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2020

OMB No. 1545-0052

Form 990-PF

Department of the Treasury

Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

		ndar year 2020, or tax year beginning 01-01-20	020 , a	nd e	nding 12-31-				
		Indation ONE FAMILY FOUNDATION INC			1	entification numbe	r		
					22-6703196				
		d street (or P.O. box number if mail is not delivered to street address) H AVENUE 27TH FLOOR) Room/suite		B Telephone nu	mber (see instructio	ns)		
					(412) 762-9540				
		n, state or province, country, and ZIP or foreign postal code H, PA 15222			C If exemption application is pending, check here				
G Ch	neck al	l that apply: \Box Initial return \Box Initial return of a	former public charity	,	D 1. Foreign or	ganizations, check h	ere		
		\square Final return \square Amended return				ganizations meeting			
		\square Address change $\qquad \square$ Name change				k here and attach co	· -		
l Ch	neck ty	$ \nabla$ pe of organization: $ \nabla$ Section 501(c)(3) exempt private	foundation			undation status was n 507(b)(1)(A), chec			
	Section	1 4947(a)(1) nonexempt charitable trust	e private foundation						
of '	year (f	xet value of all assets at end from Part II, col. (c), ▶\$ 10,456,342 J Accounting method: □ Other (specify) (Part I, column (d) must	Cash Accr	ual		ation is in a 60-mont n 507(b)(1)(B), ched			
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and				(d) Disbursements		
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc., received (attach							
	_	schedule)		+					
	2	Check ► ☑ if the foundation is not required to attach Sch. B							
	3	Interest on savings and temporary cash investments							
	4	Dividends and interest from securities	256,15	0	228,063				
	5a	Gross rents							
	ь	Net rental income or (loss)	-						
KIE	6a	Net gain or (loss) from sale of assets not on line 10	130,08	4					
Revenue	b	Gross sales price for all assets on line 6a 3,308,943	3						
æ	7	Capital gain net income (from Part IV, line 2)			151,660				
	8	Net short-term capital gain							
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	b	Less: Cost of goods sold]						
	C	Gross profit or (loss) (attach schedule)	05.1						
	11	Other income (attach schedule)		0	6,808				
	12	Total. Add lines 1 through 11	386,23	-	386,531		75.00		
	13	Compensation of officers, directors, trustees, etc. Other employee salaries and wages	75,00	0	0		75,000		
	14 15	Other employee salaries and wages		+					
Se	16a	Legal fees (attach schedule)							
<u></u>	b	Accounting fees (attach schedule)		+					
Ĕ	c	Other professional fees (attach schedule)	78,54	4	44,618		33,926		
Operating and Administrative Expenses	17	Interest	- '		·		, ·		
tra tra	18	Taxes (attach schedule) (see instructions)	2,00	0	2,893		(
<u> </u>	19	Depreciation (attach schedule) and depletion							
E	20	Occupancy		+					
<u>۵</u>	21	Travel, conferences, and meetings							
Ē	22	Printing and publications							
<u>5</u> :	23	Other expenses (attach schedule)			8,853				
rat	24	Total operating and administrative expenses.							
<u>5</u>		Add lines 13 through 23	155,54	+	56,364		108,926		
ر	25	Contributions, gifts, grants paid	333,45	U .			333,450		
	26	Total expenses and disbursements. Add lines 24 and 25	488,99	4	56,364		442,376		
	27	Subtract line 26 from line 12:							
	а	Excess of revenue over expenses and disbursements	-102,76	0					
	b	Net investment income (if negative, enter -0-)		1	330,167				
	С	Adjusted net income (if negative, enter -0-)			•				

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17 18

19

20

21

22 23

24 25

26

27

28

29

30

Part III

2

3

4

Liabilities

Net Assets or Fund Balances

Grants payable

and complete lines 24, 25, 29 and 30. Net assets without donor restrictions . . .

Net assets with donor restrictions .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Total liabilities(add lines 17 through 22) . . .

Foundations that follow FASB ASC 958, check here

Capital stock, trust principal, or current funds . . .

Paid-in or capital surplus, or land, bldg., and equipment fund

Other liabilities (describe -_

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Retained earnings, accumulated income, endowment, or other funds

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances (see instructions) . . .

	3	Accounts receivable 50,000			
		Less: allowance for doubtful accounts ▶	50,000	50,000	50,000
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts ▶			
S.	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges			
S	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	4,346,349	5,159,283	6,946,829
	С	Investments—corporate bonds (attach schedule)	2,288,033	2,008,024	2,106,639
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	1,655,899	744,330	818,015
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	8,602,021	8,496,496	10,456,342
	17	Accounts payable and accrued expenses			

8,602,021

8,602,021

8,602,023

8,496,496

8,496,496

8,496,496

1

2

3

4

5

6

8,602,021

-102,760

8,499,261

8,496,496 Form **990-PF** (2020)

2,765

Page **3**

(a) List and describ 2-story brick wa	How acqu P—Purch D—Donat	ase		(c) e acquired , day, yr.)	(d) Date sold (mo., day, yr.)					
1 a PNC - PUBLICLY TRADED	SECURI	TIES				Р				
b PNC MANAGED - CGD						Р				
c FLOWTHROUGH FROM PA	ARTNERS	SHIP				Р				
d										
e										
(e) Gross sales price		(f) Depreciatio (or allov	n allowed		Cost or	(g) other basis ense of sale			Gain o	h) r (loss)) minus (g)
a 3,27	9,574	-				3,14	17,209			132,365
b 29,369									29,369	
c						:	10,074			-10,074
d										·
e										
-				-						
Complete only for assets	s showing	g gain in column	(h) and ow	ned by	the foundation	on 12/31/69				I)
Complete only for assets showing gain in column (h) and ow (i) F.M.V. as of 12/31/69 Cij Adjusted basis as of 12/31/69			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Excess	(k) of col. (i) . (j), if any			Gains (Col. (I (k), but not	h) gain minus less than -0-) or om col.(h))	
a										132,365
b										29,369
c										-10,074
d										
e										
 Capital gain net income Net short-term capital g If gain, also enter in Part I, line 8 	gain or (l	loss) as defined i	ee instructi	If (los 1222(5 ons). I	f (loss), enter -0	Part I, line 7	. }	3		151,660
Part V Qualification (nt Inc	ome		
SECTION 4940(e) REPEA	LED O	N DECEMBER	20, 2019	- DO	NOT COMPL	ETE				
1 Reserved										
(a) Reserved		(b) Reserved			(c) Reserved				(d) Reserved	
										-
2 Reserved							2			
3 Reserved							3			
4 Reserved							4			
5 Reserved										
							5			
6 Reserved							6			
7 Reserved							7			
8 Reserved ,							8			

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Pa	rt VII-B	Statements Regard	ling Activities for Which	Form 4720 May Be	Required (continue	d)			
5a	During the	e year did the foundation p	pay or incur any amount to:					Yes	No
	(1) Carry	on propaganda, or otherw	vise attempt to influence legisla	No					
	(2) Influe	nce the outcome of any sp	pecific public election (see sect	ion 4955); or to carry	□ les	<u> </u>	•		
	on, di	rectly or indirectly, any vo	ter registration drive?		· · 🗌 Yes		No		
	(3) Provid	le a grant to an individual	for travel, study, or other simi	lar purposes?	Yes		No I		
	(4) Provid	le a grant to an organizati	on other than a charitable, etc	., organization described	□ les	۱۰	•		
	in sec	tion 4945(d)(4)(A)? See ir	nstructions		· · □ Yes	✓ N	40		
	(5) Provid	le for any purpose other th	han religious, charitable, scient	tific, literary, or	□ les		•		
	educa	tional purposes, or for the	prevention of cruelty to childre	en or animals?	· ·	✓ N			
b	If any ans	wer is "Yes" to $5a(1)-(5)$,	did any of the transactions fa	il to qualify under the ex		۱۰	•		
	Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions								
	Organizati	ions relying on a current n	otice regarding disaster assista	ance check here					
C	If the ans	wer is "Yes" to question 5a	a(4), does the foundation claim	exemption from the					
	tax becau	se it maintained expenditu	re responsibility for the grant?		· · 🔲 Yes		No		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).								
6a	Did the fo	undation, during the year,	receive any funds, directly or	indirectly, to pay premiu	ims on				
	a personal benefit contract?								
b	L Tes L NO						6 b		No
	If "Yes" to	6b, file Form 8870.							
7a	At any tim	ne during the tax year, wa	s the foundation a party to a p	rohibited tax shelter tran	saction?	✓ N	۱,		
b	If "Yes", d	id the foundation receive	any proceeds or have any net i	income attributable to th	e transaction?		7b		
8	Is the four	ndation subject to the sect	tion 4960 tax on payment(s) o	f more than \$1,000,000	in remuneration or				
	excess pa	rachute payment during th	ne year?		· · 🔲 Yes	✓ ,	No 📖		
		Information About C	Officers, Directors, Trust	ees, Foundation Ma				,	
Ра	rt VIII	and Contractors							
1	List all of	ficers, directors, trustee	es, foundation managers an	d their compensation.	See instructions				
	(-) N-		(b) Title, and average	(c) Compensation (If			(e) Expe	nse acc	ount,
	(a) Na	ame and address	hours per week devoted to position	not paid, enter -0-)	employee benefit plans deferred compensati		other a	llowand	ces
MARI	A A CESTONE		PRESIDENT/DIRECTOR	0	 	0			0
	IBERTY WAY		1.00						•
	LAND, NJ 07								
	ELE J CESTON	NE .	TREASURER/DIRECTOR	75,000	1	0			0
	DGE ROAD FORANGE, NJ	07052	100.00						
2			id emplovees (other than th	ose included on line 1	_see instructions). I	f none	e, enter "	NONE.	"

b Did the foundation, during the year,	pay premiums, directly or indi	rectly, on a personal ber	nefit contract?	6b No		
If "Yes" to 6b, file Form 8870.						
7a At any time during the tax year, was	. , , .		I I Yes IVI	No		
${f b}$ ${f If}$ "Yes", did the foundation receive a				7b		
8 Is the foundation subject to the sect	. , , ,		in remuneration or			
excess parachute payment during th	e year?		· · 🗌 Yes 🗸	No L		
and Contractors	fficers, Directors, Trust	•		nployees,		
1 List all officers, directors, trustee		•				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances		
	PRESIDENT/DIRECTOR	0	C	0		
137 LIBERTY WAY ROSELAND, NJ 07068	1.00					
	TREASURER/DIRECTOR	75,000	(0		
WEST ORANGE, NJ 07052	35.00					
2 Compensation of five highest-pai	d employees (other than th	ose included on line 1	—see instructions). If no	ne, enter "NONE."		
(a) Name and address of each employee p more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation (d) Contributions to employee benefit plans and deferred compensation		(e) Expense account, other allowances		
NONE						
Total number of other employees paid over	er \$50,000			0		
			•	Form 990-PF (2020)		

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Part VIII Information About Officers and Contractors (continued		Foundation Managers, Highly P	aid Employees,
3 Five highest-paid independent contracto	rs for professional service	es (see instructions). If none, ente	r "NONE".
(a) Name and address of each person paid me	ore than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number of others receiving over \$50,000 for Part IX-A Summary of Direct Charita			0
List the foundation's four largest direct charitable activities organizations and other beneficiaries served, conferences c	during the tax year. Include relevence	vant statistical information such as the numbered, etc.	er of Expenses
1 NOT APPLICABLE			0
2	-		
3			
4			
Part IX-B Summary of Program-Relation	ted Investments (see in	nstructions)	
Describe the two largest program-related investments r	-	·	Amount
1 NOT APPLICABLE	<u> </u>	·	0
2			
All other program-related investments. See inst	rustions		
3 %	Juctions.		0
- · · · · · · · · · · · · · · · · · · ·			P 0
<u> </u>			Form 990-PF (2020)

2b

2c

3

4

5

6

7

1a

1b

2

3a 3b

4

5

4,589

467,459

467,459

467,459

442,376

442,376

442,376

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Income tax for 2020. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

3

4 5

6

1

2

3

4

5

b

Part XII

Distributable amount before adjustments. Subtract line 2c from line 1.

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

income. Enter 1% of Part I, line 27b. See instructions.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

467,459

442,376

25,083

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XIII	Undistributed Income	(see instructions)

From 2015.

b From 2016.

e From 2019.

4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ a Applied to 2019, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

d Applied to 2020 distributable amount. . . . e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2020.

same amount must be shown in column (a).)

(If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2021.

10 Analysis of line 9: a Excess from 2016. . .

b Excess from 2017. .

c Excess from 2018. . . .

d Excess from 2019. . . e Excess from 2020. .

6 Enter the net total of each column as

b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2015 not

indicated below:

c From 2017. . . d From 2018.

Part XIII Undi	Form 990-PF (20	020)
	Part XIII	Undi

- 1 Distributable amount for 2020 from Part XI, line 7
- 2 Undistributed income, if any, as of the end of 2020: a Enter amount for 2019 only.
- **b** Total for prior years: 20______, 20______

 - Excess distributions carryover, if any, to 2020:
 - 283.184
 - 250,529
 - - 275.371
 - 227.592

250.529 275,371

227.592

229.396

- 229,396
- f Total of lines 3a through e.
 - - 1,266,072

(a)

Corpus

25,083

1,240,989

258.101

982,888

(b)

Years prior to 2019

(c)

2019

NONE

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	art XIV Private Operating Found	ations (see instr	uctions and Part V	/II-A, question 9)		
1a	If the foundation has received a ruling or del foundation, and the ruling is effective for 20					
b	Check box to indicate whether the organizati	on is a private oper	ating foundation des	cribed in section \Box] 4942(j)(3) or 🗆] 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2020	(b) 2019	(c) 2018	(d) 2017	(e) Iotai
b	85% of line 2a					
	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
	Supplementary Information	(Complete this	part only if the	foundation had	\$5,000 or more	in
	assets at any time during th		ructions.)			
1 a	Information Regarding Foundation Mana- List any managers of the foundation who hav before the close of any tax year (but only if	e contributed more				n
b	List any managers of the foundation who own ownership of a partnership or other entity) of				arge portion of the	
2	Information Regarding Contribution, Gra	ant, Gift, Loan, Sc	holarship, etc., Pro	ograms:		
	Check here ▶ ☐ if the foundation only mak unsolicited requests for funds. If the founda other conditions, complete items 2a, b, c, a	tion makes gifts, gr	ants, etc. to individu			
а	The name, address, and telephone number of	or e-mail address of	the person to whom	applications should	be addressed:	
	PNC WEALTH MANAGEMENT - ATTENTION K 300 FIFTH AVENUE 27TH FLOOR PITTSBURGH, PA 15222 (412) 762-9540					
b	The form in which applications should be sub		ation and materials th	ney should include:		
	LETTER WITH HISTORY & TAX EXEMPT STAT	US				
С	Any submission deadlines:					
	NONE					

 ${f d}$ Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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Part XV Supplementary Informa	ation (continued)			
3 Grants and Contributions Paid	d During the Year or Appro	oved for Futur	e Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	333,450
b Approved for future payment				
	ļ	+		
		1		
		1		
	,	1		
	,	1		
	,	1		
Total			▶ 3b	0

Enter gross amounts unless otherwise in	ndicated. Unr	elated bu	isiness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
1 Program service revenue:	Busines	a) ss code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
a						
b						
d						
e						
f						
g Fees and contracts from governme						
2 Membership dues and assessments.3 Interest on savings and temporary of investments	cash					
4 Dividends and interest from securities				14	256,150	
5 Net rental income or (loss) from rea					·	
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from per7 Other investment income						
8 Gain or (loss) from sales of assets of						
inventory				18	130,084	
9 Net income or (loss) from special ev	vents:				·	
10 Gross profit or (loss) from sales of in	nventory					
11 Other revenue: a OTHER INCOME FROM PARTNERSHIPS	000	.000	22.052		22.052	
b		0000	-22,053	14	22,053	
с						
d						
de						
de	(e)		-22,053		408,287	
de 12 Subtotal. Add columns (b), (d), and 13 Total. Add line 12, columns (b), (d) (See worksheet in line 13 instruction	(e)			1	408,287 3	386,234
de 12 Subtotal. Add columns (b), (d), and 13 Total. Add line 12, columns (b), (d) (See worksheet in line 13 instruction	(e)), and (e) s to verify calculations.) ctivities to the Acco	omplish	ment of Exemp	ot Purposes Part XVI-A contribu	3uted importantly to	
d	(e)), and (e) s to verify calculations.) ctivities to the Acco	omplish	ment of Exemp	ot Purposes Part XVI-A contribu	3uted importantly to	
d	(e)), and (e) s to verify calculations.) ctivities to the Acco	omplish	ment of Exemp	ot Purposes Part XVI-A contribu	3uted importantly to	
d	(e)), and (e) s to verify calculations.) ctivities to the Acco	omplish	ment of Exemp	ot Purposes Part XVI-A contribu	3uted importantly to	
d	(e)), and (e) s to verify calculations.) ctivities to the Acco	omplish	ment of Exemp	ot Purposes Part XVI-A contribu	3uted importantly to	
de 12 Subtotal. Add columns (b), (d), and 13 Total. Add line 12, columns (b), (d) (See worksheet in line 13 instruction Part XVI-B Relationship of Add Line No. Explain below how each add the accomplishment of the	(e)), and (e) s to verify calculations.) ctivities to the Acco	omplish	ment of Exemp	ot Purposes Part XVI-A contribu	3uted importantly to	
de 12 Subtotal. Add columns (b), (d), and 13 Total. Add line 12, columns (b), (d) (See worksheet in line 13 instruction Part XVI-B Relationship of Add Line No. Explain below how each add the accomplishment of the	(e)), and (e) s to verify calculations.) ctivities to the Acco	omplish	ment of Exemp	ot Purposes Part XVI-A contribu	3uted importantly to	
de 12 Subtotal. Add columns (b), (d), and 13 Total. Add line 12, columns (b), (d) (See worksheet in line 13 instruction Part XVI-B Relationship of Add Line No. Explain below how each add the accomplishment of the	(e)), and (e) s to verify calculations.) ctivities to the Acco	omplish	ment of Exemp	ot Purposes Part XVI-A contribu	3uted importantly to	
de 12 Subtotal. Add columns (b), (d), and 13 Total. Add line 12, columns (b), (d) (See worksheet in line 13 instruction Part XVI-B Relationship of Add Line No. Explain below how each add the accomplishment of the	(e)), and (e) s to verify calculations.) ctivities to the Acco	omplish	ment of Exemp	ot Purposes Part XVI-A contribu	3uted importantly to	
de 12 Subtotal. Add columns (b), (d), and 13 Total. Add line 12, columns (b), (d) (See worksheet in line 13 instruction Part XVI-B Relationship of Add Line No. Explain below how each add the accomplishment of the	(e)), and (e) s to verify calculations.) ctivities to the Acco	omplish	ment of Exemp	ot Purposes Part XVI-A contribu	3uted importantly to	
de 12 Subtotal. Add columns (b), (d), and 13 Total. Add line 12, columns (b), (d) (See worksheet in line 13 instruction Part XVI-B Relationship of Add Line No. Explain below how each add the accomplishment of the	(e)), and (e) s to verify calculations.) ctivities to the Acco	omplish	ment of Exemp	ot Purposes Part XVI-A contribu	3uted importantly to	
de 12 Subtotal. Add columns (b), (d), and 13 Total. Add line 12, columns (b), (d) (See worksheet in line 13 instruction Part XVI-B Relationship of Add Line No. Explain below how each add the accomplishment of the	(e)), and (e) s to verify calculations.) ctivities to the Acco	omplish	ment of Exemp	ot Purposes Part XVI-A contribu	3uted importantly to	
de 12 Subtotal. Add columns (b), (d), and 13 Total. Add line 12, columns (b), (d) (See worksheet in line 13 instruction Part XVI-B Relationship of Add Line No. Explain below how each add the accomplishment of the	(e)), and (e) s to verify calculations.) ctivities to the Acco	omplish	ment of Exemp	ot Purposes Part XVI-A contribu	3uted importantly to	
de 12 Subtotal. Add columns (b), (d), and 13 Total. Add line 12, columns (b), (d) (See worksheet in line 13 instruction Part XVI-B Relationship of Add Line No. Explain below how each add the accomplishment of the	(e)), and (e) s to verify calculations.) ctivities to the Acco	omplish	ment of Exemp	ot Purposes Part XVI-A contribu	3uted importantly to	
de 12 Subtotal. Add columns (b), (d), and 13 Total. Add line 12, columns (b), (d) (See worksheet in line 13 instruction Part XVI-B Relationship of Add Line No. Explain below how each add the accomplishment of the	(e)), and (e) s to verify calculations.) ctivities to the Acco	omplish	ment of Exemp	ot Purposes Part XVI-A contribu	3uted importantly to	
de 12 Subtotal. Add columns (b), (d), and 13 Total. Add line 12, columns (b), (d) (See worksheet in line 13 instruction Part XVI-B Relationship of Add Line No. Explain below how each add the accomplishment of the	(e)), and (e) s to verify calculations.) ctivities to the Acco	omplish	ment of Exemp	ot Purposes Part XVI-A contribu	3uted importantly to	

orm 9	90-PF (2020)										Pa	ge 13
Pari	XVII	Information Re Exempt Organi		ransfer	s To a	nd Transact	ions and	Relatio	nships With Noi	ncharit	able		
		ganization directly or in than section 501(c)(3)	directly enga							on 501		Yes	No
	•	rom the reporting foun	-	•		-							
(1)	Cash.										1a(1)		No
(2)) Other	assets									1a(2)		No
b Oth	er tran	sactions:											
(1)	Sales	of assets to a nonchar	itable exempt	t organiza	ation.						1b(1)		No
		ases of assets from a r		· ·	-						1b(2)		No
		l of facilities, equipmer	*								1b(3)		No
• •		oursement arrangemen								•	1b(4)		No
		or loan guarantees.								•	1b(5)		No
		mance of services or m facilities, equipment, n			-					•	1b(6) 1c		No No
	-	ver to any of the above											NO
of t	the good any tran	ds, other assets, or ser saction or sharing arra	vices given by ngement, sho	y the repo ow in colu	orting four umn (d)	oundation. If t) the value of t	he foundatic	n receive	d less than fair mar	ket valu	e		
(a) Line	e No.	(b) Amount involved	(c) Name of	noncharita	ble exem	npt organization	(d) Des	scription of	transfers, transactions	, and sha	ring arra	ngemen	its
		dation directly or indire	•						_	_	_		
		n section 501(c) (other		501(c)(3	3)) or ir	section 527?			Ll Y	es 🗠	∠ No		
b If "	Yes," co	emplete the following s											
		(a) Name of organization	on		(b)) Type of organiz	ation		(c) Description	of relation	onship		
	of m whic	er penalties of perjury, y knowledge and belief h preparer has any kno	, it is true, co			,	_	. ,	_		,		
Sign		*****				2021-11-11	, ,	*****			ne IRS di	scuss th	nis
Here	 										ne prepa	rer shov	vn
	/ s	Signature of officer or t		Date Title				below	\ 🔽	Л _V Г	1		
		1	г							(see ii	nstr.) 🗹	ı res └	- NO
		Print/Type preparer's	name	Preparer	r's Signa	ature	Date			PTIN			
									Check if self-		P00474	378	
D-' '		MICHAEL M COMS	тоск						employed ▶ ☐				
Paid													
_	arer Only		ERSON & CO	LLP						Firm's E	IN ▶25	-14671	.56
		1							1				

Firm's address ▶ 310 GRANT STREET SUITE 2100

PITTSBURGH, PA 15219

Phone	no.	(412)	281-2025

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year PC AMERICAN NATIONAL RED CROSS COVID RELIEF IN ITALY 50,000 2801 LIBERTY AVENUE THROUGH THE CROCE ROSSA PITTSBURGH, PA 15222 PC EXPLORING THE ARTS INC 25,000 ETA RESPECTFULLY REQUESTS THE RALPH M. CESTONE 34-12 36TH STREET STE 2-100

ASTORIA, NY 111061232		FOUNDATION'S CONSIDERATION FOR A RENEWAL OF ITS \$25,000 GRANT TO FUND OUR ARTS INTERNSHIP PROGRAM IN THE UPCOMING 2020-21 SCHOOL YEAR.	
FISH HOSPITALITY PROGRAM INC 456 NEW MARKET ROAD PISCATAWAY, NJ 08854	PC	ON THE PAGES THAT FOLLOW IS OUR GRANT REQUEST FOR THE MANNER IN WHICH FISH HOSPITALITY PROGRAM USUALLY OPERATES. WE PROVIDE SHELTER TO HOMELESS FAMILIES AND SINGLE WOMEN. FOR THE SAFETY OF OUR GUESTS AND VOLUNTEERS, WE HAVE SUSPENDED OUR ROTATIONAL SHELTER DURING THIS PUBLIC	5,000

Total .

HEALTH CRISIS.

За

333,450

form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
FAMILY PROMISE OF HUNTERDON COUNTY INC 8 BARTLES CORNER ROAD - SUITE 11 FLEMINGTON, NJ 088221208		PC	FAMILY PROMISE OF HUNTERDON COUNTY (FPHC) IS THE ONLY TEMPORARY HOME- BASED SERVICE ORGANIZATION FOR FAMILIES IN HUNTERDON COUNTY, PROVIDING FAMILIES WITH SAFE LODGING, INTENSIVE CASE MANAGEMENT, AND COMPREHENSIVE SERVICES.	10,000
FRIENDS OF FIREFIGHTERS INC 199 VAN BRUNT ST BROOKLYN, NY 112311212		PC	WE ARE SEEKING SUPPORT OF OUR MENTAL HEALTH AND OUTREACH PROGRAMS THAT HAVE NECESSARILY CHANGED TO MEET THE DEMANDS OF THE FDNY FIREFIGHTER COMMUNITY'S EXPOSURE TO THE COVID 19 CRISIS.	20,000
GREATER PITTSBURGH COMMUNITY FOOD BANK 1 N LINDEN ST DUQUESNE, PA 151101097		PC	THE FOOD BANK RESPECTFULLY REQUESTS A GRANT OF \$10,000 FROM THE RALPH M. CESTONE FOUNDATION TO HELP FAMILIES IN NEED BY ALLEVIATING THE RISING COSTS OF OPERATIONS FOR THE IMPORTANT WORK WE DO IN THE COMMUNITY.	10,000
Total			▶ 3a	333,450

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual. Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year JEANNE JUGAN RESIDENCE-LITTLE PC THE GRANT WILL BE USED FOR 10,000 SISTERS OF THE POOR GENERAL OPERATING SUPPORT 2999 SCHURZ AVE OF THE CARE AND ACTIVITIES OF OUR ELDERLY RESIDENTS. BRONX, NY 10465 OUR ACTIVITIES STAFF. NURSING SERVICES, SOCIAL SERVICES AND NUTRITIONAL SERVICES ALL CONTRIBUTE TO THE WELL-BEING OF OUR ELDERLY RESIDENTS. PC MSDA'S FINANCIAL AID 45.000 MOUNT SAINT DOMINIC ACADEMY 3 RYERSON AVE ASSISTANCE PROGRAM CALDWELL, NJ 070066109 PROVIDES FINANCIAL SUPPORT TO LOW AND MIDDLE INCOME FAMILIES WHO WANT TO PROVIDE THEIR DAUGHTER WITH AND CATHOLIC, COLLEGE PREPARATORY EDUCATION THAT ALSO DREDADES OUR VOLING 00

		WOMEN TO BE GOOD GLOBAL CITIZENS.	
PROJECT HOME1515 FAIRMONT AVE PHILADELPHIA, PA 191302936	PC	THIS GRANT IS TO BE USED FOR STAFF WHO PROVIDE WHOLE-PERSON CARE TO LIFT THE FORMERLY HOMELESS OUT OF POVERTY AS WE EXPAND TO MEET THE GROWING NEED FOR SUPPORTIVE HOUSING IN PHILADELPHIA.	5,000
			í e

▶ 3a

333,450

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SAGE ELDERCARE INC290 BROAD ST PC SAGE ELDERCARE REQUESTS A 10,000 GRANT IN SUPPORT OF OUR SUMMIT, NJ 079013507 PROGRAMS WHICH OFFER A COMPREHENSIVE ARRAY OF SUPPORTIVE SERVICES FOR OLDER ADULTS AND CAREGIVERS PROMOTING

		INDEPENDENCE AND QUALITY OF LIFE.	
SAINT BARNABAS MEDICAL CENTER 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	PC	A GIFT TO THE EMERGENCY RESPONSE FUND WILL SUPPORT OUR COMPREHENSIVE EMERGENCY CARE EFFORTS AND HELP US ADDRESS THE GROWING NEEDS THAT ARE ARISING AS A RESULT OF THE CHALLENGES PRESENTED BY COVID 19VAND WILL BE USED TO SUPPORT OUR COMPREHENSIVE EMERGENCY CARE EFFORTS.	15,000
ST MARY'S FOUNDATION FOR CHILDREN	PC	"ANIMAL-ASSISTED THERAPY TO CHILDREN WITH	5,000

		CHALLENGES PRESENTED BY COVID 19VAND WILL BE USED TO SUPPORT OUR COMPREHENSIVE EMERGENCY CARE EFFORTS.	
ST MARY'S FOUNDATION FOR CHILDREN 29-01 216TH STREET BAYSIDE, NY 11360	PC	"ANIMAL-ASSISTED THERAPY TO CHILDREN WITH DEVELOPMENTAL DISABILITIES AND OTHER SPECIAL HEALTHCARE NEEDS AT OUR CHILDREN'S HOSPITAL.	5,00

▶ 3a

333,450

Total . .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year TAUTRIU ILICTICE CENTER ا مر CENERAL OPERATIONAL 82,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

6402 ARLINGTON BOULEVARD SUITE 300 FALLS CHURCH, VA 22042	<u>.</u>	SUPPORT	
THE CARNEGIE HALL CORPORATION 881 SEVENTH AVE NEW YORK, NY 100193210	PC	TO PROVIDE GENERAL OPERATING SUPPORT FOR CARNEGIE HALL'S ARTISTIC, EDUCATION, ARTIST TRAINING, AND SOCIAL IMPACT PROGRAMS DURING THE 2020-2021	

Total . .

50

25,000

333,450

▶ 3a

		SEASON.	
TOWNSHIP OF WEST ORANGE 66 MAIN STREET WEST ORANGE, NJ 07052	PC	ACQUIRING EQUIPMENT FOR OUR ADMINISTRATIVE SUPPORT STAFF TO MAKE THEIR HOMES A MORE EFFECTIVE AND EFFICIENT PLACE TO CONDUCT TOWNSHIP BUSINESS.	15,950

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 934913150214	31
TY 2020 All Other Program Re	lated Invest	ments Schedule	_	
Name:	THE CESTONE	FAMILY FOUNDATION INC		
EIN:	22-6703196			
All Other Program Related Investments Sc	hedule			
	Category		Amount	
NOT APPLICABLE				0

effie GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491315021431
TY 2020 Investments Corpora	ite Bonds Sched	ule	
Name:	THE CESTONE FAM	IILY FOUNDATION INC	
ETNI.	22 6702106		

Marrier	THE CESTONE TATHET TOURDANTON INC
EIN:	22-6703196

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
PNC MANAGED ACCOUNT - FIXED INCOME	2,008,024	2,106,639

effie GRAPHIC Print - DO NOT PROCESS	AS FIIED Data -	DLN: 93491315021431
TY 2020 Investments Corpora	te Stock Sched	lule
Name:	THE CESTONE FAN	MILY FOUNDATION INC
EIN:	22-6703196	

DIM: 02/0121E021/21

ofile CDADUTC print DO NOT DDOCESS. As Filed Date

E2141 22 0703130		
Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
PNC MANAGED ACCOUNT - EQUITIES	5,159,283	6,946,829

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491315021431			
TY 2020 Investments - Other Schedule					

Name: THE CESTONE FAMILY FOUNDATION INC.

ETNI. 22 6702106

EIN: 22-6/0						
Investments Other Schedule 2						
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value			
FOUNDVEST, LLC/EXFUSE	AT COST	152,620	152,620			
US TRUST - PRIVATE EQUITY	AT COST	38,943	91,766			
PNC MANAGED ACCOUNT - ALTERNATIVE INVESTMENTS	AT COST	552,767	573,629			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491315021431			
TY 2020 Other Decreases Schedule						
Name:	THE CESTONE	FAMILY FOUNDATION INC				
EIN: 22-6703196						
Description			Amount			

PNC COST BASIS ADJUSTMENT

Name: THE CESTONE FAMILY FOUNDATION INC

As Filed Data -

ETNI. 22 6702106

Description	Dovenue And	Not Trucos
Other Income Schedule		
EIN: 22-0/03190		

Adjusted Net Income

DLN: 93491315021431

Description

OTHER INCOME FROM PARTNERSHIPS

efile GRAPHIC print - DO NOT PROCESS

Net Investment Income

6,808

Revenue Ana **Expenses Per Books**

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491315021431					
TY 2020 Other Professional Fees Schedule					
Name: THE CESTONE FAMILY FOUNDATION INC EIN: 22-6703196					
Category Amount Net Investment Income Adjusted Net Disbursements for Charitable Purposes					
PNC MANAGEMENT FEES 72,037 44,586 2					

6,475

6,475

32

TAX PREP FEES

US TRUST BANK FEES

efile GRAPHIC print - DO NOT PROCE	ESS As Filed Data	DLN: 93491315021431				
TY 2020 Taxes Schedule						
Name: THE CESTONE FAMILY FOUNDATION INC EIN: 22-6703196						
Category Amount Net Investment Adjusted Net Disbursement Income for Charitable Purposes						
FEDERAL EXCISE TAX	2,000	0		0		
FOREIGN TAXES	0	2,893		0		