

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

2009
Open to Public Inspection

	For the	2009 calen	dar year,	or tax year beginning	, 2009, and endin	9	,	
В	Check if a	pplicable	~	C		D Employ	er Identificati	on Number
	Addre	ess change	Please use IRS label	ONE ACRE FUND, INC.		20-3	3668110	1
	Name	e change	or print or type.	1954 FIRST ST #183		E Telepho	ne number	
	Initia	return	See specific	HIGHLAND PARK, IL 60035		617	-840-76	34
	$\vdash$	unation	instruc- tions			<del>  • • • •</del>	0.10 70	
	H	nded return				G Gross re		3,638,567.
	<b>⊢</b> ⊣	cation pending	F Name a	and address of principal officer ANDREW YOUN	<u> </u>	H(a) Is this a group return		
		cotton pending	Į.	AS C ABOVE	'	H(b) Are all affiliates incl		Yes No
<del></del>	Tayle	xempt statu			a)(1) or 527	If 'No,' attach a list	(see instruction	ons) [ 183 [ Int
<u>;</u> _				CREFUND.ORG		W. \ C		
<del>у</del> _		organization	X Corpora		L Year of Format	ion 2005 M s		TT
	THE PERSON			ation   Trust   Association   Other	L Year of Formati	ion 2003   IM S	tate of legal d	lomicile IL
715				ganization's mission or most significant acti	nution THE MICC	TON OF ONE A	CDC CI	ID TC MO
	· -	neny uesch MD∩WED	СПВОИТ	CALLY HINCOV PARM PANTITES	AMENCE PEDIC	TON OF ONE W	CKE FU	ND 12 10
ဦ	<u> </u>	TINICED V	バレ DV!! でひながげ	CALLY HUNGRY FARM FAMILIES	TA TROP IN THE TRANSPORT	VATATITET TE	CELE II FWPFTA	ELD CDOUDC
Ę	1 4	וא מנוס א. הרשבת הח	אַעאַ_עעע אַ זייזע	ERTY THE ORGANIZATION'S M GES_TO DELIBERATELY_REACH_I	TETUND TO TO M	OKK THROUGH	STATE TH	FTF PROOF?
Ş	2 c	heck this ho	'^ ►	if the organization discontinued its operation	DE TINGT DEVER	re than 25% of its	Secole	ν
ŏ	3 N			bers of the governing body (Part VI, line 1		10 11211 2570 01 113	3	6
eo eo	4 N		-	it voting members of the governing body (P	•		4	$\frac{3}{4}$
	5 T	otal number	of emplo	yees (Part V, line 2a)		Î	5	19
45	6 T			eers (estimate if necessary)			6	20
1	7 a To	-		ousiness revenue from Part VIII, column (C)	), line 12		7a	0.
Z	b N	et unrelated	business	taxable income from Form 990-T, line 34			7b	0.
g						Prior Year		Current Year
& Rolette (B) WARKINGS & Governance	<b>8</b> C		-	its (Part VIII, line 1h)		2,085,1		3,176,202.
1	<b>9</b> P			ue (Part VIII, line 2g)		161,7		442,473.
3	10 In			art VIII, column (A), lines 3, 4, and 7d)		7,8		13,494.
<b>%</b>	11 0	therreveno	BECY	<del>II, colum</del> (A), lines 5, 6d, 8c, 9c, 10c, and	l 11e)	-14,4		470.
<b>-</b>	12 1	otal revenue	add h	nes 8 through 11 (must equal Part VIII, colu	umn (A), line 12)	2,240,3	11.	3,632,639.
2				ounts paid (ParilX, column (A), lines 1-3)				
20gn	<b>14</b> B	enelistipaid	SEP fon	memen (A), line 4)		<u> </u>		
	J 75 S	alar(es, joth	er compei	nsation, entiplewee benefits (Part IX, column	n (A), lines 5-10)	411,0	98.	706,965.
Ě	16a P	rofe\$sional	fundralsi	g fees (Part IX, column (A), line 11e)				
Expenses	ьт	otal fundrai	sing expe	Tises'(Part IX, column (D), line 25) ►	35,839.			
ш	17 0	ther expens	ses (Part	IX, column (A), lines 11a-11d, 11f-24f)		681,9	35.	1,244,147.
				nes 13-17 (must equal Part IX, column (A),	. line 25)	1,093,0		1,951,112.
	I			s Subtract line 18 from line 12	•	1,147,2		1,681,527.
b 8						Beginning of Y		End of Year
Net Assets or Fund Balancos	20 T	otal assets	(Part X II	ne 16)		2,229,2		3,784,475.
\$8	21 T	otal liabilitie				607,2		616,031.
Ž	22 N		-	ances Subtract line 21 from line 20		1,622,0		3,168,444.
D.	irtillia		ure Blo		<del></del>	1,022,0	(31.)	3,100,444.
41.20	11-2			<del></del>				
		true, correct.	and complete	I declare that I have examined this return, including according to be prepared to be than officer) is based on a	mpanying schedules and stated information of which prepared	arer has any knowledge	of Phy Knowled	ge and belief, it is
Sig	an	<b> </b>	$\lambda \mathcal{W}$	$\sim \gamma \gamma \cdot \gamma \chi \chi$		108	130	110
He		Signature	of officer	· ( \_ ·		Date	<del>(                                    </del>	1
			-JOH	AN IT VEIKER	CHIEF	FINARY	Al	OCCUEP?
		Type or p	rint name an	d title	<u>unci</u>	11131110	··/—	91199
	-			() (A)	Date	Check if	Prepare	er's identifying number structions)
Pa	id			$() \subseteq    /  /  /  /  /     - $	· · ·	self employed	(see in	structions)
Pr		Preparer's signature	<b>•</b>	Sunt ( to ) CP	4 ·   8/30/1	· ·	□  <sub>3/13</sub> .	-56-9418
ра	r <b>er</b> 's	<del></del>	/ar IVNIT	TTE & ASSOCIATES P.C.	, 10/30/1	<del></del>		00 0110
Üs	se	Firm's name yours if self		O S CASS AVE STE 210		——————————————————————————————————————	86-3459	708
Oi	nly	employed), address, and		IEN, IL 605615066				960-3317
	15- 10	ZIP + 4			· · ot·oos\	Phone no	(630) X	
-				with the preparer shown above? (see instri		TE 40:12		Form <b>990</b> (2009)
ВA	w rort	rivacy ACI	anu rape	rwork Reduction Act Notice, see the separ	ale instructions.	1EEA0113	L 12/29/09	FUITH <b>330</b> (2003)

	990 (2009) ONE ACRE FUND, INC.	20-3	66811	0		Page 2
	引譯 Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission SEE SCHEDULE O			<b>-</b>		
				·	 	
2	Did the organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?	the prior		Yes		No
3	If 'Yes,' describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program serv	nces?		Yes	X	No
4	If 'Yes,' describe these changes on Schedule O  Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported	by expen I allocatio	ses Se ns to ot	ction 5 hers, t	601(c) he tot	(3) al
4a	(Code) (Expenses \$1,732,347. including grants of \$) (I THE ORGANIZATION STARTED WORKING WITH 40 FARM FAMILIES IN JANUARY DECEMBER 31, 2009 IS SERVING APPROXIMATELY 12,000 FARM FAMILIES I TEACH THEM MORE PRODUCTIVE FARMING AND HELP ELIMINATE HUNGER.		AND A			) ) 
				- <b>-</b> -		
		<b>-</b>				
4 b	(Code) (Expenses \$) (Including grants of \$)	Revenue	\$			;
	**********					
40	(Code) (Expenses \$ including grants of \$) (	Revenue	\$			·
						· – – ·
				<del></del>		<b>-</b> -
						<b>-</b> -
		<b></b>				
				 		- <b>-</b> -
	4 Other program convices (Describe in Schedule O.)					
41	d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	<u> </u>				

PSHIVE	Checklis	of Regi	uired Sched	fules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3	_	X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	salvinorivisi
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, 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 assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	<ul> <li>Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII</li> </ul>			
	Part X, line 16' If Yes, complete Schedule D, Part IX			
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	<ul> <li>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? If 'Yes,' complete Schedule D, Part X</li> </ul>			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
12	AWas the organization included in consolidated, independent audited financial statement for the tax  year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  12 A X			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
	a 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, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b	Х	<del> </del>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		<u>x</u>
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	<u> </u>	<u>x</u>
	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	k	X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	l	<u> </u>

Form 990 (2009) ONE ACRE FUND, INC.

[Rankly Fig. Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		<u>x</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22_		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		<u>x</u> _
24 2	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
<b>25</b> a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25 a		<u>X</u>
l	s is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		<u>x</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		<u>x</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
•	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>x</u>
١	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		<u>x</u>
	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity $^{9}$ If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
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		<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
~ .	•	Earn	. 000	rannas

		_		Yes	No						
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 1									
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (									
С	Did the organization comply with backup withholding rules for reportable payments to vendor (gambling) winnings to prize winners?	s and reportable gaming	1c	X							
2 a	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 19									
2 b	If at least one is reported on line 2a, did the organization file all required federal employmen	t tax returns?	2b	X	<u> </u>						
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)											
3 a	3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?										
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q		36								
4 a	At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other f	or other authority over, a inancial account)?	4a	х							
b	If 'Yes,' enter the name of the foreign country  KENYA, RWANDA, UGANDA	·									
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Financial Accounts	Foreign Bank and									
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	x year?	5a		<u>X</u>						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shell	er transaction?	_5b		X						
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Er Tax Shelter Transaction?	ntity Regarding Prohibited	5 c								
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?	nd did the organization	6a		x						
b	olf 'Yes,' did the organization include with every solicitation an express statement that such c deductible?	ontributions or gifts were no	6 <b>6</b> b								
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 provided to the payor?	partly for goods and services	7a	<b></b>	X						
b	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b								
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for w Form 8282?	thich it was required to file	7c		X						
	If Yes, indicate the number of Forms 8282 filed during the year	7d									
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiu- benefit contract?	·	7 e		X						
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber		7f		X						
•	For all contributions of qualified intellectual property, did the organization file Form 8899 as	•	7 g		<del> </del>						
	n For contributions of cars, boats, airplanes, and other vehicles, did the organization file a For		7h	(iii) Photosaka	SHEET STREET						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the nave excess business	8	100							
9	Sponsoring organizations maintaining donor advised funds.			100							
a	Did the organization make any taxable distributions under section 4966?		9a	T							
ŧ	Did the organization make any distribution to a donor, donor advisor, or related person?		9 b								
10	Section 501(c)(7) organizations. Enter			iline i	TEN T						
ā	Initiation fees and capital contributions included on Part VIII, line 12	10a									
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10Ъ									
11	Section 501(c)(12) organizations. Enter										
	a Gross income from other members or shareholders	11 a									
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	116									
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu		12 a		255						
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	-	WE ST							

**Governing Body and Management** 

1 a Enter the number of voting members of the governing body b Enter the number of voting members that are independent

1 b

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

2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х						
4	4 Did the organization make any significant changes to its organizational documents									
	since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х						
6	Does the organization have members or stockholders?	6		X						
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Х						
t	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following									
a	The governing body?	8a	Х							
Ŀ	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		<u>X</u>						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal									
Reve	enue Code )									
			Yes	No						
10 a	Does the organization have local chapters, branches, or affiliates?	10 a		X						
ŧ	o If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b								
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	<u>X</u>							
11/	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	37.00								
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	<u> </u>						
ł	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
(	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O	12c								
13	Does the organization have a written whistleblower policy?	13	Х							
14	Does the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
ä	The organization's CEO, Executive Director, or top management official SEE SCHEDULE O	15 a	<u> </u>	L						
ı	Other officers of key employees of the organization SEE SCHEDULE O	15 b	X							
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)									
	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a	1	X						
ı	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b								
Sec	ction C. Disclosures									
17	List the states with which a copy of this Form 990 is required to be filed - IL									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection Indicate how you make these available Check all that apply    X   Own website   X   Another's website   X   Upon request	vailat	ole for	public						
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest postatements available to the public SEE SCHEDULE O	licy, a	ınd fin	ancial						
	State the name, physical address, and telephone number of the person who possesses the books and records of the org KATHLEEN HUBNER 1954 FIRST ST #183, HIGHLAND PARK IL 60035 415-439-3814	janiza - – –	tion 							

BAA

Form 990 (2009)

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did no	ot compen	sate a	iny d	urre	ent o	officer	, dır	ector, or trustee		· · · <u></u>
(A)	(B)	(C)  Position (check all that apply)						(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	Institutional trustee	_	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
MATTHEW FORTI		<b> </b>				_				
BOARD CHAIR	15	X		Х				0.	0.	0.
JOEL ACKERMAN DIRECTOR	10	X						0.	0.	0.
JOHN WOOD										
DIRECTOR	3	Х						0.	0.	0.
JASON_MAGA	1	١					1			_
TREASURER	8	X	<del> </del> —	X	-	-		0.	0.	0.
ANNE MARIE BURGOYNE DIRECTOR	3	X						0.	0.	0.
ANDREW YOUN	<u> </u>	<del>  ^</del>				<u> </u>	<u> </u>	<u> </u>		<u>v.</u>
EXEC. DIRECTOR	60			X				42,000.	0.	0.
	-									
	-									
	-									
	-									

TEEA0107L 11/10/09

	(B)					••,				pioyees (com.)
(A)	(B)	Doc.	tion (		C)	hat a		(D)	(E)	(F)
Name and Title	Average hours per week			Officer		Highest compensa	Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	Eslimated amount of other compensation from the organization and related organizations
			l e			ated				
								"		
1 b Total							<b>&gt;</b>	42,000.	0	0.
<ul> <li>Total number of individuals (including but not limite from the organization</li> <li>0</li> </ul>	d to tho	se l	stec	i ab	ove	) wh	o re	ceived more than	\$100,000 in repo	rtable compensation
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such the organization and related organizations greater</li> </ul>	ndıvıdua	aL								Yes No 3 X
individual										4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete So Section B. Independent Contractors	hedule .	J for	suc	h p	erso	on On	alt	.u organization 10 		5 X
Complete this table for your five highest compensation from the organization	ted inde	pen	den	t co	ntra	ctor	s tha	at received more	than \$100,000 of	
Name and business address	ss							Description	of Services	(C) Compensation
		_								
Total number of independent contractors (including	but no	lım	ıted	to t	hos	e lie	ted	above) who recen	ved more than	
\$100,000 in compensation from the organization >						J 110			TEEA0108L 01/30/10	Form <b>990</b> (2009

...

	Taylig Statement of Revenue	<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in lns 1a-1f h Total. Add lines 1a-1f	3,176,202			
PROGRAM SERVICE REVENUE	Business Code  2a PROGRAM FEES  b  c  d  e  f All other program service revenue  g Total. Add lines 2a-2f	442,473.	442,473.		
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> <li>Royalties</li> </ul>	15,066.			15,066.
	(i) Real (ii) Personal  6a Gross Rents  b Less rental expenses c Rental income or (loss)  d Net rental income or (loss)  7a Gross amount from sales of assets other than inventory 3,643.				
	b Less cost or other basis and sales expenses 3, 683. 1, 532. c Gain or (loss) -401, 532. d Net gain or (loss)	-1,572.	-1,532.		-40
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events	470	470		
	9a Gross income from gaming activities See Part IV, line 19  b Less direct expenses  b				
	c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances  b Less cost of goods sold  b				
	c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b				
	d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions	<del></del>	441,411.	0.	15,026.

Form 990 (2009) ONE ACRE FUND, INC.

Rank X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_	7b, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				HER CHISTORIE
5	Compensation of current officers, directors, trustees, and key employees	42,000.	37,800.	4,200.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.,	0.	0.	0.
7	Other salaries and wages.	627,170.	574,848.	49,348.	2,974.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	8,776.	7,898.	878.	
10	Payroll taxes	29,019.	26,117.	2,902.	
	Fees for services (non-employees)				
	Management				
	Legal	1,846.		1,846.	· · · · · · · · · · · · · · · · · · ·
	Accounting	4,723.		4,723.	
	Lobbying		THE PERSON NAMED OF THE PERSON NAMED AND POST	lan arithmen allubrida et de la conse	
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees	10 007		10.005	
	Other	18,287.		18,287.	
13	Advertising and promotion				
14	Office expenses Information technology		<del></del>		
15	Royalties	<del>· · · -</del> · · · · · · · · · · · · · · · ·		<u> </u>	
16	Occupancy	17,781.	16,259.	761.	761.
17	Travel	128,469.	96,352.	6,423.	25,694.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		507552.	0,423.	237034.
19	Conferences, conventions, and meetings				
20	Interest	4,992.		4,992.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	42,669.	39,033.	3,636.	
	Insurance	6,702.	3,351.	3,351.	
24	Other expenses Itemize expenses not covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below ).	The same of the sa			
;	FARMING SUPPLIES	503,149.	503,149.		
1	FARMING TRANSPORTATION	173,562.	173,562.		
	BUSINESS DEVELOPMENT	97,467.	77,973.	19,494.	
	RECRUITING AND TRAINING	37,313.	27,522.	9,791.	
•	PRINTING AND PUBLICATIONS	30,601.	27,541.	1,530.	1,530.
	f All other expenses	176,586.	120,942.	50,764.	4,880.
_25	Total functional expenses Add lines 1 through 24f	1,951,112.	1,732,347.	182,926.	35,839.
26	Joint costs. Check here   Jif following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form <b>990</b> (2009)

		(A) Beginning of year		( <b>B)</b> End of year
1	Cash — non-interest-bearing		1	100,683.
2	Savings and temporary cash investments	1,256,720.	2	1,450,527.
3	Pledges and grants receivable, net	500,000.	3	1,075,000.
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
.	and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6_	
A S S E 8	Notes and loans receivable, net		7	
Ë   8	Inventories for sale or use	302,590.	8	759,892.
s   s	Prepaid expenses and deferred charges	24,840.	9	21,875.
10	a Land, buildings, and equipment cost or other basis 10a 400, 490.			30.
	Complete Part VI of Schedule D			
	<b>b</b> Less <sup>-</sup> accumulated depreciation 10b 61, 905.	145,146.	10 c	338,585.
] 11	Investments — publicly-traded securities		11	
12	! Investments – other securities See Part IV, line 11		12	
13	Investments – program-related See Part IV, line 11		13	,
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	37,913.
16	Total assets Add lines 1 through 15 (must equal line 34)	2,229,296.	16	3,784,475
17		7,265.	17	16,031
18	Grants payable		18	
19			19	
<u>ا ا 2</u> ر	Tax-exempt bond liabilities		20	
Å 2	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ĭ   22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
1	of Schedule L		22	
E 2	Secured mortgages and notes payable to unrelated third parties	100,000.	23	100,000
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D	500,000.	25	500,000
20	Total liabilities. Add lines 17 through 25.	607,265.	26	616,031
N E T	Organizations that follow SFAS 117, check here ► X and complete lines			
Ť	27 through 29 and lines 33 and 34.			
§ 2	7 Unrestricted net assets	_1,093,031.	27	2,918,444
È 2	Temporarily restricted net assets	529,000.	28	250,000
š   2	Permanently restricted net assets		29	
유	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete			
F.	lines 30 through 34.			
F 3	Capital stock or trust principal, or current funds		30	
<u>В</u> 3	Paid-in or capital surplus, or land, building, and equipment fund		31	
ĻΙR			32	
3 3		1,622,031.	33	3,168,444
	4 Total liabilities and net assets/fund balances	2,229,296.	34	3,784,475

Ranckiz   Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 $\square$ Cash $\square$ Accrual $\square$ Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		腫	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a		X
b Were the organization's financial statements audited by an independent accountant?	2b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		W.	
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
X Separate basis Consolidated basis Both consolidated and separate basis			1
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X

**b** If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

BAA

Form 990 (2009)

# SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

2000

Department of the Treasury Internal Revenue Service

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. ► See separate instructions.

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OMB No 1545 0047

Name of the organizatio								Employer	identificati	on number		
	ONE ACRE FUND, INC. 20-3668110											
Partil Reaso	n for Pub	olic Charity Statu	s (All organizations	must c	omple	te this	part )	See ir	nstructi	ons		
The organization i	s not a priv	ate foundation becau	se it is (For lines 1 thro	ugh 11,	check o	nly one	box )					
1 A church	n, conventio	n of churches or assi	ociation of churches desi	cribed in	section	170(b)(	(1)(A)(i)					
2 A schoo	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3 A hospit	A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4 A medic												
name, c	name, city, and state.  5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)											
7 🗓 An orga												
8 LA comm	unity trust o	described in <b>section</b> 1	170(b)(1)(A)(vi). (Comple	te Part I	I)							
from acti investme June 30	vities related ent income , 1975 See	I to its exempt function and unrelated busine section 509(a)(2). (C	•	eptions, a section	and (2) n 511 tax)	o more t from bu	han 33- usiness	1/3 % of es acqui	its suppo	irt from gros	S	fter
<b>—</b>	-		exclusively to test for pu		-			• •				
more pudescribe a Ty e By chec	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a Type I b Type II c Type III – Functionally integrated d Type III – Other											
509(a)(2		riagoro ana otner tria	in one of more publicly 3	арропсс	a Organia	Lations	1030110	JO 111 JCC		(0)(1) 01 30		
f If the or check th	ganization r iis box	eceived a written det	ermination from the IRS	that is a	Type I	Type II	or Typ	e III sup	porti <b>ng</b> a	organization	٦,	
g Since A	ugust 17, 20	006, has the organiza	tion accepted any gift o	r contrib	ution fro	om any o	of the f	ollowing	persons	?		
											Yes	No
(i) a p	person who low the gov	directly or indirectly a	controls, either alone or upported organization?	together	with pe	rsons de	escribe	d in (ii) a	and (III)	11g(i)		
		ber of a person desc	•							11g (ii)		
	-	•	described in (i) or (ii) a	hove?						11 g (iii)		
		•	he supported organization							119 6.17		
(i) Name of S Organiz	Supported	(ii) EIN	(III) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) organizat (i) listed gove	is the tion in col d in your erning ment?	(v) Did yo the organ col ( your su	ızatıon in (i) of	(vi) !: organizati (i) organiz U S	on in col	(vii) Amoun	t of Sup	port
		···		Yes	No	Yes	No	Yes	No			
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Total				ingirth. Sairtean Nacional	和新						00 E3	

	(Complete only if you check				. (D), Г), (A), (IV) an	—————	.)(VI) 
Sec	tion A. Public Support	,			<del>,</del>	<del></del>	
begir	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')		221,769.	859,930.	2,038,786.	3,176,202	. 6,296,687.
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4	Total. Add lines 1-through 3	0.	221,769.	859,930.	2,038,786.	3,176,202	6,296,687.
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						
6	shown on line 11, column (f) <b>Public support.</b> Subtract line 5						2,288,780.
	from line 4	型面的水位面	<b>这面影響的</b>	计上文证法		ACCULE RES	引 4,007,907.
	tion B. Total Support	<u> </u>		<del></del>	<del></del>		T
Cale: begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	0.	221,769.	859,930.	2,038,786.	3,176,202	. 6,296,687.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources		795.	9,117.	7,852.	15,066	. 32,830.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11	Total support. Add lines 7 through 10						<b>6,329,517</b> .
12	Gross receipts from related activities	vities, etc. (see in	structions)			12	616,301.
	First five years. If the Form 990 organization, check this box and	d stop here	· ·	nd, third, fourth,	or fifth tax year a	is a section 501(	c)(3) ► X
Sec	tion C. Computation of Pu	blic Support F	Percentage				
	Public support percentage for 2			ne 11, column (f)		14	
	Public support percentage from 33-1/3 support test – 2009. If the	ne organization did	not check the bo	ox on line 13, an	d the line 14 is 33		
	and stop here. The organization 33-1/3 support test – 2008. If th	n qualifies as a pu ne organization die	blicly supported of d not check a box	organization on line 13, or 16			- 🗆
	and stop here. The organization	n qualifies as a pu	blicly supported o	irganization			• 🗆
17;	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the facts-	and-circumstance	es' test, check the	s box and <b>stop he</b>	ere. Explain in P	art IV how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	n meets the 'facts- nd-circumstances'	and-circumstance test The organ	es' test, check thi lization qualifies a	s box and <b>stop ne</b> as a publicly supp	e <b>re.</b> Explain in P orted organization	on.
_18	Private foundation. If the organ	nization did not ch	eck a box on line	, 13, 16a, 16b, 17			
BAA					S	chedule A (Form	1 990 or 990-EZ) 2009

Partilli Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in) > (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the vear c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support (a) 2005 (f) Total Calendar year (or fiscal yr beginning in) **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 16 16 Public support percentage from 2008 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage 17 % Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19 a 33-1/3 support tests — 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests — 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form 990	or 990-EZ	2009	ONE	E ACR	E FU	ND,	INC						20-	36681	10	F	age 4
Schedule A	Supplem Part II, Iir	<b>ental Inf</b> ne 17a o	<b>ormat</b> r 17b;	tion. (	Compl Part I	ete tl	his p e 12	part to 2. Pro	o pro	vide any	the o	explana additio	itions re	equired ormatic	by Pa	ırt II, lı e ınstrı	ne 10; uctions	
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### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

➤ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

2009

Copenito Publication

Department of the Treasury Internal Revenue Service Name of the organization

ONE ACRE BONG THE

Employer Identification number

ONE	ACRE FUND, INC.			20-3668110
Par	t.lii Organizations Maintaining Dono	r Advised Funds or Other S	Similar Funds or Acco	
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.	minut values of Acci	suits complete ii
		(a) Donor advised fund	is (b) F	unds and other accounts
1	Total number at end of year	<u></u>		
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and do funds are the organization's property, subject			Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private benefits.	the benefit of the donor or donor:		☐Yes ☐ No
Pär	till Conservation Easements Comple		ered 'Yes' to Form 90	
	Purpose(s) of conservation easements held b			70, 1 art 14, mic 7.
•	Preservation of land for public use (e.g., i	· -	Preservation of an historical	ally important land area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	Preservation of certified his	•
	Preservation of open space		Tober values of continue in	storio structuro
2	Complete lines 2a through 2d if the organizations day of the tax year	on held a qualified conservation c	ontribution in the form of a	a conservation easement on the
			<b>翻譯</b>	Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation ease	ments	2b	
C	: Number of conservation easements on a certi	fied historic structure included in	`'	
	Number of conservation easements included		2d	
3	Number of conservation easements modified, year ►	transferred, released, extinguishe	ed, or terminated by the or	ganization during the tax
4	Number of states where property subject to co	onservation easement is located	·	
5	Does the organization have a written policy re and enforcement of the conservation easeme	egarding the periodic monitoring, in	nspection, handling of viol	ations, Yes No
6	Staff and volunteer hours devoted to monitoring the year			
7	Amount of expenses incurred in monitoring, i during the year ►	nspecting, and enforcing conserva	stion easements	
8	Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requi	rements of section	Yes No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements.	s conservation easements in its reve to the organization's financial stat	enue and expense statement ternents that describes the	, and balance sheet, and organization's accounting for
Pai	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Trewered 'Yes' to Form 990, P	easures, or Other Sin art IV, line 8.	nilar Assets
1 a	a If the organization elected, as permitted unde treasures, or other similar assets held for put the text of the footnote to its financial statem	olic exhibition, education, or resea	evenue statement and bala rch in furtherance of public	nce sheet works of art, historical c service, provide, in Part XIV,
ı	b If the organization elected, as permitted unde treasures, or other similar assets held for put amounts relating to these items	er SFAS 116, to report in its reven plic exhibition, education, or resea	rue statement and balance rich in furtherance of publi	c service, provide the following
	(i) Revenues included in Form 990, Part VIII	, line 1		►\$ ►\$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of amounts required to be reported under SFAS	art, historical treasures, or other s 116 relating to these items.	imilar assets for financial	
	a Revenues included in Form 990, Part VIII, lin	e 1		►\$ ►\$
	b Assets included in Form 990, Part X			<b>-</b> \$

Schedule D (Form 990) 2009 ONE P				20 <b>-</b> 366			Page 2
Rartill属 Organizations Mainta	ining Collection	ns of Art, Histo	rical Treasures, o	r Other Similar Ass	ets (co	ontinu	ıed)
3 Using the organization's acquisition items (check all that apply)	on accession and o	_		that are a significant us	e of its	collecti	on
a Public exhibition		<del></del>	or exchange programs				
b Scholarly research	.1	e Other		<del></del>			
c Preservation for future gener							
<ul><li>4 Provide a description of the organization of the organiz</li></ul>					se in		
5 During the year, did the organiza assets to be sold to raise funds r					Yes		No
Pare Escrow and Custodia 9, or reported an amo	Arrangements unt on Form 99	s Complete if o 0, Part X, line	rganization answe 21.	red 'Yes' to Form 9	90, Pa	rt IV,	line
1a is the organization an agent, trus included on Form 990, Part X?				ner assets not	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and co	omplete the follow	ng table				
5					Amount	<u> </u>	
c Beginning balance				1c			
d Additions during the year				1 d			
e Distributions during the year				1 e			
f Ending balance		00 m V l 010		1f	1,7		<b></b>
2a Did the organization include an a b If 'Yes,' explain the arrangement		io, Part X, line 217			Yes	L	No
Part V Endowment Funds Co		ization angwar	d 'Vac' to Form 00	20. Port IV. June 10.			
Rances Elidownielit Fullus Co					T (a) I		ra baak
1 a Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years bac		(e)	our year	S Dack
<b>b</b> Contributions							
		<del></del>					
<ul> <li>Net investment earnings, gains, and losses</li> </ul>		]					
d Grants or scholarships							
<ul> <li>Other expenditures for facilities and programs</li> </ul>							
f Administrative expenses							
<b>g</b> End of year balance						雄蕊	
2 Provide the estimated percentag	e of the year end t	palance held as					
a Board designated or quasi-endown	vment >	*					
<b>b</b> Permanent endowment ►	<b>%</b>						
c Term endowment	<del></del> *						
3a Are there endowment funds not organization by	in the possession (	of the organization	that are held and adm	inistered for the	Г	Yes	No
(i) unrelated organizations					3a(i)		<del>  ```</del>
(ii) related organizations					3a(ii)		<del>                                     </del>
<b>b</b> If 'Yes' to 3a(ii), are the related of	organizations lister	d as required on Sc	hedule R?		3b		$\vdash$
4 Describe in Part XIV the intender					ستت		
Rant VI Investments-Land, B				. line 10.			
Description of investmen		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) E	Book V	alue
1 a Land			59,875.				,875.
<b>b</b> Buildings			26,815.	631.		26	,184.
c Leasehold improvements							
<b>d</b> Equipment			313,800.	61,274.		<u>252</u>	,526.
e Other							
Total. Add lines 1a through 1e (Colum	ın (d) must equal l	Form 990, Part X, o	column (B), line 10(c) )				,585.
BAA				Sched	dule <b>D</b> (f	form 9	90) 2009

Schedule D (Form 990) 2009 ONE ACRE FUND, INC.	20-3668110 Page <b>4</b>
RantXl醤 Reconciliation of Change in Net Assets from Form 990 to Finar	ncial Statements
1 Total revenue (Form 990, Part VIII,column (A), line 12)	3,632,639.
2 Total expenses (Form 990, Part IX, column (A), line 25)	1,951,112.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	1,681,527.
Net unrealized gains (losses) on investments	
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV) SEE PART XIV	-135,114.
9 Total adjustments (net). Add lines 4 through 8	-135,114.
10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and ParkXIII Reconciliation of Revenue per Audited Financial Statements W	
Total revenue, gains, and other support per audited financial statements	1 3, 683, 282.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	3,003,282.
a Net unrealized gains on investments	
b Donated services and use of facilities 2b	18839
c Recoveries of prior year grants	
d Other (Describe in Part XIV) SEE PART XIV 2d	T CONTRACTOR
e Add lines 2a through 2d.	2e 50,643.
3 Subtract line 2e from line 1	3 3,632,639.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.	
a Investments expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIV)	2 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
c Add lines 4a and 4b	4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5 3,632,639.
RantXIII是 Reconciliation of Expenses per Audited Financial Statements	
1 Total expenses and losses per audited financial statements	1 2,136,869.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	(京都) (京都)
a Donated services and use of facilities	- Section 1
b Prior year adjustments	136227
c Other losses	
d Other (Describe in Part XIV) SEE PART XIV	
e Add lines 2a through 2d  3 Subtract line 2e from line 1	2e 185,757. 3 1,951,112.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	3   1,931,112.
a Investments expenses not included on Form 990, Part VIII, line 7b	THE STATE OF THE S
b Other (Describe in Part XIV)	Paritie II
c Add lines 4a and 4b	4c
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5 1,951,112.
Part XIV Supplemental Information	1 2 1 27 227 222
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4 information	
PART X - FIN 48 FOOTNOTE	
IN JUNE 2006, THE FASB ISSUED FINANCIAL INTERPRETATION	N 48, "ACCOUNTING FOR
UNCERTAINTY IN INCOME TAXES" (FASB ACCOUNTING STANDARD	CODIFICATION (ASC) 740,
INCOME TAXES) WHICH CLARIFIES THE ACCOUNTING UNCERTAIN	NTY IN INCOME TAXES RECOGNIZED
IN AN ORGANIZATION'S FINANCIAL STATEMENTS IN ACCORDANG	CE WITH SFAS NO. 109,
"ACCOUNTING FOR INCOME TAXES" ("SFAS 109"). ASC 740	PROVIDES THAT A TAX BENEFIT
FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN	IT IS MORE LIKELY THAN NOT
THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION,	INCLUDING RESOLUTIONS OF ANY Schedule D (Form 990) 2009

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Schedule D (Form 990) 2009 ONE ACRE FUND, INC.  Part XIVE Supplemental Information (continued)	20-3668110	Page 5
PART X - FIN 48 FOOTNOTE (CONTINUED)		
RELATED_APPEALS_OR_LITIGATION_PROCESSES,_BASED_ON_TECHNICAL_MERIT	S. INCOME TAX	
POSITIONS MUST BE A MORE LIKELY-THAN-NOT RECOGNITION THRESHOLD AT	THE EFFECTIVE D	ATE
TO BE RECOGNIZED UPON THE ADOPTION OF ASC 740 AND IN SUBSEQUENT P	ERIODS. THIS	
INTERPRETATION ALSO PROVIDES GUIDANCE ON MEASUREMENT, DERECOGNITI	ON, CLASSIFICATI	ON,
INTEREST_AND_PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE	AND TRANSITION.	
THE ORGANIZATION ADOPTED ASC 740 FOR THE YEAR ENDED DECEMBER 31,	2009. THE ADOPT	ION
OF ASC 740 HAD NO IMPACT ON THE ORGANIZATION'S FINANCIAL POSITION	OR RESULTS OF	
OPERATIONS.		
	. <b></b>	
		. <b>-</b>
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Schedule D (Form 990) 2009 ONE ACRE FUND, INC.    Rank XIV Supplemental Information (continued)	20-3668110	Page 5
Rearitative Supplemental Information (Continued)		
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# Schedule F (Form 990)

#### Statement of Activities Outside the United States

OMB No 1545 0047

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions. Department of the Treasury Internal Revenue Service

A — Open (o Public. Tit v Unspection

Name of the organization

Employer identification number

ONE RODE EURO

	ACRE FUND, INC.			<del></del>	[20-36681.	
Pai	他國 General Informat to Form 990, Part	<b>ion on Activiti</b> d t IV, line 14b.	es Outside the	e United States. Complet	e if the organization	n answered 'Yes'
1	For grantmakers. Does the grantees' eligibility for the	e organization mai grants or assistan	ntain records to s ce, and the selec	substantiate the amount of the tion criteria used to award the	grants or assistance, the grants or assistance?	e Yes No
2	For grantmakers. Describe	e in Part IV the org	ganization's proce	edures for monitoring the use o	of grant funds outside the	e United States
3	Activities per Region (Use	Schedule F-1 (Fo	rm 990) if addition	nal space is needed)	· · · · · · · · · · · · · · · · · · ·	
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region.	(f) Total expenditures in region
SUB	-SAHARAN AFRICA	9	168	PROGRAM SERVICES	FARMING	1,921,056.
					EDUCATION,	
					PLANTING,	····
					MARKETING	
						· · · ·
						· <del>- · · · · · · · · · · · · · · · · · ·</del>
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				A STATE OF THE PARTY OF THE PAR		
Tot	als	9	168			1,921,056.

Schedu	ule F (Form 990) 2009 ONE ACE	RE FUND, INC.					20-36	68110	Page 2
Part I	Grants and Other Assistar Form 990, Part IV, line 15, Use Schedule F-1 (Form 99	for any recipient w	/ho received n	nore than \$5,0	<b>Jnited States.</b> 0000. Check this	Complete if the box if no one	organization ai recipient receiv	nswered 'Yes' to red more than \$	5,000 ►X
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
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1	A CONTRACTOR OF THE PROPERTY O						···		
12 - 12 - 14 - 14 - 14 - 14 - 14 - 14 -									
3 11 - 3 11			<del></del>						
						ad as fau susas à l'e	the IDC as for the		
2 E	Inter total number of recipient organizat	ions usted above mat are	recognized as Clia	mucs by the loreit	gn country, recogniz	en as ravievembr n	y u i <del>c</del> ir\3, or for whic	or are	_

5			·
2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	▶_	
3	Enter total number of other organizations or entities	•	

Schedule F (Form 990) 2009 ONE ACRE FUND, INC.					20-3668110 Page				
Part IV, line 16. Use Sched	ce to Individuals Oule F-1 (Form 990)	outside the Unit of additional sp	ted States. Compleace is needed.	ete if the organi	zation answered 'Y	es' to Form 990,			
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other		
				•					
	·								
	,								

Schedule F (Form 990) 2009 ONE ACRE FUND, IN	NC.	20-3668110	Page 4
Schedule F (Form 990) 2009 ONE ACRE FUND, It	<del></del>		
Complete this part to provide the information	required in Part I, line 2, and any additional informa	ation	
	•		
		<b></b>	
			<b>-</b> -
		<b></b>	
			<b>-</b>
			- <b></b>
			<del>-</del> -

#### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545 0047

2009

- Openito Public - Minspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

ONE ACRE FUND, INC. 20-3668110 FORM 990, PART III, LINE 1 - ORGANIZATION MISSION THE MISSION OF ONE ACRE FUND IS TO EMPOWER CHRONICALLY HUNGRY FARM FAMILIES IN EAST AFRICA TO LIFT THEMSELVES OUT OF HUNGER AND POVERTY. THE ORGANIZATION'S METHOD IS <u>TO\_WORK\_THROUGH\_SELF-HELP\_GROUPS\_IN\_RURAL\_VILLAGES\_TO\_DELIBERATELY\_REACH\_THE\_MOST</u> SEVERELY HUNGER-AFFECTED. FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS THE CFO AND THE ORGANIZATION'S OUTSIDE CPA REVIEW THE 990 AND ALL ATTACHED SCHEDULES, PREPARED BY THE AUDIT FIRM AND FORWARD TO THE BOARD CHAIR, WHO ALSO REVIEWS AND APPROVES. EACH BOARD MEMBER IS SUPPLIED WITH A COPY OF THE FEDERAL AND STATE RETURNS AS WELL. FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS EVERY YEAR ON A BOARD MEETING EACH MEMBER IS ASKED TO UPDATE/DISCLOSE CONFLICTS OF INTEREST, IF ANY. ANY SUSPICION OF UNDISCLOSED CONFLICTS OF INTEREST ARE TIMELY INVESTIGATED. FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MGT THE BOARD REVIEWS THE PERFORMANCE AND APPROVES EXECUTIVE DIRECTOR'S COMPENSATION ANNUALLY. AN ANNUAL COMPENSATION SURVEY IS ALSO DONE TO AID IN THE DECISSION. FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES KEY EMPLOYEE&' PERFORMANCE IS REVIEWED BY THE EXECUTIVE DIRECTOR, WHO ALSO APPROVES THEIR COMPENSATION WITHIN THE BOARD-APPROVED BUDGET. AN ANNUAL COMPENSATION SURVEY IS ALSO DONE TO AID IN THE DECISSION. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE ALL DOCUMENTS ARE AVAILABLE FOR INSPECTION UPON REQUEST. IN ADDITION, THE FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE AND PAST FINANCIAL STATEMENTS ARE AVAILABLE ON THE ILLINOIS ATTORNEY GENERAL'S WEBSITE.

Schedule <b>0</b> (Form 990) 2009	Page 2
Name of the organization	Employer identification number
ONE ACRE FUND, INC.	20-3668110
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	•

2009	SCHEDULE D, PART XIV -	SUPPLEMENTAL INFOR	MAT	ONPAGE 4
	ONE ACR	E FUND, INC.		20-3668110
SCHEDULE OTHER CH	D, PART XI, LINE 8 ANGES IN NET ASSETS OR FUND BALA	NCES		
REMEASURE	MENT LOSS	TOTA	AL <u>\$</u>	-135,114. -135,114.
SCHEDULE OTHER REV	D, PART XII, LINE 2D /ENUE INCLUDED IN F/S BUT NOT INCL	UDED ON FORM 990		
	ALE OF FIXED ASSETS ALE OF INVESTMENTS	TOTA	\$ AL <u>\$</u>	1,532. 40. 1,572.
SCHEDULE OTHER EXF	D, PART XIII, LINE 2D PENSES AND LOSSES PER AUDITED F/S	3		
	ALE OF FIXED ASSETS ALE OF INVESTMENTS MENT LOSS	TOTA	\$ AL <u>\$</u>	1,532. 40. 135,114. 136,686.

\_\_\_\_