	-		Return of Organization Exempt F	rom Ir	ncome Tax	OMB No. 1545-0047						
Form 990			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (a 2021							
1 01		00	 Do not enter social security numbers on this form a 	-								
		of the Treasury	 Go to www.irs.gov/Form990 for instructions and 	-	-	Open to Public Inspection						
		enue Service			UN 30, 2022	mapeedion						
в	Check if applicab	le:	organization		D Employer identific	ation number						
_	Addre											
F	chang Name		ENERATION		** **** *	. 						
Ļ	Doing business as											
F	return Final	Number		Room/suite	E Telephone number	C10						
	return termin	0	0 VICTORY BLVD		818-708-6							
_	ated Amen	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	10,557,199.						
F	return	VAN.	NUYS, CA 91406		H(a) Is this a group ret							
	tion pendi	F Name a	nd address of principal officer: KENNETH KANG		for subordinates?							
		SAME .	AS C ABOVE		H(b) Are all subordinates inc							
		empt status:		r 🛄 527		ist. See instructions						
			ONEGENERATION.ORG		H(c) Group exemption							
		f organization:	X Corporation Trust Association Other ►	L Year of	of formation: 1978 M	State of legal domicile: CA						
Ρ	art I	Summary				<u></u>						
٩	1	Briefly describ	e the organization's mission or most significant activities: OUR M	112210	N IS TO ENRI	CH THE						
			F SENIORS, CHILDREN, YOUTH, AND THE									
ä	2		x Image: Interpretation of the organization discontinued its operations or dispose	ed of more	1 1	ets. 21						
Š	3											
مع	² 4		ependent voting members of the governing body (Part VI, line 1b)		19							
Activities & Governance	5		of individuals employed in calendar year 2021 (Part V, line 2a)			178						
ž	6		of volunteers (estimate if necessary)			19						
to To	7a		d business revenue from Part VIII, column (C), line 12			1,200.						
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.						
					Prior Year	Current Year						
٩	8		and grants (Part VIII, line 1h)		6,683,135.	6,924,308.						
<u>n</u>	9	•	ce revenue (Part VIII, line 2g)		2,969,117.	3,402,089.						
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		2,543.	712.						
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		160,800.	192,288.						
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,815,595.	10,519,397.						
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	······	0.	0.						
	14	•	o or for members (Part IX, column (A), line 4)		0.	0.						
ŭ			compensation, employee benefits (Part IX, column (A), lines 5-10)		5,132,367.	6,473,880.						
200	2 16 a		undraising fees (Part IX, column (A), line 11e)		0.	0.						
Exnens	b b		ng expenses (Part IX, column (D), line 25) 43,28		2 250 160	2 240 200						
ш	' 17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		3,350,168.	3,248,389.						
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,482,535.	9,722,269.						
	19	Revenue less	expenses. Subtract line 18 from line 12		1,333,060.	797,128.						
s or	Ces			Beg	ginning of Current Year	End of Year						
Net Assets or	20 1	Total assets (F			6,251,493.	5,842,024.						
3t As	21		(Part X, line 26)		2,506,016.	1,299,419.						
ž	22		fund balances. Subtract line 21 from line 20		3,745,477.	4,542,605.						
	art II											
			declare that I have examined this return, including accompanying schedules			knowledge and belief, it is						
true	e, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowledge.							
		1 N										

Sign	Signature of officer	Date
Here	KENNETH KANG, CFO & COO	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	PRUDENCE PUGEDA PRUDENCE PUGEDA	05/31/23 self-employed P00444443
Preparer	Firm's name 🕨 MACIAS GINI & O'CONNELL LLP	Firm's EIN ► **-******
Use Only	Firm's address 2121 AVENUE OF THE STARS, SUITE 2200	
	LOS ANGELES, CA 90067	Phone no. (310) 277-3373
May the IF	S discuss this return with the preparer shown above? See instructions	X Yes No
132001 12-0	LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) ONEGENERATION	**_*****	Page
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	TO ENRICH THE LIVES OF SENIORS, CHILDREN AND THEIR FAMILIE	· · · · · · · · · · · · · · · · · · ·	
	THROUGHOUT OUR DIVERSE COMMUNITIES. TO PROMOTE HEALTHY AG	ING AND	
	PROVIDE SOCIAL SERVICES TO VULNERABLE AND IMPOVERISHED SE	NIORS.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XN
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		XN
3	If "Yes," describe these changes on Schedule O.		
4			
4	Describe the organization's program service accomplishments for each of its three largest program services, as me		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses, a	Inu
4 -	revenue, if any, for each program service reported.	200	869.
4a	(Code:) (Expenses \$ 980,400. including grants of \$) (Revenue		009.
		E CENTER	
	EXPANDED IN 1991 TO INCLUDE A SECOND SITE TO ESTABLISH AN		
	CARE CENTER AND CHILD CARE CENTER, BRIDGING THESE PROGRAM		
	UNIQUE CONCEPT OF INTERGENERATIONAL PROGRAMS WHICH UNITE		
	IN DAILY ACTIVITIES. THE ADULT DAY CARE CENTER OFFERS BOT		۲. ۲
	MODEL AS WELL AS THE MEDICAL MODEL KNOWN AS "COMMUNITY BAS		
	SERVICES (CBAS)". IT IS A LICENSED ACCREDITED DAYCARE FAC		
	PROVIDING 7AM TO 6PM CARE FOR ADULTS SUFFERING FROM DEMENT	ΓIA,	
	ALZHEIMER'S, PARKINSON'S, STROKE RECOVERY, AND OTHER DEBI	LITATING	
	CONDITIONS. THE ADULT DAYCARE PROGRAM SERVES UNDER NORMAL	CIRCUMSTAN	ICES
	(PRE-COVID) OVER 150 FAMILIES ANNUALLY INCLUDING VETERANS	, HAS EXTEN	IDED
	SERVICES ON TWO SATURDAYS PER MONTH, AND SUPPORTS OVER 16		
4b	(Code:) (Expenses \$ 2,817,970. including grants of \$) (Revenue	0 400	
	ONEGENERATION IS THE FIRST DUALLY ACCREDITED DAYCARE FACIL		
	CO-LOCATED ON THE J.O.Y. (JOINING OLDER AND YOUNGER) CAMP		
	ONEGENERATION CHILDCARE IS HIGHLY NAEYC ACCREDITED, OPERA		
	EXCEPTIONAL AND VITAL DAYCARE FACILITY, SERVING OVER 142		ID
	THEIR CHILDREN, INCLUDING 36 WEEKLY FOREIGN LANGUAGE AS W		
	20 MONTHLY INTERGENERATIONAL ACTIVITIES WITH THEIR FELLOW		
	"NEIGHBORS" FROM THE ADJOINING ADULT DAY CARE PROGRAM.		
4c	(Code:) (Expenses \$ 2,321,523. including grants of \$) (Revenue	<u>\$ 57.</u>	819.
	ONEGENERATION PROVIDES NUTRITIONAL CONSULTING, CARE MANAG		
	AND TRANSPORTATION TO HOMEBOUND SENIORS AND OTHER VULNERAL		
	MEMBERS, INCLUDING ANNUAL SUPPORT WITH OVER 6,800 TRANSPORT		
	TO MEDICAL AND OTHER CRITICAL APPOINTMENTS, ACTIVE CASE M		
	NEARLY 500 CLIENTS, 5,500 + CARELINE CALLS TO HOMEBOUND M		
	4,100 FOR HAROLD'S HELP DESK SOCIAL SERVICES ASSISTANCE, 2		
	ANNUAL MEALS TO HOMEBOUND AND CONGREGATE SITES RESPECTIVE	LY FOR FOOL)
	INSECURE INDIVIDUALS.		
4d			
		53,917. ₎	
4e	Total program service expenses ► 8,732,447.		
		Form	990 (202
32002	SEE SCHEDULE O FOR CONTINUATION(S)		
	2		
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FORM	990	(2021)

Form 990 (2021) ONEGENERATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		v
•	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?	•		v
40	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u></u>
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,			
d		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 23	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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. See instructions	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	Х	<u> </u>
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		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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 ONEGENERATION

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
	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	• •		v
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	ZTU		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
~	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		х
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	აა		- 23
		34		х
35a	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		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 20			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	(000.1)
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Form	990 (2021) ONEGENERATION **-***	* * *	Р	age 5							
Par	t V 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 178	2b	Х								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?										
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.										
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 25	X X								
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> " <i>No</i> " <i>to line 3b, provide an explanation on Schedule O</i>	3b	-23	<u> </u>							
Ha	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?	4a		x							
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?										
	b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	6a		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х								
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37							
	to file Form 8282?	7c		X							
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		v							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7a									
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h									
8											
Ū	sponsoring organization have excess business holdings at any time during the year?	8									
9											
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12 10a										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b										
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders 11a										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
Ь	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans										
с	Enter the amount of reserves on hand										
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X							
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		<u> </u>							
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?	15		x							
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X							
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any										
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17									
	If "Yes," complete Form 6069.										
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Form	990 (2021) ONEGENERATION		**_**			Page 6					
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough 7b	below, and i	for a "No	o" resp						
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.										
	Check if Schedule O contains a response or note to any line in this Part VI					X					
Sect	ion A. Governing Body and Management										
					Ye	s No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		21							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent										
2											
	officer, director, trustee, or key employee?				2	X					
3											
	of officers, directors, trustees, or key employees to a management company or other person?			🗋	3	X					
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was fil	ed?	4	ŀ	X					
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5	5	X					
6	Did the organization have members or stockholders?			6	6	<u> </u>					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one	or								
	more members of the governing body?			7	a	<u> </u>					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholde	rs, or								
	persons other than the governing body?			7	b	<u> </u>					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by the fo	llowing:								
а	The governing body?			8							
b	Each committee with authority to act on behalf of the governing body?			8	b X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at th	e								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			S	X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Co	de.)								
				_	Ye	_					
10a	Did the organization have local chapters, branches, or affiliates?			10)a	<u> </u>					
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, af	filiates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before fi	ling the form	? 11	a X						
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			12	a X						
	a Did the organization have a written conflict of interest policy? If "No," go to line 13										
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12	b X	·					
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,									
	on Schedule O how this was done			12							
13	Did the organization have a written whistleblower policy?				3 X						
14	Did the organization have a written document retention and destruction policy?				4 X						
15	Did the process for determining compensation of the following persons include a review and approva	l by indep	endent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
	The organization's CEO, Executive Director, or top management official										
b	Other officers or key employees of the organization			15	b	<u> </u>					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen					v					
	taxable entity during the year?			16	ba	<u> </u>					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	cipation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ										
Soci	exempt status with respect to such arrangements?	<u></u>	<u></u>	16	b						
17 10	List the states with which a copy of this Form 990 is required to be filed CA		anotion E01/a	x)(2)a an							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	ia 990-1 (section 501(0	c)(3)s on	iy) ava	lable					
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain)	<u> </u>									
10	Own website Another's website I Upon request Other (<i>explain</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			and fin	onoial						
19			iterest policy	, and im	anciai						
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo	ke and	cords								
20	KENNETH KANG, CFO, ONEGENERATION - 818-708-6610	ns and re									
	17400 VICTORY BLVD, VAN NUYS, CA 91406										
132000	12-09-21			Fr	orm 99	0 (2021)					
102000	6					(2021)					
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Form 990	(2021) ONEGENERATION	**-****** 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 Employee	S									
1a Compl	ete this table for all persons required to be listed. Report compensation for the calendar yea	r 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B) (C)							(D)	(F)			
Name and title	Average	Position (do not check more than one					ne	Reportable	Reportable	Estimated		
	hours per	box, unless person is both an officer and a director/trustee)					n an	compensation	compensation	amount of		
	week			uau	recio	i/irus	lee)	from	from related	other		
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the		
	related	e or c	stee			Isatec		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 1120)	and related		
	below	Individual trustee or director	Institutional trustee	er	Key employee	est co oyee	er	,		organizations		
	line)	Indiv	Instit	Officer	Key (Highest compensated employee	Former					
(1) KENNETH KANG	50.00											
CFO AND COO				Х				179,252.	0.	0.		
(2) JENNA HAUSS	50.00											
PRESIDENT/CEO		Х		Х				108,104.	0.	0.		
(3) KRISTINE VARDANYAN	40.00											
DIRECTOR OF CHILDCARE						X		103,887.	0.	0.		
(4) JEFF FRIEDMAN	4.00											
CO-VICE CHAIR		Х		Х				0.	0.	0.		
(5) JIM ESTERLE	4.00											
SECRETARY		Х		Х				0.	0.	0.		
(6) LIZ ALTMAN-HARBERGER	3.00											
DIRECTOR		Х						0.	0.	0.		
(7) WENDY BAVAN	3.00											
DIRECTOR		Х						0.	0.	0.		
(8) NATHANIEL HUTTON	4.00											
TREASURER		Х		Х				0.	0.	0.		
(9) GLORIA POLLACK	3.00									-		
DIRECTOR		Х						0.	0.	0.		
(10) DAVID RUTT	3.00									-		
DIRECTOR		Х						0.	0.	0.		
(11) TATIJANA STAFETS-JANKO	3.00									•		
DIRECTOR		Х						0.	0.	0.		
(12) JOSEPH LAGRIMAS	3.00									•		
DIRECTOR	2.00	X						0.	0.	0.		
(13) DENISE VILLBRANDT	3.00								0	0		
DIRECTOR	4 00	X						0.	0.	0.		
(14) SHANTI SURESH, MD	4.00								0	0		
CO-VICE CHAIR	2.00	X		Х				0.	0.	0.		
(15) SAHAR POUYANRAD	3.00								0	0		
DIRECTOR	4 00	X						0.	0.	0.		
(16) STUART ZIMRING	4.00			v					0	0		
CHAIR	2 00	Х		X				0.	0.	0.		
(17) CATHERINE CODDINGTON	3.00								<u>^</u>	<u>^</u>		
DIRECTOR		Х						0.	0.	0.		
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Form 990 (2021)	ONEGENERA	ATION								**_**	***	* * *	P	age 8
Part VII Sect	ion A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
	(B) Average hours per week	box	not c , unles	(C Posi heck n ss pers id a dir	tion nore son is	than c s both	an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) stimate nount other		
		(list any hours for related organizations below line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org and	pensa om th anizat d relat anizati	e ion ed
(18) GASIA MA DIRECTOR	JARIAN	3.00	_ X	<u> </u>	Of	Ke	en Hi	ß	0.		0.			0.
(19) LINDY PE DIRECTOR	ARSON	3.00	X						0.		0.			0.
(20) KAREN JO DIRECTOR	HNSON	3.00	x						0.		0.			0.
(21) ROGER WI DIRECTOR	LLIAMS II	3.00	x						0.		0.			0.
(22) VEHID KH DIRECTOR	ORSAND	3.00	x						0.		0.			0.
			-											
			-											
			-											
	continuation sheets to Part VI								<u>391,243.</u> 0.		0.			0.
· · ·	lines 1b and 1c) er of individuals (including but n	ot limited to th						> o re	391,243.	000 of reportable	0.			0.
compensat	ion from the organization												Yes	3 No
•	anization list any former officer, Yes, " complete Schedule J for s	-			•	•		Ŭ	• •			3		x
4 For any ind	ividual listed on line 1a, is the su organizations greater than \$150	im of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization		4	x	
5 Did any per	son listed on line 1a receive or a the organization? <i>If</i> "Yes," com	accrue comper	isati	on fr	om a	any	unre	late	ed organization or individ	dual for services		5		x
Section B. Inde	pendent Contractors													
•	his table for your five highest co ation. Report compensation for	•	•							•	ensat			
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	С	(C ompe	;) nsatio	n
2 Total numb	er of independent contractors (i	ncluding but no	ot lin	nited	d to t	hos	e list	ted	above) who received mo	ore than				
	f compensation from the organiz	•				0)		,			Form	990 (;	2021)

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		Check if Schedule O	conta	ains a respo	nse	or note to any line	in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - {
ş	1 a	Federated campaigns		1a						
and Other Similar Amounts		Membership dues								
m	с	Fundraising events				136,580.				
ar A		B I I I I I I								
mil		Government grants (cont				4,961,466.				
ŝ	f	All other contributions, gifts,	gran	ts, and						
the		similar amounts not included	d abov	/e 1 f		1,826,262.				
Öp	g	Noncash contributions included in	lines .	la-1f 1g \$;					
ano	h	Total. Add lines 1a-1f					6,924,308.			
						Business Code				
	2 a	DAYCARE FEES				624410	2,759,546.	2,759,546.		
Θ	b	OTHER INCOME				624200	410,150.	410,150.		
nue	с	FARMERS MARKET INCO	ME			445100	232,393.	232,393.		ļ
Revenue	d					ļļ				
ш.	е									
	f	All other program service				624410				
_	g	Total. Add lines 2a-2f					3,402,089.			
	3	Investment income (inclu					=1.0			_
		other similar amounts)					712.			7
	4	Income from investment				ŕF				
	5	Royalties		(i) Real		(ii) Personal				
	•	A				(II) Personal				
		Gross rents	6a	161,9	0.					
		Less: rental expenses	6b	161,9						
		Rental income or (loss)	6 <u></u>	101,5	50.		161,950.			161,9
		Net rental income or (loss Gross amount from sales of		(i) Securit	 ios	(ii) Other	101,550.			101,5
	<i>i</i> a	assets other than inventory	7a		103					
	h	Less: cost or other basis	74							
D	b	and sales expenses	7b							
aniia	c	Gain or (loss)	_							
	b b	Net gain or (loss)								
5		Gross income from fundrais								
5	• -	including \$								
		contributions reported or								
		Part IV, line 18			8a	66,520.				
	b	Less: direct expenses			8b	37,802.				
	с	Net income or (loss) from	fund	raising even	ts	►	28,718.			28,7
		Gross income from gamin								
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
	с	Net income or (loss) from	gam	ing activities	s	►				
	10 a	Gross sales of inventory,								
		and allowances			10a					
		Less: cost of goods sold			10b					
	С	Net income or (loss) from	sale	s of inventor	у					
						Business Code				
Revenue		NEWSLETTER/ADVERTIS	ING			541800	1,620.		1,200.	4
ent	b					├				
Bev	c					├				
٦		All other revenue				\sqsubseteq	1 600			
	е	Total. Add lines 11a-11d				🕨	1,620.			

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ONEGENERATION

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 respons lude amounts reported on lines 6b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
, , ,	s and other assistance to domestic organizations		expenses	general expenses	expenses
and do	omestic governments. See Part IV, line 21 📖 🗋				
2 Grant	ts and other assistance to domestic				
indivi	duals. See Part IV, line 22				
3 Grant	ts and other assistance to foreign				
	nizations, foreign governments, and foreign				
	duals. See Part IV, lines 15 and 16				
	fits paid to or for members				
	pensation of current officers, directors,		207 256		
	ees, and key employees	287,356.	287,356.		
-	ensation not included above to disqualified				
-	ns (as defined under section $4958(f)(1)$) and				
	ns described in section 4958(c)(3)(B)	5,170,159.	4,591,509.	<u> </u>	34,572
	r salaries and wages	J, I/U, IJ9.	4,JJL,JUJ.	544,078.	34,374
	on plan accruals and contributions (include				
	n 401(k) and 403(b) employer contributions)				
	r employee benefits ll taxes	1,016,365.	916,782.	93,634.	5,949
	for services (nonemployees):	1,010,505.	510,702.	55,0540	5,545
	igement				
	unting				
	ying				
	ssional fundraising services. See Part IV, line 17				
	tment management fees				
	r. (If line 11g amount exceeds 10% of line 25,				
-	in (A), amount, list line 11g expenses on Sch O.)	358,606.	339,777.	18,829.	
	rtising and promotion	28,871.	25,395.	3,476.	
	e expenses	87,256.	76,804.	10,452.	
	nation technology	58,177.	50,774.	7,403.	
	Ities				
	pancy	421,230.	421,230.		
17 Trave					
18 Paym	nents of travel or entertainment expenses				
for an	ny federal, state, or local public officials				
19 Confe	erences, conventions, and meetings	17,928.	17,928.		
20 Intere	est	29,157.	25,000.	4,157.	
21 Paym	nents to affiliates				
22 Depre	eciation, depletion, and amortization	352,411.	182,818.	169,593.	
23 Insura		82,421.	76,048.	6,373.	
	expenses. Itemize expenses not covered				
	. (List miscellaneous expenses on line 24e. If 4e amount exceeds 10% of line 25, column (A),				
amoui	nt, list line 24e expenses on Schedule O.)				
a MEA		757,124.	757,124.		
	A-INDIRECT COSTS	254,363.	254,363.	20 402	
		174,363.	153,960.	20,403.	
		157,961.	132,207.	25,754.	
	her expenses	468,521.	423,372.	42,390.	2,759
	functional expenses. Add lines 1 through 24e	9,722,269.	8,732,447.	946,542.	43,280
	costs. Complete this line only if the organization				
-	ed in column (B) joint costs from a combined				
	tional campaign and fundraising solicitation.				
Check	here here here here here here here here				Earm 990 (202

132010 12-09-21

	990 (2 t X	2021) ONEGENERATION Balance Sheet				******	Page 1
		Check if Schedule O contains a response or note to any	ine in this Part X				
		check in conclude o contains a response or note to any		(A)	Γ	(B)	····· L
				Beginning of year		End of y	vear
	1	Cash - non-interest-bearing		1,137,799.	1	567	,258
	2	Savings and temporary cash investments		801,373.	2	1,201	
	3	Pledges and grants receivable, net		1,693,922.	3		5,311
	4	Accounts receivable, net			4		•
	5	Loans and other receivables from any current or former o			_		
	-	trustee, key employee, creator or founder, substantial co					
		controlled entity or family member of any of these person			5		
	6	Loans and other receivables from other disgualified perso			_		
	-	under section 4958(f)(1)), and persons described in section	·		6		
<u>ہ</u>	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
As:	9			54,335.	9	66	,184
		Land, buildings, and equipment: cost or other		,			
		basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b	6,531,910.				
	b	Less: accumulated depreciation 10b	3,756,299.	2,550,460.	10c	2,775	5,611
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 11			12		
	13				13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	13,604.	15	484	,687	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,251,493.	16	5,842		
	17	Accounts payable and accrued expenses	796,416.	17	710	,242	
	18	Grants payable	•	18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Part IV of		21			
<u> </u>	22	Loans and other payables to any current or former officer					
tie		trustee, key employee, creator or founder, substantial co					
Liabilities		controlled entity or family member of any of these person			22		
Lia	23	Secured mortgages and notes payable to unrelated third		1,662,463.	23	589	,177
	24	Unsecured notes and loans payable to unrelated third pa	· · · · · · · · · · · · · · · · · · ·		24		,
	25	Other liabilities (including federal income tax, payables to					
		parties, and other liabilities not included on lines 17-24).					
		of Schedule D		47,137.	25		0
	26			2,506,016.	26	1,299	,419
		Organizations that follow FASB ASC 958, check here		, ,			
es		and complete lines 27, 28, 32, and 33.					
S	27			2,701,105.	27	3,460	.641
] ä[28	Net assets with donor restrictions		2,701,105. 1,044,372.	28	<u>3,460</u> 1,081	,964
<u>م</u>		Organizations that do not follow FASB ASC 958, chec					,
ЪЦ		and complete lines 29 through 33.					
p	29	Capital stock or trust principal, or current funds			29		
l ŝt	30	Paid-in or capital surplus, or land, building, or equipment			30		
Ass	31	Retained earnings, endowment, accumulated income, or			31		
Net Assets or Fund Balances	32	Total net assets or fund balances		3,745,477.	32	4,542	,605
z	33	Total liabilities and net assets/fund balances		6,251,493.	33	5,842	

Form 990 (2021)

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Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 10,519,397. 2 0,722,269. 2 9,722,269. 2 9,722,269. 2 9,722,269. 2 9,722,269. 2 9,722,269. 3 797,128. 4 3,745,477. 5 Net unrealized gains (losses) on investments 5 6 6 7 7 8 6 7 8 8 9 0. 9 00 01er changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 4,542,605. Part XII Financial Statements and Reporting Yes No Yes No 1 Accounting method used to prepare the Form 990: Cash Accrual Other Za X 1 Accounting method used to prepare the Form 990: Cash Accrual Other	Form	1990 (2021) ONEGENERATION	**_*	******	Pag	_{ge} 12		
1 Total revenue (must equal Part VII, column (A), line 12) 1 10,519,397. 2 Total expenses (must equal Part IX, column (A), line 25) 2 9,722,269. 3 Revenue less expenses. Subtract line 2 from line 1 3 797,128. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 3,745,477. 5 Donated services and use of facilities 6 - - 7 Investment expenses 6 - - 8 0 0 9 0. - 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. - 10 Net assets or fund balances (explain on Schedule O) 9 0. - - 10 Net assets or fund balances (explain on Schedule O) 9 0. -	Pa	rt XI Reconciliation of Net Assets						
2 Total expenses (must equal Part IX, column (A), line 25) 2 9,722,269. 3 Revenue less expenses. Subtract line 2 from line 1 3 797,128. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 3,745,477. 5 Met unrealized gains (losses) on investments 6 7 6 0onated services and use of facilities 6 7 1 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 4,542,605. 10 Accounting method used to prepare the Form 990: Cash X X Check if Schedule 0 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		Check if Schedule O contains a response or note to any line in this Part XI						
2 Total expenses (must equal Part IX, column (A), line 25) 2 9,722,269. 3 Revenue less expenses. Subtract line 2 from line 1 3 797,128. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 3,745,477. 5 Met unrealized gains (losses) on investments 6 7 6 0onated services and use of facilities 6 7 1 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 4,542,605. 10 Accounting method used to prepare the Form 990: Cash X X Check if Schedule 0 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								
3 Revenue less expenses. Subtract line 2 from line 1 3 797,128. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 3,745,477. 5 6 6 6 7 8 6 6 7 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 4,542,605. Part XII Financial Statements and Reporting X X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Za 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 Both consolidated and separate basis Za X If "Yes," check a box below to indicate whether the finan	1	Total revenue (must equal Part VIII, column (A), line 12)	1					
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 3, 745, 477. 5 Net unrealized gains (losses) on investments 5 6 0onated services and use of facilities 6 7 8 9 9 0. 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 11 Accounting (B) X X Yes 12 Celumm (B) X X X 14 Accounting method used to prepare the Form 990: Cash X Accrual Other 16 the organization's financial statements compiled or reviewed by an independent accountant? 2a X X 16 <th>2</th> <th>Total expenses (must equal Part IX, column (A), line 25)</th> <th>2</th> <th></th> <th></th> <th></th>	2	Total expenses (must equal Part IX, column (A), line 25)	2					
5 Net unrealized gains (losses) on investments 6 7 1 Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII 7 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 1 2a 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: 2 3 b Were the organization's financial statements and selection of an independent accountant? 1 1 1 2a 2a 2a 2b 2c 2c 3a 3a a result of a federal award, was the organization required audit or audits? If the organization undergo the required audit or audits? If the organization is required audit or audits? If the organization is financial statements and selection process during the tay year, explain on Schedule O.	3	Revenue less expenses. Subtract line 2 from line 1	3					
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 4 , 542 , 605 . Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other - 1 Accounting method used to prepare the Form 990: Cash X Accrual Other - 2a X 1 The organization is financial statements compiled or reviewed by an independent accountant? 2a X - 2a X 1 Frees, '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: - 2b X - - 2a X - - 2a X - - - - -	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,74	5,4	<u>77.</u>		
7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash 1 Accounting method used to prepare the Form 990: Cash 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 b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis, consolidated basis b Were the organization is financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis consolidated basis consolidated basis Consolidated basis Consolidated basis For 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits a	5	Net unrealized gains (losses) on investments	5					
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10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 4,542,605. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 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 on Schedule O. 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: 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 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 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: 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: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for over	8	Prior period adjustments	8					
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1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII		<u></u>				
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or audits, explain why on Schedule O and describe any steps taken to undergo such audits				3a	Х	└──		
	b					1		
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

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.

l	OMB No. 1545-0047
	2021
	Open to Public Inspection

Emandaria

بالأنام واما

Name of the organization

inar	ne or		ENERATION						* _ * * * * * * *			
Pa	art I	Reason for Public ((All organizations must c	omolete th	nis nart) S	ee instruction					
		nization is not a private found						0.				
1				-	•	-	1)(A)(i)					
2		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).)										
2												
4		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
4		city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
3		section 170(b)(1)(A)(iv). (C			or operation	cu by u ge						
6		A federal, state, or local gov		nental unit described in	section 17	70(h)(1)(A)	(v)					
7	X		•				.,	e deneral r	oublic described in			
•		section 170(b)(1)(A)(vi). (C	-		onna gove	innontai		ie general j				
8		A community trust describe		(1)(A)(vi), (Complete Par	· II)							
9		An agricultural research org				ed in conii	inction with a	land-grant	college			
Ū		or university or a non-land-g	-			-		-	-			
		university:	grant conogo or agiro			lamo, ony	, and state of	une conoge				
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	ip fees, and	d aross receipts from			
		activities related to its exem	•					-	•			
		income and unrelated busir		-					-			
		See section 509(a)(2). (Con				looo aoqui						
11		An organization organized a		velv to test for public sat	etv See	section 50	09(a)(4)					
12		An organization organized a			•			rrv out the	purposes of one or			
		more publicly supported or	-	•				•				
		lines 12a through 12d that	-									
e	a 🗌	Type I. A supporting orga	• •					-	aivina			
		the supported organization	-	-	• • • •	-						
		organization. You must c			, ,				11 5			
k	b	Type II. A supporting org	-		ion with its	s supporte	ed organizatio	n(s), by hay	vina			
		control or management o	-				-		•			
		organization(s). You mus			·			,				
c	- C	Type III functionally inte			in connect	tion with, a	and functional	ly integrate	d with,			
		its supported organization		•••								
c	d 🗌	Type III non-functionally		-				ted organiz	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	uirement and	an attentiv	/eness			
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	v .					
e	e [Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type I	II, Type III				
		functionally integrated, or	r Type III non-functio	nally integrated supportin	ng organiz	ation.						
1	f Ent	ter the number of supported o	organizations									
	g Pro	ovide the following information		<u> </u>	/) .							
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of		(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)			
Tot	al											
									•			

Schedule A (Form 990) 2021

ONEGENERATION

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	3401532.	3503130.	4892469.	6683135.	6924308.	25404574.
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				570,494.	814,992.	1385486.
4	Total. Add lines 1 through 3	3401532.	3503130.	4892469.	7253629.	7739300.	26790060.
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)						222,690.
	Public support. Subtract line 5 from line 4.						26567370.
Sec	ction B. Total Support				1	1	1
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	3401532.	3503130.	4892469.	7253629.	7739300.	26790060.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	298,222.	333,104.	176,441.	185,676.	229,602.	1223045.
9	Net income from unrelated business						
	activities, whether or not the				1 000	1 000	
	business is regularly carried on				1,200.	1,200.	2,400.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						00015505
	Total support. Add lines 7 through 10					1.0	28015505.
	Gross receipts from related activities,						,896,851.
13	First 5 years. If the Form 990 is for the	-	st, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3)	. —
800	organization, check this box and stor						
	ction C. Computation of Publi						94.83 %
	Public support percentage for 2021 (I		•			14	0.0 = 0
	Public support percentage from 2020					15	
108	33 1/3% support test - 2021. If the other have The experimentian events						
la	stop here. The organization qualifies				line 15 in 00 1/00/		
D	33 1/3% support test - 2020. If the conditioned at the support test - 2020 and the support test - 2020 and the support test - 2020 and test -						
47-	and stop here. The organization qual				10 10		
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-		•	
Ŀ	meets the facts-and-circumstances te	•	•		•	Za, and line 15 is	
D.	10% -facts-and-circumstances test	-					
	more, and if the organization meets the organization meets the facts-and-circu				-		
19	Private foundation. If the organization						
10	Trivate foundation. If the organization			a, 100, 17a, 01 170	, oneon uns du al		(Form 990) 2021

Schedule A (Form 990) 2021

132022 01-04-22

ONEGENERATION

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	l (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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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.)						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	l (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	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 on 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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)			1			
	First 5 years. If the Form 990 is for th	ne organization's fi	rst. second. third.	fourth. or fifth tax	vear as a section 5	501(c)(3) organ	ization.
-	check this box and stop here	•		•			·
See	ction C. Computation of Publi	c Support Per	centage				F
	Public support percentage for 2021 (I			column (f))		15	%
16	Public support percentage from 2020					16	%
See	ction D. Computation of Inves						
17				ine 13, column (f))		17	%
18	Investment income percentage from		B			18	%
19a	33 1/3% support tests - 2021. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
k	33 1/3% support tests - 2020. If the	organization did n	ot check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organiza	tion ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
1320	23 01-04-22			_		Scheo	dule A (Form 990) 2021
			15	5			

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Yes No

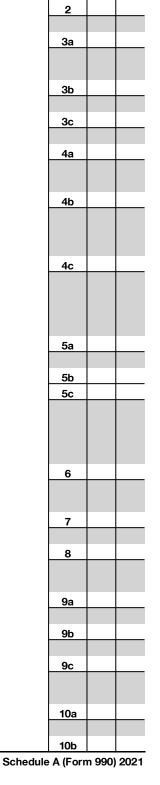
Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	(Form 990) 2021	ONEGENERAT
Part IV	Supporting Or	ganizations (continued

No

Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Ves No

			162		
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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 officers, or trustees were allocated among the</i>				
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.				
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			

Section C. Type II Supporting Organizations

Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 1 the supported organization(s).

Section D.	All Typ	be III Supporting Organizations	

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisf	, the Integral Part Test during the ve	ar (see instructions).
-	Oneck the box next to the method that the organization used to satisf		<i>a</i> , (eeee

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u>	
-----	--	---	--	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a 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? If "Yes" or "No" provide details in Part VI.
- 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.

Yes No 2a 2b 3a 3b

Schedule A (Form 990) 2021

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Sche	edule A (Form 990) 2021 ONEGENERATION			**_****** Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi	zations	
1			•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections A through E.	1
Schedule A (rofm 990) 2021 Conspan="2">Conspan="2">Conspan="2">Conspan="2">Conspan="2">Conspan="2">Conspan="2">Conspan="2">Conspan="2">Conspan="2">Conspan="2" Conspan="2" Consp				
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	tion 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functiona	ally integrated	Type III supporting ord	anization (see

instructions).

Schedule A (Form 990) 2021

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and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Sect	ion D - Distributions	Current Year			
1	Amounts paid to supported organizations to accomplish exe				
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		-	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
<u> i</u>	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI See instructions				

Schedule A (Form 990) 2021

Part V

Schedule A (Form 990) 2021

7 Excess distributions carryover to 2022. Add lines 3j

**_	. * *	* *	* *	*	Page 8
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Schedule A	(Form 990) 2021 ONEGENERATION	**_***** Page 8
Part VI	Supplemental Information. Provide the explanations required by Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, ar line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also c (See instructions.)	Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Id 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, , 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
132028 01-04-2	22 20	Schedule A (Form 990) 202
	20	

Schedule A

123171 04-01-21

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
HE EISNER FOUNDATION, INC	783,000.	222,690
otal Excess Contributions to Schedule A, Part II, Line 5		222,690

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

*	_	*	*	*	*	*	*	*	

*

Section:
X 501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 \dots **b** \$

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

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

ONEGENERATION

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CALIFORNIA COMMUNITY FOUNDATION TOTAL 222 S. FIGUEROA STREET #400 LOS ANGELES, CA 90013	\$ <u>153,531.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DIGNITY HEALTH NORTHRIDGE HOSPITAL CENTER FOR HEALTHY COMMUNITIES TOTAL 8211 ETIWANDA AVENUE RESEDA, CA 91336	\$ <u>153,883.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE EISNER FOUNDATION INC. TOTAL 234 S. BEVERLY DRIVE BEVERLY HILLS, CA 90213	\$ <u>283,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE JOHN GOGIAN FAMILY FOUNDATION TOTAL 2532 WEST 237TH STREET TORRANCE, CA 90506	\$230,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	SBA U.S. SMALL BUSINESS ADMN (PPP LOAN) 5 HUTTON CENTRE DR STE 900 SANTA ANA, CA 92707	\$ <u>1,062,393.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
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No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$

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

Schedule B (Form 990) (2021)

Name of organization

Part II

(a)

ONEGENERATION

Employer identification number

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(c)

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Schedule B (Form 990) (2021)

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ame of orç	ganization		Employer identification number
NEGEN	IERATION		**_****
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	Ity. For organizations 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	(-)	(0,000 0. 3	
		(e) Transfer of gif	t
F	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.		<u> </u>	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F			
		(e) Transfer of gif	t
	Transferee's name, address, a	nd 7 ID + 4	Relationship of transferor to transferee
-	Transieree's hame, address, a		
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
Γ		(e) Transfer of gif	t
		nd $7IP \pm 4$	Relationship of transferor to transferee
- F	Transferee's name, address, a		•
F	Iransferee's name, address, a		
Ē	Iransferee's name, address, a 		
	Iransferee's name, address, a		

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Department of the Treasury

Internal Revenue Service Name of the organization

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.



Employer identification number

_	ONEGENERATION		**_*****
Par			counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(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	writing that the assets held in donor advised fund	ds
	are the organization's property, subject to the organization's	exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used o	nly
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose conferr	ing
	impermissible private benefit?		Yes No
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea		prically important land area
	Protection of natural habitat	Preservation of a certi	• •
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	ied conservation contribution in the form of a co	nservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
			2b
c	Number of conservation easements on a certified historic stru		2c
	Number of conservation easements included in (c) acquired a		
u	listed in the National Register	-	2d
3	Number of conservation easements modified, transferred, rel		
U	year	cased, extinguished, or terminated by the organi	
٨	Number of states where property subject to conservation eas		
4			
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
6		nandling of violations, and enforcing conservatio	in easements during the year
7	Amount of avanages incurred in manitaring increasing have	lling of violations, and enforcing concernation as	comparts during the year
7	Amount of expenses incurred in monitoring, inspecting, hance	ining of violations, and enforcing conservation eas	sements during the year
•	► \$	a action $\frac{170}{1}$	(;)
8	Does each conservation easement reported on line 2(d) abov		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statements that	at describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Other S	imilar Assots
1 41	Complete if the organization answered "Yes" on Form		
4.			
18	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for put		
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items:		N .
	(i) Revenue included on Form 990, Part VIII, line 1		x .
_			
2	If the organization received or held works of art, historical tre		provide
	the following amounts required to be reported under FASB A	-	
	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) 2021
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Sche	dule D (Form 990) 2021 ONEGENE							**_**		Га	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histori	cal Trea	asures, o	r Othei	r Simila	r Assets	contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check an	y of the fo	ollowing that	t make si	gnificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	I 🗌 Loa	an or exch	nange progra	am					
b	Scholarly research	e	e 🗌 Oth	ier							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	how they t	further the	e organizatio	on's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, histor	ical treas	ures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the org	ganizatior	n answered '	"Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi		-					_	٦		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table	ə:					A		
									Amount		
с	Beginning balance										
a	Additions during the year										
e	Distributions during the year						. <u>1e</u> 1f				
f 20	Ending balance Did the organization include an amount on Fe						· – – –		Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par							10				<u></u>
	Complete	(a) Current year	(b) Prior		(c) Two yea		(d) Three y	/ears back	(e) Four	vears	back
1a	Beginning of year balance			,	()		()			,	
b	Contributions										
c	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	rent year end balance	e (line 1q, co	olumn (a))	held as:						
а	Board designated or quasi-endowment	•	%	()/							
b	Permanent endowment	%	_								
с		%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that ar	e held an	d administer	ed for th	e organiza	ation	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Sche	dule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fund	ls.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV, lir	ne 11a. Se	e Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		(b) Cost basis (ccumulate preciation		(d) Book	value	e
1a	Land										
	Buildings			4,74	1,477.	2,4	407,5	78.	2,333	8,89	99.
с	Leasehold improvements										
d	Equipment				5,116.		<u>256,6</u>			3,44	
	Other			-	5,317.		092,0		363		
<u>Tota</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X, column (</u>	B), line 10)c.)	<u></u>			2,775	6,6	11.

Schedule D (Form 990) 2021

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(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-c	of vear market value
		(c) Method of Valdation. Cost of end-c	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
<u> </u>			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and the organizati	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization and the organization answere of the organization and		11d. See Form 990, Part X, line 15.	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) CONSTRUCTION		11d. See Form 990, Part X, line 15.	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) CONSTRUCTION IN PROGRESS (2)		11d. See Form 990, Part X, line 15.	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) CONSTRUCTION IN PROGRESS (2) (3) (4)		11d. See Form 990, Part X, line 15.	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) CONSTRUCTION IN PROGRESS (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) CONSTRUCTION IN PROGRESS (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) CONSTRUCTION IN PROGRESS (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) CONSTRUCTION IN PROGRESS (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value 484 , 687
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) CONSTRUCTION IN PROGRESS (2) (3) (4) (5) (6) (7) (8) (9)	Description		484,687
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) CONSTRUCTION IN PROGRESS (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description		484,687
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) CONSTRUCTION IN PROGRESS (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		484,68
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) CONSTRUCTION IN PROGRESS (2) (3) (4) (5) (6) (7) (8) (9) Cotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (c)	Description		484,68
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) CONSTRUCTION IN PROGRESS (2) (3) (4) (5) (6) (7) (8) (9) Cotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a)	Description		484,68
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) CONSTRUCTION IN PROGRESS (2) (3) (4) (5) (6) (7) (8) (9) Cotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) (1)	Description		484,68
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) CONSTRUCTION IN PROGRESS (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) (1) Federal income taxes (2)	Description		484,68
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) CONSTRUCTION IN PROGRESS (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) (1) Federal income taxes (2) (3)	Description		484,68
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) CONSTRUCTION IN PROGRESS (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4)	Description		484,68
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) CONSTRUCTION IN PROGRESS (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) (1) Federal income taxes (2) (3)	Description		484,68
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) CONSTRUCTION IN PROGRESS (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4)	Description		484,68
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) CONSTRUCTION IN PROGRESS (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) (1) Federal income taxes (2) (3) (4) (5)	Description		484,68
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) CONSTRUCTION IN PROGRESS (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Cotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) (1) Federal income taxes (2) (3) (4) (5) (6) (6)	Description		484,687

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2021

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X

Sche	edule D (Form 990) 2021 ONEGENERATION				****** Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stater	nents With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	11,372,191.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	814,992.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	37,802.		
е	Add lines 2a through 2d			2e	852,794.
3	Subtract line 2e from line 1			3	10,519,397.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
-				5	10,519,397.
5	I otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				10,319,397.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F		n.
Pa	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.	Expenses per F		n.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial State	2a.	Expenses per F		n.
	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.	Expenses per F	Retur	n.
1	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a.	Expenses per F	Retur	n.
1 2	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a	Expenses per F	Retur	n.
1 2 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a 2a 2a 2a	Expenses per F	Retur	n.
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a. 2a. 2b. 2b. 2c.	Expenses per F	Retur	n. 10,575,063.
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a. 2b 2c 2c 2d	Expenses per F 814,992. 37,802.	Retur	n. 10,575,063. 852,794.
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a. 2b 2c 2c 2d	Expenses per F 814,992. 37,802.	1	n. 10,575,063.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a. 2b 2c 2c 2d	Expenses per F 814,992. 37,802.	1 2e	n. 10,575,063. 852,794.
1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a. 2b 2c 2d	Expenses per F 814,992. 37,802.	1 2e	n. 10,575,063. 852,794.
1 2 6 6 6 8 3 4	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a. 2b 2c 2d	Expenses per F 814,992. 37,802.	1 2e	n. 10,575,063. 852,794.
] 1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a. 2b 2b 2c 2d 2d 4a 4b	Expenses per F 814,992. 37,802.	1 2e	n. 10,575,063. 852,794. 9,722,269. 0.
1 2 d e 3 4 b c 5	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a. 2b 2b 2c 2d 2d 4a 4b	Expenses per F 814,992. 37,802.	1 2e 3	n. 10,575,063. 852,794.

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

PART X, LINE 2:

THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF ACCOUNTING STANDARDS
CODIFICATION ("ASC") 740-10-05 RELATING TO ACCOUNTING AND REPORTING FOR
UNCERTAINITY IN INCOME TAXES. FOR THE ORGANIZATION, THESE PROVISIONS
COULD BE APPLICABLE TO THE INCURRENCE OF ANY UNRELATED BUSINESS INCOME
ATTRIBUTALBE TO THE ORGANIZATION. BECAUSE OF THE ORGANIZATION'S GENERAL
TAX-EXEMPT STATUS, THE PROVISIONS OF ASC 740-10-05 ARE NOT ANTICIPATED TO
HAVE A MTERIAL IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

132054 10-28-21

37,802.

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FUNDRAISING EXPENSES	37,802.
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Part XIII Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SCHEDULE G	Suppleme	ities	OMB No. 1545-0047									
(Form 990)	organization entered more than \$15,000 on Form 990-EZ, line 6a.											
Department of the Treasury	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.											
Name of the organization		o to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.	Employer ide	Inspection entification number				
	ONEGENE	RATION					**_***					
	sing Activities. complete this par	Complete if the organization answe t.	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not				
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations dicitations on have a written c red in Form 990, P) highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye:					
(i) Name and addres or entity (fund		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization				
			Yes	No								
				L								
		n is registered or licensed to solicit c	ontrib	▶ utions	or has been notified	it is	exempt from re	gistration				
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for Form 9	90 or	990-E	Ζ.		Schedul	e G (Form 990) 2021				

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ONEGENERATION

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

			(a) Event #1 ENRICHING LIVES GALA	(b) Event #2 SENIOR SYMPOSIUM	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	170,725.	32,375.		203,100
	2	Less: Contributions	136,580.			136,580
	3	Gross income (line 1 minus line 2)	34,145.	32,375.		66,520
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs		7,735.		7,735
	7	Food and beverages				
		Entertainment		1,492.		30,067
	9 10	Other direct expenses Direct expense summary. Add lines 4 through		· · · ·	•	37,802
						28,718
ar	rt I					
		\$15,000 on Form 990-EZ, line 6a.				
-						
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	1	Gross revenue	(a) Bingo		(c) Other gaming	
		Gross revenue	(a) Bingo		(c) Other gaming	
	2		(a) Bingo		(c) Other gaming	
	2 3	Cash prizes	(a) Bingo		(c) Other gaming	
	2 3 4	Cash prizes	(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo		(c) Other gaming	
	2 3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%	bingo/progressive bingo	%	
	2 3 4 5 7	Cash prizes	Yes%No	bingo/progressive bingo	Yes% No	
	2 3 4 5 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%No	bingo/progressive bingo	Yes% No	
	2 3 4 5 7 8	Cash prizes	Yes% No 5 in column (d) from line 1, column (d)	bingo/progressive bingo	Yes% No	
	2 3 4 5 6 7 8 Ent	Cash prizes	Yes% No 5 in column (d) from line 1, column (d) cts gaming activities:	bingo/progressive bingo	Yes% No	col. (a) through col. (a)
ab	2 3 4 5 6 7 8 Ent Is til If "I	Cash prizes	Yes% No 5 in column (d) from line 1, column (d) icts gaming activities:	bingo/progressive bingo	Yes%	Col. (a) through col. (e
	2 3 4 5 6 7 8 Entt Is ti Is ti Is ti We	Cash prizes	Yes% No S in column (d) from line 1, column (d) cts gaming activities: ctivities in each of these s	bingo/progressive bingo	□ Yes% □ No 	Col. (a) through col. (e

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Schedule G (Form 990) 2021

Sch	iedule G (Form 990) 2021	ONEGENERATION *	*_*****	Page 3
11	Does the organization conduct ga	aming activities with nonmembers?	Yes	No
12	Is the organization a grantor, ben	eficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?		Yes	🗌 No
13	Indicate the percentage of gamin	g activity conducted in:		
a	The organization's facility		13a	%
k	• An outside facility		13b	%
14	Enter the name and address of the	e person who prepares the organization's gaming/special events books and records:		
	Name			
	Address 🕨			
15a	a Does the organization have a cor	tract with a third party from whom the organization receives gaming revenue? \dots	Yes	No No
k	If "Yes," enter the amount of gam	ing revenue received by the organization \blacktriangleright $\$$ and the amoun	t	
	of gaming revenue retained by th	e third party ▶\$		
c	If "Yes," enter name and address	of the third party:		
	Name 🕨			
	Address 🕨			
16	Gaming manager information:			
	5 5			
	Name 🕨			
	Gaming manager compensation	▶ \$		
	Description of services provided	•		
	Director/officer	Employee Independent contractor		
17	Mandatory distributions:			
	•	r state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Yes	🗌 No
k	Enter the amount of distributions	required under state law to be distributed to other exempt organizations or spent in the	he	
	organization's own exempt activi			
Ра		mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar s applicable. Also provide any additional information. See instructions.	nd Part III, lines 9,	9b, 10b,
	150, 150, 16, and 170, as	s applicable. Also provide any additional mormation. See instructions.		
1320	83 10-21-21	33	chedule G (Form	990) 2021

Failly	Supplemental mormation (continued)	
		Schedule G (Form 990)

SC	HEDULE J	Compensation Information			OMB No. 1	545-004	17
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and	Highest		20	91	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part	IV line 00		20		1
Depa	tment of the Treasury	Attach to Form 990.	iv, inte 23.		Open to		ic
Intern	al Revenue Service		ction				
Nam	e of the organization		identificatio		nber		
De		ONEGENERATION		**_:	* * * * * *	*	
Ра	rt I Question	s Regarding Compensation					
	o					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person list		990,			
		line 1a. Complete Part III to provide any relevant information regarding these iter					
	First-class or c						
	Travel for com		•				
	—	ation and gross-up payments Health or social club dues or i					
		spending account Personal services (such as ma	aiu, chauneu	ir, chei)			
h	If any of the bayes	on line to are abacted, did the execution follow a written policy reserving new	mont or				
b	•	on line 1a are checked, did the organization follow a written policy regarding pay			16		
0		provision of all of the expenses described above? If "No," complete Part III to exp			<u>1b</u>		<u> </u>
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all			2		
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a					
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the or	ragnization's				
U	-	ector. Check all that apply. Do not check any boxes for methods used by a relate	•				
		ation of the CEO/Executive Director, but explain in Part III.	o organizatio				
	X Compensation						
		compensation consultant X Compensation survey or stud					
	X Form 990 of o		-	ommittee			
			ipendation e	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the fi	iling				
	organization or a re		5				
а	•	e payment or change-of-control payment?			4a		X
b		eive payment from a supplemental nonqualified retirement plan?					X
с		eive payment from an equity-based compensation arrangement?			4.		X
	-	nes 4a-c, list the persons and provide the applicable amounts for each item in Pa					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any c	compensatio	n			
	contingent on the r	evenues of:					
а	The organization?				5a		X
		ation?					X
		or 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any c	compensatio	n			
	contingent on the n	et earnings of:					
а	The organization?				<u>6</u> a		X
		ation?					X
	If "Yes" on line 6a c	or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixe					
		nes 5 and 6? If "Yes," describe in Part III			7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was	subject to th	е			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part	:		8		X
9		id the organization also follow the rebuttable presumption procedure described i					
	Regulations section	n 53.4958-6(c)?			9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		Schee	dule J (Forn	n 990)	2021

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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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KENNETH KANG	(i)	179,252.	0.	0.	0.	0.	179,252.	0.
CFO AND COO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

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 J (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 er 500 - EZ or to provide any additional information.

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

2021 Open to Public Inspection

OMB No. 1545-0047

ONEGENERATION

Employer identification number **_***

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VIBRANT INTERGENERATIONAL COMMUNITY PROGRAMS, SERVICES, AND

RELATIONSHIPS INCLUDING DAYCARE, MEALS, CARE MANAGEMENT, WELLNESS AND

SOCIAL CLASSES, AND STRONG CAREGIVER AND KINSHIP SUPPORT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FAMILIES AND THEIR CAREGIVERS WITH SUPPORT, TRAINING AND EDUCATION

SESSIONS, AND OVER 4,120 WELLNESS AND SOCIAL CALLS A YEAR.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ONEGENERATION PROVIDES BROAD SENIOR CARE MANAGEMENT SERVICES, INCLUDING

(A) MULTI-YEAR FEDERAL ALZHEIMERS AND DEMENTIA CARE AND

TRAINING/EDUCATION PROGRAM SUPPORTING OVER 300 PEOPLE LIVING WITH

DEMENTIA AND CAREGIVERS AND TRAINING AND EDUCATION TO OVER 1,500

PROFESSIONALS; (B) A MULTI-YEAR SELF-MEASURED BLOOD PRESSURE

HYPERTENSION MANAGEMENT CAMPAIGN ADDRESSING CARDIVASCULAR DISEASES,

IMPROVING BLOOD PRESSURE LEVELS FOR OVER 224 PATIENTS; (C) KINSHIP

FAMILY PROGRAMS, GRANDPARENTS AS PARENTS WITH OVER 190 SUPPORT GROUPS,

79 COURT NAVIGATIONS, AND 96 VIRTUAL HOMEWORK TUTORING PROVIDED; (D)

PUBLIC HEALTH PROGRAMS RESPONDING TO PANDEMIC WITH OVER 1,100 SENIORS

VACCINATED AND OVER 532 CAL-FRESH APPLICATIONS COMPLETED, AND (E) 32

LOW INCOME SENIORS HOUSED IN AUXILIARY DWELLING UNITS (ADU'S).

EXPENSES \$ 2,612,554. INCLUDING GRANTS OF \$ 0. REVENUE \$ 553,917.

SENIOR SERVICES.

Name of the organization

FARMERS MARKET-PROVIDES ACTIVE SENIORS WITH AN IMPORTANT VOLUNTEER

"JOB" THAT CONTRIBUTES TO THEIR QUALITY OF LIFE WHILE AT THE SAME TIME

PROVIDING AFFORDABLE HEALTHY PRODUCE TO THE ENTIRE COMMUNITY.

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

ONEGENERATION

THE CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION REVIEWS THE FORM FOR ACCURACY AND SUBMITS VIA E-MAIL THE REVIEWED FORM TO THE BOARD MEMBERS. THE BOARD MEMBERS REVIEW THE FORM AND ELECTRONICALLY SUBMIT THEIR OPINIONS TO THE ORGANIZATION'S CEO.

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

THE ORGANIZATION OBSERVES A CONFLICT OF INTEREST POLICY THAT COVERS INDIVIDUALS SERVING AS OFFICERS, DIRECTORS, COMMITTEE MEMBERS, AND KEY EMPLOYEES. COVERED INDIVIDUALS ARE REQUIRED TO ADHERE FULLY TO THE REQUIREMENTS OF SAID POLICY AT ALL TIMES AND SIGN A CONFLICT OF INTEREST STATEMENT EACH YEAR OR MORE FREQUENTLY IF CHANGES IN PERSONAL CIRCUMSTANCES WARRANT. THESE STATEMENTS ARE SUBJECT TO REVIEW SEMI-ANNUALLY AND ACTION DETERMINED IN LINE WITH THE ORGANIZATION'S POLICY AND THE INDIVIDUAL'S POSITION AND WITH THE RECOMMENDATION OF LEGAL COUNSEL WHEN APPROPRIATE, FINAL ACTIONS ARE MADE REFLECTING THE SEVERITY OF THE ACTUAL OR POTENTIAL CONFLICT RANGING FROM "NO ACTION REQUIRED", TO AN ONGOING MONITORING WITH APPROPRIATE DISCLOSURES OF SUCH FACTS AND CIRCUMSTANCES, OR RESTRICTIONS IMPOSED ON PERSONS WITH A CONFLICT PROHIBITING PARTICIPATION IN DELIBERATIONS AND DECISIONS IN THE TRANSACTION, OR REQUIRED WITHDRAWAL OF THE INDIVIDUAL FROM THE CONFLICTING RELATIONSHIP. CONFLICT OF INTEREST PROCEEDINGS ARE DOCUMENTED IN MEETING MINUTES, OR AS OTHERWISE APPROPRIATE.

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

132212 11-11-21

Schedule O (Form 990) 2021

VARIOUS SOURCES. THE CITY OF LOS ANGELES ALSO REVIEWS SALARY DATA TO INSURE

COMPARABLE PAY. THE CEO CANNOT BE PAID GREATER THAN EIGHT TIMES THE LOWEST

PAID WORKER IN ANY OF ITS CONTRACTS. THERE IS CONTEMPORANEOUS

SUBSTANTIATION OF COMPENSATION DELIBERATIONS AND DECISIONS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE

ORGANIZATION'S FINANCIAL STATEMENTS ARE ALSO AVAILABLE TO THE PUBLIC ON

VARIOUS MONITORING NON-PROFIT ORGANIZATIONS WEBSITES, FOR EXAMPLE,

GUIDESTAR AND THE FOUNDATION CENTER.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

STUART ZIMRING - 16133 VENTURA BLVD #1075, ENCINO, CA 91436

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

132212 11-11-21

Schedule O (Form 990) 2021

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2022

Name ONEGENERATION	Employer Identification N	
Based on the information provided with this return, the following are possible carryover amounts to next year.		
FEDERAL POST-2017 NET OPERATING LOSS - ADVERTISING IN	NEWSLE	166.
CA NET OPERATING LOSS		166.

	ONEGENERATION									FEIN:	**_*****
Type and Entity: ADVERTISING IN NEWSLET POST-2017 NO DETAIL CARRYOVER SCHEDULE											
Year Origi- nated	382 Annual Limitation Original Carryover Amount	Total Amount Used	Section 382 Carryover Amount Used for	Amount Used for							
2021	166.										
Detail Type	E Amount S Used for B	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for

Name	: ONEGENERATION	I								FEIN:	**_*****
Туре	Type and Entity: NOL CA DETAIL CARRYOVER SCHEDULE Section 382 Annual Limitation Section 382 Carryover Detail Carryover										
Year Origi nateo	Original Carryover Amount	Total Amount Used	Amount Used for								
A 202	1 166.										
A 202 B C D F											
D											
E											
G											
G H											
J											
K L											
L											
M N O P Q R S T											
0											
P 0											
R											
S											
U											
U V											
w	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Deta	I S Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
Туре	II S Used for B C										
Α											
A B C D E F G H											
E											
F											
H											
I											
J K L M N O											
L											
M											
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