(a) Description of investment	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1)	(-)	(0,000000000000000000000000000000000000	
(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.
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part	X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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

Schedule D (Form 990) 2018

Pai	rt XI Reconciliation of Revenue per Au	idited Financial Statements With	Revenue per Return.	
	Complete if the organization answered "Yes	s" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited	d financial statements	1	1,396,517.
2	Amounts included on line 1 but not on Form 990, F	Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	-7,837.	
b	Donated services and use of facilities	2b		
С	1 7 3			
d	I Other (Describe in Part XIII.)	2d		
е				-7,837. 1,404,354.
3	Subtract line 2e from line 1		3	1,404,354.
4	Amounts included on Form 990, Part VIII, line 12, b	1 1		
а	,			
b	Other (Describe in Part XIII.)	4b		
С				0.
5	Total revenue. Add lines 3 and 4c. (This must equa	l Form 990. Part I, line 12.)	5	1,404,354.
Ра	rt XII Reconciliation of Expenses per A		Expenses per Retur	n.
	Complete if the organization answered "Yes			4 540 504
1	Total expenses and losses per audited financial sta		1	1,543,594.
2	Amounts included on line 1 but not on Form 990, F	1 1		
а				
b	,			
С				
d	,	· · · · · · · · · · · · · · · · · · ·		0
е	3			0. 1,543,594.
3	Subtract line 2e from line 1		3	1,543,594.
4	Amounts included on Form 990, Part IX, line 25, bu	1 1		
a	,			
b	,		4.	0
				0. 1,543,594.
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal to XIII Supplemental Information.	ial Form 990, Part I, line 18.) ·····	j 5	1,343,334.
	vide the descriptions required for Part II, lines 3, 5, an	d 0: Part III, lines 1e and 4: Part IV, lines 1h	and the Bort V. line 4: Bort	V line 2: Dort VI
	s 2d and 4b; and Part XII, lines 2d and 4b. Also comp			A, IIIIe Z, Fait Ai,
111103	s zu and 4b, and r art An, imes zu and 4b. Also comp	iete tilis part to provide any additional illioni	nation.	

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

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

2018
Open to Public Inspection

Name of the organization

Employer identification number

ON	E FAMILY FUND					11-358591	.7
Pa	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	te if the organ	ization answered "	Yes" on
	Form 990, Part IV						
1				ds to substantiate the amount of its gran			
	the grantees' eligibility to	or the grants or a	issistance, and t	he selection criteria used to award the	grants or assis	tance? 🔼	Yes No
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and oth	ner assistance outs	side the
3	Activities per Region. (Th	ne following Part	I, line 3 table ca	n be duplicated if additional space is ne	eeded.)		_
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
	DLE EAST AND TH AFRICA	1	2	GRANTS TO RECIPIENTS LOCATED IN REGION			880,000.
3 a	Subtotal	1	2				880,000.
	Total from continuation sheets to Part I	0	0				0.
c	Totals (add lines 3a and 3b)	1	2				880,000.

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Schedule F (Form 990) 2018

Part II Grants and Oth	er Assistance to Org	ganizations or Entities (Outside the United States. C	omplete if the o	rganization answered	l "Yes" on Form	990, Part IV, line 15, for	any
recipient who re	ceived more than \$5,	000. Part II can be dupli	cated if additional space is nee	ded.				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	I ICI Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TO AID AND EDUCATE VICTIMS OF TERROR	880,000.	BANK TRANSFER	0.		

_	Enter total number of recipient organizations listed above that are recognized as charities by the forby the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	 ao tax oxompi
_	by the fire, of for which the grantee of countries provided a social to five, of equivalency letter	

>	 1
•	0

3 Enter total number of other organizations or entities

Page 3 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (d) Amount of (e) Manner of cash disbursement (c) Number of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant noncash noncash assistance assistance

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

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.

Open to Public

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

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

ONE FAMILY FUND

 $Employer\ identification\ number \\ 11-3585917$

Part I	Questions Regarding Compensation	11-330391	<i>'</i>	
raiti	Questions negatiting Compensation		Vaa	NI-
10 Ch	ack the appropriate boy(ee) if the organization provided any of the following to aview a newscap listed an Form	000	Yes	No
	eck the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	990,		
Г	rt VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for person	anal usa		
H	Travel for companions Payments for business use of personal re			
	Tax indemnification and gross-up payments Health or social club dues or initiation fee			
	Discretionary spending account Personal services (such as maid, chauffer	ur, cner)		
b If a	ny of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
reii	mbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
	I the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
tru	stees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3 Inc	icate which, if any, of the following the filing organization used to establish the compensation of the organiza	ation's		
	O/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organizati			
	ablish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
F	Form 990 of other organizations Approval by the board or compensation of the compensa	committee		
		Sommittee		
- Du	ring the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
org	anization or a related organization:			
a Re	ceive a severance payment or change-of-control payment?	4a		Х
	rticipate in, or receive payment from, a supplemental nonqualified retirement plan?			Х
	rticipate in, or receive payment from, an equity-based compensation arrangement?			Х
	Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
٥	by section 501(a)(2), 501(a)(4), and 501(a)(20) examinations must complete lines 5.0			
	ly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	nn		
	r persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	ntingent on the revenues of:	F		Х
	e organization?			X
	y related organization?	<u>5b</u>		
	Yes" on line 5a or 5b, describe in Part III.			
	r persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on		
	ntingent on the net earnings of:			37
	e organization?	6a	-	X
	y related organization?	6b		X
	Yes" on line 6a or 6b, describe in Part III.			
	persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
no	described on lines 5 and 6? If "Yes," describe in Part III	7		X
We	ere any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	he		
init	ial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9 If "	Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
Do	gulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

<u>Schedule</u> J (Form 990) 2018 ONE FAMILY FUND 11-3585917 Page 2

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1/(0)	reported as deferred on prior Form 990	
(1) DAVID PASTERNACK	(i)	165,000.	25,000.	0.	0.	11,781.	201,781.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
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	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2018	ONE FAMILY FUND	11-3585917	Page 3
Part III Supplemental Informa	ion		
	on, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and	8, and for Part II. Also complete this part for any additional information	٦.

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open To Public Inspection

Name of the	e organization C	NE FAMI	LY	FUND							-			on nu	mber
Part I	Excess Bene	fit Transac	tio	ns (section 50	01(c)(3	3), secti	on 501(c)(4), and 50	1(c)	(29) organization						
	Complete if the o	organization ar	nswe	ered "Yes" on F	orm 9	990, Pa	urt IV, line 25a or 25b	o, or	Form 990-EZ, Pa	art V, I	ne 40	b.			
1 (a) Nan	ne of disqualified p	erson (k) Re				ified	c) D	escription of tran	sactio	n		(d)	Corre	cted?
(=, : : = :	or anoquamica p	ONE FAMILY FUND Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) orgation answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990 of disqualified person (b) Relationship between disqualified person and organization (c) Description (c) Descrip							<u> </u>	es	No				
	ONE FAMILY FUND Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organization complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, per of disqualified person (b) Relationship between disqualified person and organization (c) Description of transport of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 25a or 25b, or 22. Name of (b) Relationship (c) Purpose (d) Loan to or from the organization of loan (d) Loan to organization (e) Original principal amount (f) Balance due organization (her organization or floan (e) Original principal amount (f) Balance due organization (f) Relationship (f) Relationship or floan (f) Relationship				+	-+									
													+	_	
													+	_	
	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Description of transaction (d) Description of transaction (e) Description of transaction (e) Description of transaction Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization (e) Description of transaction (f) Belationship (c) Purpose (g) In Organization amount on Form 990, Part IV, line 26; or if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization for loan (g) In Organization (h) App (h	\top													
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C Lincol (ario arriodrit or tax,	ii diriy, orr iii lo	_, u.	50 v 0, 10 m 15 d 10	ou by		jamzanon				·				
Part II	Loans to and	l/or From I	nte	rested Pers	ons.										
	Complete if the o	organization ar	nswe	ered "Yes" on F	orm 9	990-EZ,	Part V, line 38a or F	orm	n 990, Part IV, lin	e 26; d	or if th	e orga	nizatio	n	
												/L\ An	provod		
					fror	n the		(1) Balance due		,	I by bo	ard or	, (i) **	ritten ment?
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Γotal															
Part III	Grants or As	sistance B	ene	efiting Inter	este	d Per	sons.								
	Complete if the o	organization ar	nswe	ered "Yes" on F	orm 9	990, Pa	rt IV, line 27.		T						
(a) Na	ame of interested p	person					, ,						Purp		f
						a	assistance		assistan	Ce		,	assista	arice	
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2018

(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sha organiz	ation's
	person and the organization	transaction	transaction	reven Yes	ues?
HARRY SZAFRANSKI	TREASURER	37,574.	PROFESSIONA		Х
Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions). CH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERE A) NAME OF PERSON: HARRY SZAFRANSKI B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZ REASURER C) AMOUNT OF TRANSACTION \$ 37,574. D) DESCRIPTION OF TRANSACTION: PROFESSIONAL SERVICES					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship between interested person transaction (c) Amount of transaction of transactio				
			ı		
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVING	G INTERESTI	ED PERSONS:		
(A) NAME OF PERSON: HARR	Y SZAFRANSKI				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANIZAT	ION:		
TREASURER					
	N ¢ 37 571				
(D) DESCRIPTION OF TRANS.	ACTION: PROFESSIONAL S	ERVICES			
(E) SHARING OF ORGANIZAT	ION REVENUES? = NO				

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) 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.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

ONE FAMILY FUND

Employer identification number 11-3585917

FORM 990, PART VI, SECTION A, LINE

MARC BELZBERG AND LISA BELZBERG HAVE A FAMILY RELATIONSHIP.

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

THE TREASURER REVIEWS AND APPROVES THE COMPLETED FORM 990 THE FORM 990 IS THEN DISTRIBUTED TO THE FULL BOARD PRIOR TO SUBMISSION TO THE IRS. 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 ARRAINGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. THE BOARD WILL DETERMINE, BY WHETER THE ARRANGEMENT IS ALLOWABLE. MAJORITY VOTE,

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: \mathtt{NY} , \mathtt{NJ} , \mathtt{FL} , \mathtt{CA} , \mathtt{AL} , \mathtt{AK} , \mathtt{AZ} , \mathtt{AR} , \mathtt{CT} , \mathtt{KS} , \mathtt{KY} , \mathtt{ME} , \mathtt{MD} , \mathtt{MA} , \mathtt{MI} , \mathtt{MN} , \mathtt{MS} , \mathtt{MO} , \mathtt{NH} , \mathtt{NM} , \mathtt{NC} , \mathtt{OH} , \mathtt{OK} , \mathtt{OR} , \mathtt{PA} RI, SC, UT, VA, WA, WV, WI

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

ONE FAMILY FUND MAKES AVAILABLE ALL FINANCIAL DOCUMENTS UPON REQUEST.

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

ONE FAMILY FUND MAKES AVAILABLE ALL FINANCIAL DOCUMENTS UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization ONE FAMILY FUND	Employer identification number 11-3585917
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
MISCELLANEOUS OPENING BALANCE ADJUSTMENT	-5,888.
FORM 990, PART XII, LINE 2C	
THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.	