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# Return of Private Foundation

## or Section 4947(a)(1) Nonexempt Charitable Trust

### Treated as a Private Foundation

OMB No 1545-0052

2009

Department of the Treasury  
Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2009, or tax year beginning, and ending

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return  
☐ Amended return ☒ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation <b>OUR FAMILY FOR FAMILIES FIRST, INC.</b>		A Employer identification number <b>20-4848228</b>
	Number and street (or P.O. box number if mail is not delivered to street address) Room/suite <b>1405 SOUTH COUNTY TRAIL 530</b>		B Telephone number <b>(401) 228-2800</b>
	City or town, state, and ZIP code <b>EAST GREENWICH, RI 02818</b>		C If exemption application is pending, check here <input type="checkbox"/>
	H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>106,051.</b>		J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
			F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	606,000.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	96,515.	0.		STATEMENT 1	
12 Total. Add lines 1 through 11	702,515.	0.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees STMT 2	235.	0.		235.
	b Accounting fees				
	c Other professional fees STMT 3	57,373.	0.		57,373.
	17 Interest				
	18 Taxes				
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	4,824.	0.		4,824.
	22 Printing and publications	737.	0.		737.
	23 Other expenses STMT 4	138,467.	0.		138,467.
	24 Total operating and administrative expenses. Add lines 13 through 23	201,636.	0.		201,636.
	25 Contributions, gifts, grants paid	495,444.			495,444.
26 Total expenses and disbursements. Add lines 24 and 25	697,080.	0.		697,080.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	5,435.				
b Net investment income (if negative, enter -0-)		0.			
c Adjusted net income (if negative, enter -0-)			N/A		

**Part II Balance Sheets**

Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing	80,577.	106,051.	106,051.
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶	16,400.		
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
<b>Liabilities</b>	11 Investments - land, buildings, and equipment basis ▶			
	Less: accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other			
	14 Land, buildings, and equipment basis ▶			
	Less: accumulated depreciation ▶			
	15 Other assets (describe ▶ )			
	16 <b>Total assets</b> (to be completed by all filers)	96,977.	106,051.	106,051.
	17 Accounts payable and accrued expenses	2,137.	1,653.	
	18 Grants payable			
<b>Net Assets or Fund Balances</b>	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ <b>DUE FROM PMH</b> )	0.	4,123.	
	23 <b>Total liabilities</b> (add lines 17 through 22)	2,137.	5,776.	
<b>Net Assets or Fund Balances</b>	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input type="checkbox"/>			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input checked="" type="checkbox"/>			
	27 Capital stock, trust principal, or current funds	0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	94,840.	100,275.	
30 <b>Total net assets or fund balances</b>	94,840.	100,275.		
31 <b>Total liabilities and net assets/fund balances</b>	96,977.	106,051.		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	94,840.
2 Enter amount from Part I, line 27a	2	5,435.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	100,275.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 <b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) - Part II, column (b), line 30	6	100,275.

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**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b	NONE		
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	<div style="border: 1px solid black; padding: 2px;">           If gain, also enter in Part I, line 7            If (loss), enter -0- in Part I, line 7         </div>	2
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	<div style="border: 1px solid black; padding: 2px;">           If gain, also enter in Part I, line 8, column (c).            If (loss), enter -0- in Part I, line 8         </div>	3

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	535,258.	63,763.	8.394492
2007	611,604.		
2006	22,646.	21,803.	1.038664
2005			
2004			

2 Total of line 1, column (d)	2	9.433156
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	3.144385
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	127,281.
5 Multiply line 4 by line 3	5	400,220.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0.
7 Add lines 5 and 6	7	400,220.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	8	697,080.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	0.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0.
3	Add lines 1 and 2	3	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0.
6	Credits/Payments:		
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a	
b	Exempt foreign organizations - tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	0.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax <input type="checkbox"/> Refunded <input checked="" type="checkbox"/>	11	

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> RI		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	X	

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**Part VII-A** Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>OURFAMILIESFORFAMILIESFIRST.ORG</u>	13	X	
14	The books are in care of ► <u>DAVID SWEENEY</u> Telephone no. ► <u>(401) 228-2800</u> Located at ► <u>1405 SOUTH COUNTY TRAIL, EAST GREENWICH, RI</u> ZIP+4 ► <u>02818</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	15		N/A

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A	1b
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?		1c X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? If "Yes," list the years ►	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	N/A	2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4b X

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**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☒ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

X

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 5		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

0

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**Part VIII****Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	

**Part IX-B** Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
All other program-related investments. See instructions.	
Total. Add lines 1 through 3	0.

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**Part X** Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	129,219.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	129,219.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	129,219.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,938.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	127,281.
6	Minimum investment return. Enter 5% of line 5	6	6,364.

**Part XI** Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	6,364.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,364.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	6,364.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	6,364.

**Part XII** Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	697,080.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	697,080.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	697,080.

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
<b>1</b> Distributable amount for 2009 from Part XI, line 7				6,364.
<b>2</b> Undistributed income, if any, as of the end of 2009				
<b>a</b> Enter amount for 2008 only			0.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2009:				
<b>a</b> From 2004				
<b>b</b> From 2005				
<b>c</b> From 2006				21,881.
<b>d</b> From 2007				609,554.
<b>e</b> From 2008				532,070.
<b>f</b> Total of lines 3a through e	1,163,505.			
<b>4</b> Qualifying distributions for 2009 from Part XII, line 4: ► \$				697,080.
<b>a</b> Applied to 2008, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2009 distributable amount				6,364.
<b>e</b> Remaining amount distributed out of corpus	690,716.			
<b>5</b> Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e. Subtract line 5	1,854,221.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				0.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
<b>8</b> Excess distributions carryover from 2004 not applied on line 5 or line 7	0.			
<b>9</b> Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	1,854,221.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2005				
<b>b</b> Excess from 2006				21,881.
<b>c</b> Excess from 2007				609,554.
<b>d</b> Excess from 2008				532,070.
<b>e</b> Excess from 2009				690,716.



**Part XV** Supplementary Information (continued)**3** Grants and Contributions Paid During the Year or Approved for Future Payment

<div>Recipient</div> <div>Name and address (home or business)</div>	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<div>a Paid during the year</div> <div>SEE ATTACHED LIST</div>				
Total			▶ 3a	495,444.
<div>b Approved for future payment</div> <div>NONE</div>				
Total			▶ 3b	0.



## Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations



- |   |  | Yes   | No |
|---|--|-------|----|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?  |       |    |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of:   |       |    |
|   | (1) Cash   | 1a(1) | X  |
|   | (2) Other assets   | 1a(2) | X  |
| b | Other transactions:  |       |    |
|   | (1) Sales of assets to a noncharitable exempt organization   | 1b(1) | X  |
|   | (2) Purchases of assets from a noncharitable exempt organization   | 1b(2) | X  |
|   | (3) Rental of facilities, equipment, or other assets   | 1b(3) | X  |
|   | (4) Reimbursement arrangements   | 1b(4) | X  |
|   | (5) Loans or loan guarantees   | 1b(5) | X  |
|   | (6) Performance of services or membership or fundraising solicitations   | 1b(6) | X  |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees   | 1c    | X  |
| d | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. |       |    |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer or trustee 		Date <u>8/16/10</u>		Title <u>President</u>	
	Preparer's signature 		Date <u>7/27/10</u>		Check if self-employed <input type="checkbox"/> Preparer's identifying number <u>P00189634</u>	
Paid Preparer's Use Only	Firm's name (or yours if self-employed) <u>ANDSAGER, BARTLETT &amp; PIERONI, LLP</u>				EIN <u>15-1234567</u>	
	address, and ZIP code <u>ONE CATAMORE BLVD. EAST PROVIDENCE, RI 02914</u>				Phone no. <u>401-272-9100</u>	

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

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

OMB No 1545-0047

**2009**

Name of the organization

Employer identification number

OUR FAMILY FOR FAMILIES FIRST, INC.

20-4848228

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)( ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- ☐ For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. . . . ▶ \$ \_\_\_\_\_

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

OUR FAMILY FOR FAMILIES FIRST, INC.

20-4848228

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JOHN G PICERNE 1405 SOUTH COUNTY TRAIL, SUITE 530 EAST GREENWICH, RI 02818	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	BRIAN BEAUREGARD 2460-AG STREET FORT RILEY, KS 66442	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	SEVERN PLUMBING 1900 NORFOLK DR OWINGS, MD 20736	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	STAR LUMBER PO BOX 7712 WICHITA, KS 67277	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	USI INSURANCE 50 CABOT ST NEEDHAM, MA 02494	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	ARMSTRONG 10 GROSVENOR COURT REISTERTOWN, MD 21136	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

Employer identification number

OUR FAMILY FOR FAMILIES FIRST, INC.

20-4848228

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	PICERNE MILITARY HOUSING 1405 SOUTH COUNTY TRAIL, SUITE 530 EAST GREENWICH, RI 02818	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
8	ARMSTRONG 10 GROSVENOR COURT RALEIGH, MD 02494	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
9	KCS LANDSCAPING 3141 FAIRVIEW PARK DR. FALLS CHURCH, VA 22042	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	REALPAGE PO BOX 671339 DALLAS, TX 75267	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	CH2M HILL 3201 BEECHLEAF CT. SUITE 300 RALEIGH, NC 27604	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	PICERNE CHARITABLE TRUST 1405 SOUTH COUNTY TRAIL, SUITE 530 EAST GREENWICH, RI 02818	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

OUR FAMILY FOR FAMILIES FIRST, INC.

20-4848228

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	TOM MURRY 1014 OCEAN DRIVE NARRAGANSETT, RI 02882	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	KCS LANDSCAPING 3141 FAIRVIEW PARK DR. FALLS CHURCH, VA 22042	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	SHERWIN WILLIAMS 313 TECHNOLOGY DR. MALVERN, PA 19355	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	CH2M HILL 3201 BEECHLEAF CT. SUITE 300 RALEIGH, NC 27604	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	SEA GULL LIGHTING 301 W. WASHINGTON ST RIVERSIDE, NJ 08075	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	WENDELL SIDING PO BOX 58279 RALEIGH, NC 27658	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

OUR FAMILY FOR FAMILIES FIRST, INC.

20-4848228

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	UNIVERSAL FOREST PRODUCTS 444 SANSOM PRODUCTS SAGINAW, TX 76179	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990-PF	OTHER INCOME	STATEMENT	1
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DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
2009 CHARITABLE GOLF TOURNAMENT	93,700.	0.	
ADOPT A CHARITY	2,815.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	96,515.	0.	

FORM 990-PF	LEGAL FEES	STATEMENT	2
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	235.	0.		235.
TO FM 990-PF, PG 1, LN 16A	235.	0.		235.

FORM 990-PF	OTHER PROFESSIONAL FEES	STATEMENT	3
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROFESSIONAL FEES	57,373.	0.		57,373.
TO FORM 990-PF, PG 1, LN 16C	57,373.	0.		57,373.

FORM 990-PF	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE EXPENSE	2,826.	0.		2,826.
TELEPHONE	177.	0.		177.
2008 GOLF TOURNAMENT	60,257.	0.		60,257.
ADOPT A CHARITY	36,818.	0.		36,818.
OTHER CHARITABLE PURPOSES	38,389.	0.		38,389.
TO FORM 990-PF, PG 1, LN 23	138,467.	0.		138,467.

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FORM 990-PF                      PART VIII - LIST OF OFFICERS, DIRECTORS                      STATEMENT                      5  
    TRUSTEES AND FOUNDATION MANAGERS

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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOHN G PICERNE 1405 SOUTH COUNTY TRAIL,SUITE 530 EAST GREENWICH, RI 02818	DIRECTOR, PRESIDENT 0.00	0.	0.	0.
CLAUDE LEVESQUE 1405 SOUTH COUNTY TRAIL,SUITE 530 EAST GREENWICH, RI 02818	DIRECTOR, TREASURER 0.00	0.	0.	0.
MARIA MONTALVO 1405 SOUTH COUNTY TRAIL,SUITE 530 EAST GREENWICH, RI 02818	DIRECTOR, SECRETARY 0.00	0.	0.	0.
JANET COLANTUONO 1405 SOUTH COUNTY TRAIL,SUITE 530 EAST GREENWICH, RI 02818	DIRECTOR 0.00	0.	0.	0.
LYNN FOSSUM 1405 SOUTH COUNTY TRAIL,SUITE 530 EAST GREENWICH, RI 02818	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

## Attachment to Part XV, Page 11 (Grants and Contributions Paid During Year)

Name	Address	City	State	Zip	Relationship	Status	Purpose	Amount
Emily Dunn	174-1 Grouse Moor Dr.	Banner Elk	NC	28604	N/A	N/A	Educational Scholarship	186.44
Julie Johnson	21 Montreth Lane	Fort Rucker	AL	36362	N/A	N/A	Educational Scholarship	5,000.00
Anthony Tuttle	315 Glenburney Drive	Fayetteville	NC	28303	N/A	N/A	Educational Scholarship	334.57
Anne Bowden	26 McWilliam St	Cameron	NC	28326	N/A	N/A	Educational Scholarship	5,000.00
Anna Estridge	39 Victory Way	Fort Bragg	NC	28307	N/A	N/A	Educational Scholarship	5,000.00
Anna Whitman	53 Victory Way	Fort Bragg	NC	28307	N/A	N/A	Educational Scholarship	5,000.00
Appalachian State University	ASU PO Box 32059	Boone	NC	28608	N/A	N/A	Educational Scholarship	5,000.00
A'Rel Boles	6215 A. Haag Street	Fort Polk	LA	71459	N/A	N/A	Educational Scholarship	6,331.00
Auburn University	115 Quad Center	Auburn	AL	36849	N/A	N/A	Educational Scholarship	351.56
Baylor University	One Bear Place #97048	Waco	TX	76798-7048	N/A	N/A	Educational Scholarship	10,000.00
Baylor University	One Bear Place #97048	Waco	TX	76798-7048	N/A	N/A	Educational Scholarship	10,000.00
Bryan Graham	111 Harrand Creek Drive	Enterprise	AL	36330	N/A	N/A	Educational Scholarship	10,000.00
Brigham Young University	A-41 ASB	Provo	UT	84602	N/A	N/A	Educational Scholarship	1,250.00
Brigham Young University	A-41 ASB	Provo	UT	84602	N/A	N/A	Educational Scholarship	1,361.06
Brigham Young University	A-41 ASB	Provo	UT	84602	N/A	N/A	Educational Scholarship	510.00
Brigham Young University	A-41 ASB	Provo	UT	84602	N/A	N/A	Educational Scholarship	2,145.20
Brigham Young University	A-41 ASB	Provo	UT	84602	N/A	N/A	Educational Scholarship	4,290.00
Brian Sweet	PO Box 6890	El Paso	TX	79906	N/A	N/A	Educational Scholarship	1,072.50
Cornell University	203 Day Hall	Ithaca	NY	14853-2801	N/A	N/A	Educational Scholarship	383.10
University Of Chicago	1101 East 58th St,	Chicago	IL	60637	N/A	N/A	Educational Scholarship	9,000.00
University Of Chicago	1101 East 58th St,	Chicago	IL	60637	N/A	N/A	Educational Scholarship	13,333.00
University Of Chicago	1101 East 58th St,	Chicago	IL	60637	N/A	N/A	Educational Scholarship	3,333.33
Catherine Edmonds	12 Adams Street	Fort Bragg	NC	28307	N/A	N/A	Educational Scholarship	6,666.66
Christa Byrd	2293 Dockvale Drive	Fayetteville	NC	28306	N/A	N/A	Educational Scholarship	287.47
Century Fenwick Village Apts.	101 Fenwick Village Dr	Savannah	GA	31419	N/A	N/A	Educational Scholarship	153.79
Century Fenwick Village Apts.	101 Fenwick Village Dr.	Savannah	GA	31419	N/A	N/A	Educational Scholarship	1,900.00
Christa Byrd	2293 Dockvale Drive	Fayetteville	NC	28306	N/A	N/A	Educational Scholarship	1,900.00
Christa Byrd	2293 Dockvale Drive	Fayetteville	NC	28306	N/A	N/A	Educational Scholarship	498.12
University Of North Carolina-C	9201 University City Blvd	Charlotte	NC	28223	N/A	N/A	Educational Scholarship	198.57
Clemson University	G-08 Sikes Hall, Box 345307	Clemson	SC	29634-5307	N/A	N/A	Educational Scholarship	9,000.00
Courtney Shell	3303-1 Terry Court	Fort Meade	MD	20755	N/A	N/A	Educational Scholarship	10,000.00
Debra Hadder	2006 Glen Haven	Derridd	LA	70634	N/A	N/A	Educational Scholarship	5,000.00
Douglas Brown	111 Harrand Creek Drive	Enterprise	AL	36330	N/A	N/A	Educational Scholarship	451.51
Douglas Brown	111 Harrand Creek Drive	Enterprise	AL	36330	N/A	N/A	Educational Scholarship	455.15
Elon University	PO Box 398	Elon	NC	27244	N/A	N/A	Educational Scholarship	10,000.00
Emporia State University	1200 Commercial St, Box 4038	Emporia	KS	66801	N/A	N/A	Educational Scholarship	2,083.00
Erin Lahan	406 Homewood St.	Emporia	KS	66801	N/A	N/A	Educational Scholarship	1,101.21
Financial Aid Office	One College St.	Worcester	MA	01610	N/A	N/A	Educational Scholarship	10,000.00
Fayetteville State University	1200 Murchison Rd	Fayetteville	NC	28301	N/A	N/A	Educational Scholarship	5,000.00
Gate City Capital 2	705 Milton St	Greensboro	NC	27403	N/A	N/A	Educational Scholarship	1,687.50
Gate City Capital 2	705 Milton St	Greensboro	NC	27403	N/A	N/A	Educational Scholarship	1,687.50
Grisell Perez	2511 W 31st, Apt 221	Lawrence	KS	66047	N/A	N/A	Educational Scholarship	530.60
University Of North Carolina-G	PO Box 26177	Greensboro	NC	27402-6170	N/A	N/A	Educational Scholarship	6,625.00
Hampton University	100 E Queen St.	Hampton	VA	23668	N/A	N/A	Educational Scholarship	10,000.00
Hastings College	710 N Turner Ave	Hastings	NE	68901	N/A	N/A	Educational Scholarship	10,000.00
Heather Dellerman	9 NW Moorford Dr	Lawton	OK	73507	N/A	N/A	Educational Scholarship	5,000.00
Joshua Groll	7578 Firethorn Drive	Fayetteville	NC	28311	N/A	N/A	Educational Scholarship	190.45

OUR FAMILY FOR FAMILIES FIRST  
EIN - 20-4848228 - 2009 990-PF

Attachment to Part XV, Page 11 (Grants and Contributions Paid During Year)

Name	Address	City	State	Zip	Relationship	Status	Purpose	Amount
Joshua Groll	7578 Firethorn Drive	Fayetteville	NC	28311	N/A	N/A	Educational Scholarship	367.80
Joshua Groll	7578 Firethorn Drive	Fayetteville	NC	28311	N/A	N/A	Educational Scholarship	38.79
Juanita Sparks	12 Camden Ct East	Sanford	NC	27332	N/A	N/A	Educational Scholarship	5,000.00
Kansas State University	100 Holtz Hall	Manhattan	KS	66506	N/A	N/A	Educational Scholarship	10,000.00
Katherine Soh	328 E 2020 N	Provo	UT	84604	N/A	N/A	Educational Scholarship	394.52
Katherine Soh	328 E 2020 N	Provo	UT	84604	N/A	N/A	Educational Scholarship	453.79
Kathryn Newton	47 La Fiere Street	Fort Bragg	NC	28307	N/A	N/A	Educational Scholarship	243.13
Kathryn Newton	47 La Fiere Street	Fort Bragg	NC	28307	N/A	N/A	Educational Scholarship	907.87
Lakesha Buckner	6667 Foxberry Rd	Fayetteville	NC	28314	N/A	N/A	Educational Scholarship	1,000.00
Louisiana State University	125 Thomas Boyd Hall	Baton Rouge	LA	70803	N/A	N/A	Educational Scholarship	5,000.00
Louisiana State University	125 Thomas Boyd Hall	Baton Rouge	LA	70803	N/A	N/A	Educational Scholarship	5,000.00
Louisiana Tech University	PO Box 7924	Ruston	LA	71272	N/A	N/A	Educational Scholarship	833.33
MDIC Management, Llc	One Chase Corporate Ctr	Birmingham	AL	35244	N/A	N/A	Educational Scholarship	2,200.00
Melody Conde	4 Grenado St	Fort Bragg	NC	28307	N/A	N/A	Educational Scholarship	5,000.00
Melissa Hinchcliff	734E 560N Apt# 201	Provo	UT	84604	N/A	N/A	Educational Scholarship	791.26
Melissa Hinchcliff	734E 560N Apt# 201	Provo	UT	84604	N/A	N/A	Educational Scholarship	458.50
Meridith Pingle	407 Olympia Drive	Dothan	AL	36301	N/A	N/A	Educational Scholarship	285.89
Methodist University	5400 Ramsey St	Fayetteville	NC	28311	N/A	N/A	Educational Scholarship	5,000.00
Melody Lopez	7809 Metacommet Rd.	Hanover	MD	21076	N/A	N/A	Educational Scholarship	250.00
Melody Lopez	7809 Metacommet Rd	Hanover	MD	21076	N/A	N/A	Educational Scholarship	676.15
Michael Kirk	173 Homespun Hills	Boone	NC	28607	N/A	N/A	Educational Scholarship	1,600.00
Michael Kirk	173 Homespun Hills	Boone	NC	28607	N/A	N/A	Educational Scholarship	1,600.00
Monica Reynolds	16404-B Pinehurst St	Ft Polk	LA	71459	N/A	N/A	Educational Scholarship	5,000.00
Monica Stamper	6240-G Abbott's Park Dr	Fayetteville	NC	28311	N/A	N/A	Educational Scholarship	5,000.00
Mountain View Management, Inc.	PO Box 971150	Orem	UT	84097	N/A	N/A	Educational Scholarship	1,340.00
Northwestern State University	3329 University Parkway	Leesville	LA	71446	N/A	N/A	Educational Scholarship	2,224.30
Nancy Hunter Denney	PO Box 1041	Marion	MA	2738	N/A	N/A	Educational Scholarship	3,000.00
Nadia Miranda	1460 Aultroy Dr	Fayetteville	NC	28311	N/A	N/A	Educational Scholarship	5,000.00
Nicole Massie	6650 Vaughn Rd	Fayetteville	NC	28311	N/A	N/A	Educational Scholarship	5,000.00
Northwestern State University	3329 University Parkway	Leesville	LA	71446	N/A	N/A	Educational Scholarship	1,629.00
Northwestern State University	3329 University Parkway	Leesville	LA	71446	N/A	N/A	Educational Scholarship	1,629.00
Northwestern State University	3329 University Parkway	Leesville	LA	71446	N/A	N/A	Educational Scholarship	2,224.30
North Carolina State University	2016 Harris Hall, Box 7302	Raleigh	NC	27695-7302	N/A	N/A	Educational Scholarship	6,400.00
North Carolina State University	2016 Harris Hall, Box 7302	Raleigh	NC	27695-7302	N/A	N/A	Educational Scholarship	10,000.00
Norma Leclair	409 Weaver St	Emporia	KS	66801	N/A	N/A	Educational Scholarship	1,200.00
Ohio State University	1800 Cannon Drive	Columbus	OH	43710-1203	N/A	N/A	Educational Scholarship	6,353.00
Ohio State University	1800 Cannon Drive	Columbus	OH	43710-1203	N/A	N/A	Educational Scholarship	2,333.33
Ohio State University	1800 Cannon Drive	Columbus	OH	43710-1203	N/A	N/A	Educational Scholarship	2,333.33
Philip C. Smith	692 East 1220 North	Orem	UT	84097	N/A	N/A	Educational Scholarship	800.00
Philip C. Smith	692 East 1220 North	Orem	UT	84097	N/A	N/A	Educational Scholarship	800.00
Pembroke Place Apartments	490 Prospect Rd.	Pembroke	NC	28372	N/A	N/A	Educational Scholarship	2,450.00
Pembroke Place Apartments	490 Prospect Rd	Pembroke	NC	28372	N/A	N/A	Educational Scholarship	2,450.00
University Of North Carolina-P	PO Box 1510	Pembroke	NC	28372	N/A	N/A	Educational Scholarship	3,770.00
University Of North Carolina-P	PO Box 1510	Pembroke	NC	28372	N/A	N/A	Educational Scholarship	1,000.00
University Of North Carolina-P	PO Box 1510	Pembroke	NC	28372	N/A	N/A	Educational Scholarship	1,000.00
Pia Anderson	7000 Colonial Hills Dr	Lillington	NC	27546	N/A	N/A	Educational Scholarship	5,000.00
Premier School Agendas, Inc.	PO Box 684057	Milwaukee	WI	53268	N/A	N/A	Educational Scholarship	737.74

OUR FAMILY FOR FAMILIES FIRST  
EIN - 20-4848228 - 2009 990-PF

Attachment to Part XV, Page 11 (Grants and Contributions Paid During Year)

Name	Address	City	State	Zip	Relationship	Status	Purpose	Amount
Rocio Ramirez	1903 Massachusetts St, #4	Lawrence	KS	66046	N/A	N/A	Educational Scholarship	510.94
Savannah State University	3219 College Street	Savannah	GA	31404	N/A	N/A	Educational Scholarship	5,600.00
Shonta Curtis	46 Wetzel Ct	Fort Rucker	AL	36362	N/A	N/A	Educational Scholarship	5,000.00
Southwestern College	100 College Street	Winfield	KS	67156	N/A	N/A	Educational Scholarship	5,000.00
Spelman College	350 Spelman Lane	Atlanta	GA	30314	N/A	N/A	Educational Scholarship	10,000.00
Stratford Hills	700 Bolinwood Dr	Chapel Hill	NC	27514	N/A	N/A	Educational Scholarship	1,560.00
Stratford Hills	700 Bolinwood Dr.	Chapel Hill	NC	27514	N/A	N/A	Educational Scholarship	1,950.00
Theresa Barke	5583 AP Hill Dr	Fort Riley	KS	66442	N/A	N/A	Educational Scholarship	5,000.00
Tiffani Brittain	15 Donovan Lane	Fort Rucker	AL	36362	N/A	N/A	Educational Scholarship	5,000.00
Tonia Boies	6215 A Haag Street	Fort Polk	LA	71459	N/A	N/A	Educational Scholarship	351.56
Towson University	8000 York Road	Towson	MD	21252-0001	N/A	N/A	Educational Scholarship	10,000.00
Towson University	8000 York Road	Towson	MD	21252-0001	N/A	N/A	Educational Scholarship	7,568.00
University Of North Carolina-C	103 Bynum Hall, CB# 1400	Chapel Hill	NC	27599-1400	N/A	N/A	Educational Scholarship	5,624.00
University Of North Carolina-C	103 Bynum Hall, CB# 1400	Chapel Hill	NC	27599-1400	N/A	N/A	Educational Scholarship	5,000.00
University Of North Carolina-C	103 Bynum Hall, CB# 1400	Chapel Hill	NC	27599-1400	N/A	N/A	Educational Scholarship	9,000.00
University Of North Carolina-C	103 Bynum Hall, CB# 1400	Chapel Hill	NC	27599-1400	N/A	N/A	Educational Scholarship	10,000.00
University Of Kansas	1450 Jayhawk Blvd , RM. 50	Chapel Hill	NC	27599-1400	N/A	N/A	Educational Scholarship	5,000.00
University Of Kansas	1450 Jayhawk Blvd., RM. 50	Lawrence	KS	66045	N/A	N/A	Educational Scholarship	4,469.40
The University Of Texas	PO Box 19045	Lawrence	KS	66045	N/A	N/A	Educational Scholarship	3,865.00
University Of Alabama	106 Student Services Center, PO Box 870162	Fort Worth	TX	76118	N/A	N/A	Educational Scholarship	6,353.60
University Of California. Davl	PO Box 989062	Tuscaloosa	AL	25487	N/A	N/A	Educational Scholarship	9,000.00
Virginia Commonwealth Universi	827 West Franklin Street	West Sacramento	CA	95798	N/A	N/A	Educational Scholarship	10,000.00
University Villa Apartments	865 N 160 W	Richland	VA	23284	N/A	N/A	Educational Scholarship	10,000.00
University Of Alabama At	865 N 160 W	Provo	UT	84604	N/A	N/A	Educational Scholarship	1,036.00
Alzheimer's Association	1530 3rd Ave South	Provo	UT	84604	N/A	N/A	Educational Scholarship	250.00
American Cancer Society	225 N. Michigan Ave	Birmingham	AL	35294	N/A	N/A	Educational Scholarship	7,800.00
Care Clinic	2431 Legion Road	Chicago	IL	60601	N/A	N/A	General	600.00
Citizens United For Research	239 Robeson St.	Fayetteville	NC	28306	N/A	501(c)(3)	General	3,764.00
Cure Kids Cancer	730 N Franklin St	Fayetteville	NC	28311	N/A	501(c)(3)	General	5,000.00
Ecu Athletics Fund	PO Box 5962	Chicago	IL	60654	N/A	501(c)(3)	General	100.00
Edmonds Center for the Arts	Ward Sports Medicine Building	Providence	RI	2903	N/A	501(c)(3)	General	360.00
Edmonds Center for the Arts	410 Fourth Avenue North	Greenville	NC	27858	N/A	501(c)(3)	General	1,288.00
Heifer International	410 Fourth Avenue North	Edmonds	WA	98020	N/A	501(c)(3)	General	10,000.00
Juvenile Diabetes Research Foundation	PO Box 8058	Edmonds	WA	98020	N/A	501(c)(3)	General	1,000.00
Juvenile Diabetes Research Foundation	2374 Post Road	Little Rock	AR	72203-8058	N/A	501(c)(3)	General	2,500.00
Lend A Hand	2374 Post Road	Warwick	RI	02886	N/A	501(c)(3)	General	100.00
Ronald McDonald House	151 Laten Knight Rd.	Warwick	RI	02886	N/A	501(c)(3)	General	200.00
West Bay YMCA	45 Gay St	Cranston	RI	2905	N/A	501(c)(3)	General	70.00
	7540 Post Road	Providence	RI	02852	N/A	501(c)(3)	General	150.00
		North Kingstown	RI		N/A	501(c)(3)	General	300.00
<b>TOTAL CONTRIBUTIONS PAID</b>								<b>495,443.82</b>



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

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ **X**
  - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	<b>OUR FAMILY FOR FAMILIES FIRST, INC.</b>	<b>20-4848228</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1405 SOUTH COUNTY TRAIL, NO. 530</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>EAST GREENWICH, RI 02818</b>	

Check type of return to be filed (file a separate application for each return):

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ            | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**DAVID SWEENEY**

- The books are in the care of ▶ **1405 SOUTH COUNTY TRAIL - EAST GREENWICH, RI 02818**  
Telephone No. ▶ **(401) 228-2800** FAX No ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶ ☒ calendar year **2009** or  
▶ ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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

Form **8868** (Rev. 4-2009)