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Department of the Treasury Internal Revenue Service

A For the 2009 calendar year, or tax year beginning

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)

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

and ending

OMB No 1545-0047

Open to Public Inspection

	Check if	Please C Name of organization	D Employer identific	cation number					
_	upplicable ⊐Addres	use IRS							
<u>_</u>	change	print or U.S. FAMILY FOUNDATION, INC.							
L	Name change			412016					
L	Initial	See Number and street (or P.O. box if mail is not delivered to street address) Room/suit	l '						
L	Termin ated	Instruct 450 PLEASANT GROVE ROAD	(352	<u>)637-4424</u>					
L	Ameno	City or town, state or country, and ZIP + 4	G Gross receipts \$	1,672,204.					
L	Application	INVERNESS, FL 34452-5725	H(a) Is this a group re						
	pendin	F Name and address of principal officer ROBERT E. MCCRANIE	for affiliates?	Yes X No					
			5 H(b) Are all affiliates inc	luded?Yes No					
1	Гах-ехе	empt status: X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	If "No," attach a	list (see instructions)					
		e: WWW. USFAMILYFOUNDATION.COM	H(c) Group exemption						
			r of formation: 1996 N	State of legal domicile: FL					
Pa	art I	Summary							
ø		Briefly describe the organization's mission or most significant activities: CREATE EN	DOWMENTS TO	SUPPORT 501					
Governance		(C) (3) CHARITIES	. <u></u>						
Ę	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of mo	re than 25% of its net as	sets.					
õ		Number of voting members of the governing body (Part VI, line 1a)	3	5					
) a	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3					
es	5	Total number of employees (Part V, line 2a)	5	0					
₹ ;	_	Total number of volunteers (estimate if necessary)	6	0					
Activities		Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.					
i	b	Net unrelated business taxable income from Form 990-T, line 34		0.					
j	ŀ	$ \mathcal{S} $	Prior Year	Current Year					
<u>•</u>	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	<u>70/172,000.</u>	<u>151,228.</u>					
בי בי	9	Program service revenue (Part VIII, line 2g)	/ <u>පි/</u> 13,732.	11,281.					
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>්ග්/ 152,586.</u>	-511,541.					
, "	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<i>≒</i> / 198.	500.					
` —	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	/ 338,516.	-348,532 .					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	250,742.	<u> 293,848.</u>					
5	14	Benefits paid to or for members (Part IX, column (A), line 4)							
e S	15	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5·10)							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)							
ğ	b b	Total fundraising expenses (Part IX, column (D), line 25) 4,569.							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	155,080.	102,954.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	405,822.	<u>396,802.</u>					
		Revenue less expenses Subtract line 18 from line 12	-67,306.	<u>-745,334.</u>					
Net Assets or Fund Balances		<u> E</u>	eginning of Current Year	End of Year					
Sset	20	Total assets (Part X, line 16)	5,741,773.	6,897,050.					
A Pictor	21	Total liabilities (Part X, line 26)	187,457.	174,261.					
		Net assets or fund balances Subtract line 21 from line 20	5,554,316.	<u>6,722,789.</u>					
P	art II	Signature Block							
٠		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	s, and to the best of my knowledg le	ge and belief, it is true, correct,					
		MRM.	1	,					
Sign William 4/6/2010 Signature of officer Dafe									
Here V System C Syste									
	ROBERT E. MCCRANIE, EXECUTIVE DIRECTOR Type or print name and title								
	Date Check of Check of								
Paid Preparer 3 Self- (see instruction									
Pre	parer's	Signature V 04/01/10 e							
	Only	yours if WILLIAMS, MCCRANIE, WARDLOW & CASH,	PA EIN >						
self-employed), address, and address, and TANZEDNEGG, DE 24452									
	ZP+4 INVERNESS, FL 34452 Phone no. ► (352)726-8130								
<u> Ma</u>	y the IF	AS discuss this return with the preparer shown above? (see instructions)		X Yes No					
		4-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate in	etructione	Form 990 (2009)					

ar	990 (2009) HIII Stateme	ent of Program Service Acc	OUNDATION, INC.	59-3412016 Page
		the organization's mission:	, , , , , , , , , , , , , , , , , , ,	
		NDOWMENTS FOR SUPP	ORT 501 (C) (3) CHARI'	TIES
	<u> </u>			·
	_		am services during the year which were not	
	the prior Form 9		2	· Yes X N
		e these new services on Schedule to tion cease conducting, or make sig	o nificant changes in how it conducts, any pro	ogram services?
	_	e these changes on Schedule O.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			h of the organization's three largest program	
			ection 4947(a)(1) trusts are required to repor ue, if any, for each program service reported	
	allocations to ot	ners, the total expenses, and reven	ue, il any, for each program service reported	1.
a	(Code:		1,340. including grants of \$ 29 IG EDUCATIONAL, SCIENT	
			S SEE ATTACHED SCHEDUL	
				<u>.,</u>
)	(Code.) (Expenses \$	including grants of \$) (Revenue \$
			·	
		 		
	(Code.) (Expenses \$	including grants of \$) (Revenue \$
			·	

Form 990 (2009)

U.S. FAMILY FOUNDATION, INC.

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		<u>X</u>
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	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
-	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in 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	х	
•	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.			
•	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			Ì
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		}	
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	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.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
-	Schedule D, Parts XI, XII, and XIII.	12	x	
12Δ	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		_x_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	. 12		 -
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u>.~</u> _		<u> </u>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u></u>	<u> </u>	 -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_ . _		 -
	complete Schedule G, Part III	19	İ	x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
<u> </u>	Election of Section Control of the C		000	2000

21 bild 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 17 if "Yes," complete Schedule i, Parts I and iii 22 bild the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule i, Parts I and Iii 23 bild the organization answer "Yes" to Part IVI, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustess, key employees, and highest compensated employees? If "Yes," complete Schedule I. Parts I and Iii 24 bild the organization have a tax-exempt bond issue with an outstanding principal and and complete Schedule K. If "No", go to her 25 25 bild the organization mixest any proceeds of tax exempt bonds beyond a temporary period exception? 26 bild her organization mixest any proceeds of tax exempt bonds beyond a temporary period exception? 27 bild the organization mixest any proceeds of tax exempt bonds beyond a temporary period exception? 28 bild the organization mixest any proceeds of tax exempt bonds beyond a temporary period exception? 29 bild the organization mixest any proceeds of tax exempt bonds beyond a temporary period exception? 29 bild the organization and softle(ik) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction waver that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person distribution with a dis			1		
United States on Part IX, column (A), ine 17 if "Yes," complete Schedule I, Parts I and II 2 Dd the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 3 Dd 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 and the organization have a tax-exempt bond size with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule J. Both organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrive account other than a refunding escrive any time during the year? Did the organization maintain an escrive account other than a refunding escrive at any time during the year? Did the organization acts as an "on behalf of "issuer for bonds outstanding at any time during the year? Did the organization acts as an "on behalf of "issuer for bonds outstanding at any time during the year? Did the organization acts as an "on behalf of "issuer for bonds outstanding as on 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-E27 If "Yes," complete Schedule L, Part IV Did the organization exercise agrant or other assistance to an officier, director, trustee, key employee, highly compensated employee, or disqualified person in a prior year, and that the transaction has not been reported on any of the organization with	04	Did the expansion report more than \$5,000 of grants and other resistance to governments and expansions in the		Yes	No
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. 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, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule Is Schedule Is they ear, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 25c Did the organization martian an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 25d Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 25d Did the organization answer year? If "Yes," complete Schedule Is, Part I adequalfied person using the year? If "Yes," complete Schedule Is, Part I adequalfied person using the year? If "Yes," complete Schedule Is, Part I are organization as a not or by a current or former officer, director, trustee, key employee, highly compensated employee, or desqualified person using the year? 25d Did the organization as or the end of the organization's tax year? If "Yes," complete Schedule Is, Part II are organization from the organization or the assistance to an officer, director, trustee, key employee, substantial contribution, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule Is, Part IV institutions for applicable fling thresholds, conditions, and exceptions; 25d A family member of a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee? If "Yes," complete Schedule Is, Part IV institutions? If "Yes," complete Schedule Is, Part	21		21	v	
column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 X 33 Dd 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 I, Part II and III and	22		21	Λ	
23 Did the organization answer "Yes" to Part VII, Section A, Ine 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 K. If "No. 1 go to line 25 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No. 1 go to line 25 25 Did the organization marian an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization marian an escrow account other than a refunding escrow at any time during the year? 26 Section 501(c)(3) and 501(c)(4) organizations. Did the organization analyses that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not bean reported on any of the organization with a disqualified person in a prior year, and that the transaction has not bean reported on any of the organization's tax year? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an 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 IV 28 Was the organization aparty to a business transaction with one of the following parties, (see Schedule L, Part IV 29 Did the organization aparty to a business transaction with one of the following parties, (see Schedule L, Part IV 29 A mentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 A mentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization related to any tax-exempt or tax-able entity? 29 If "Yes,"		·	22		x
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Schedule K. If *No*, go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? of Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 II Issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization of the organization and that it has a second or only of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that it has a second 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 recombete a grant or other assistance to an officer, director, trustee, see peripoles Schedule L, Part IV and the organization and party to a business transaction with one of the following parties, (see Schedule L, Part IV b. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c. An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedul	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
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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 I Is the organization ware 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-E27 If "Yes," complete Schedule L, Part I I 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 I I I I I I I I I I I I I I I I I			24c		
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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 X 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 X 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 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 X	34	Was the organization related to any tax-exempt or taxable entity?			
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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 X 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 X 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 X	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 36 X 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 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 X		If "Yes," complete Schedule R, Part V, line 2	35		X
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 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 X	36				
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 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 X			36		X
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 X	37	· · · · · · · · · · · · · · · · · · ·			-
Note. All Form 990 filers are required to complete Schedule O			_37		X
	SÖ		20		
		Hote, Air offit 330 filets are required to complete Schedule O			200a)

Statements Regarding Other IRS Filings and Tax Compliance Yes Νo 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 0 U.S. Information Returns. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services X provided to the payor? 7a b If "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 which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings 8 at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10 a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: 11 a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

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

<u>Sec</u>	tion A. Governing Body and Management		_				
			1	_		Yes	No
1a	Enter the number of voting members of the governing body	<u>1a</u>		5			
b	Enter the number of voting members that are independent	<u>1b</u>		3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other				
	officer, director, trustee, or key employee?			L	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision				
	of officers, directors or trustees, or key employees to a management company or other person?				3		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Fo	orm 99	00 was filed?	L	4	_	<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?		L	5		<u>X</u>
6	Does the organization have members or stockholders?				6		X
7a	7a Does the organization have members, stockholders, or other persons who may elect one or more members of the						
	governing body?			<u> </u>	7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	rsons	?	_	7b_		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	dunn	g the year				
	by the following:						
а	The governing body?			_	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			<u>_</u>	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Reveni	ie Code)		_		
				г		Yes	No
	Does the organization have local chapters, branches, or affiliates?			Ľ	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chap	ters, affiliates,				
	and branches to ensure their operations are consistent with those of the organization?			Ŀ	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	iling t	ne form?	L	11		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
	Does the organization have a written conflict of interest policy? If "No," go to line 13			ļ.	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld gr	/e rise				i
	to conflicts?			ŀ	12b		<u> X</u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,	" describe				
	in Schedule O how this is done			ļ.	12c		X
13	Does the organization have a written whistleblower policy?			-	13		X
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 approv		naepenaent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,					7.7
	The organization's CEO, Executive Director, or top management official				15a		X
þ	Other officers or key employees of the organization			F	15b		X
46.	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)						
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	mem	wiiii a		10-		•
L.	taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	aluata	ita participation		16a		X
D	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization						
	exempt status with respect to such arrangements?	jariiza	11011 5		16b		
Sec	tion C. Disclosure		****		IOD		·
17	List the states with which a copy of this Form 990 is required to be filed ►FL, AL, AK, AZ, A	AR ('A CO CT	GΔ	TT.	KS	KV
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990				-	7200	7 * * *
	public inspection. Indicate how you make these available. Check all that apply.	. ,501	(C)(C)C Only ave		••		
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflu	t of interest not	icv and	l fina	ncıal	
.5	statements available to the public.			, and	12		
20	State the name, physical address, and telephone number of the person who possesses the books a	and re	cords of the org	anızatır	n: 🖿	•	
	ROBERT E. MCCRANIE - (352) 726-8130				···· P		
	450 PLEASANT GROVE ROAD, INVERNESS, FL. 34452-572	25					
		_					

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

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

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

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 not or	compensate an	y cu	irren	t off	icer	, dıre	ecto	r, or trustee.		
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	1		Position (check all that apply)				Reportable	Reportable	Estimated
	hours	(cl	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 		that	app	ly)	compensation	compensation from related	amount of
	per week	r director				DE .		from the organization	organizations (W-2/1099-MISC)	other compensation from the
		Individual trustee or director	Institutional trustee		Key employee	Highest compensated emptoyee		(W-2/1099-MISC)	(W-271033-IMI3C)	organization and related
		lindiv.	Instit	Officer	Key	Hghe				organizations
ROBERT E. MCCRANIE						╁				
EXECUTIVE DIRECTOR	8.00	X						0.	0.	0.
KAREN THURMAN								= -		
DIRECTOR	0.30	X]					0.	٥.	0.
CHESTER V. COLE										· · · · · · · · · · · · · · · · · · ·
DIRECTOR	0.30	X						0.	0.	0.
DR. STEVEN ALCORN								,		
DIRECTOR	0.30	X						0.	0.	0.
WANN VAN ROBINSON										
DIRECTOR	0.30	Х						0.	0.	0.
ROBERT C. WARDLOW III				1						
PRESIDENT	1.00			X		_		0.	0.	0.
J. PAUL CASH		1					l			
SECRETARY/TREASURER	1.00	<u> </u>	<u> </u>	X	<u> </u>			0.	0.	0.
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Par	VII Section A. Officers, Directors, Ti		mple	yee			ligh	e <u>st</u>						
	(A) Name and title	(B) Average			(C Pos	زز ition	1		(D) Reportable	(E) Reportable			(F) mate	d
		hours	(c				арр	ly)	compensation	compensation	.	amo	unt d	
		per week	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	C)	omp fro orga	m the nızatı relate	on ed
_														
		:												
1b	Total		J	l	.	<u> </u>			0.		0.			0.
2	Total number of individuals (including but	not limited to t	hose	liste	ed al	bove	e) wh	o re	eceived more than \$100	,000 in reportable				_
	compensation from the organization												/es	0 No
3	Did the organization list any former office			, ke	y en	plo	yee,	or h	nighest compensated er	nployee on		1		
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the				oner	tion	200	l oth	ner compensation from	the organization	_ 	3		X
•	and related organizations greater than \$1									ille organization		4		X
5	Did any person listed on line 1a receive or	r accrue compe	nsat	ion f						ices rendered to				
Cas	the organization? If "Yes," complete Sche	dule J for such	pers	on								5		X
1	Complete this table for your five highest of the organization. NONE	compensated in	dep	ende	nt c	onti	racto	rs t	hat received more than	\$100,000 of comp	oensati	on fro	om	
	(A) Name and busines	e address							(B) Description of s	envices	Con	(C)		
	ranie and busines							\dashv	200011911011-01-0			۱۱ ان کی.	-un01	
				•••				<u> </u>						
						_								
•								\dashv						

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

59-3412016 Page 9 Form 990 (2009) U.S. FAMILY FOUNDATION, INC. Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 151,228. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 151,228 h Total. Add lines 1a-1f **Business Code** 900099 2 a FUND MANAGEMENT 11,281. 11,281. Program Service f All other program service revenue 11,281. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 129,349. 129,349. other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (ii) Personal 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 1379846 assets other than inventory b Less: cost or other basis and sales expenses 2020736 -640890. c Gain or (loss) <u>-640,890.</u> <u>-640,890.</u> d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold b Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 900099 500. 500 11 a SET UP FEE d All other revenue 500. e Total. Add lines 11a-11d -348,532. -499,760.0. 0. Total revenue. See instructions.

Form **990** (2009)

932009 02-04-10 Part IX Statement of Functional Expenses

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

Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 293,848		All other organizations must compl	ete column (A) but are			
Commission of the St. See Part IV, line 21 293,848. 293,848		•	(A) Total expenses			(D) Fundraising expenses
the U.S. Sop Part IV, line 2 2 3 Grants and other assistance to governments, organizations, and individuals outsed the U.S Sane Part IV, line 315 and 16 4 Benefits part to or for members Compensation of current officers, directors, trustees, and key employees Compensation of stinduided above, to dequalified persons (as othered under section 4958(f) (1) and persons discrebed an extend 4958(f) (1) and persons discrebed an extend 4958(f) (1) and persons discrebed an extend 4958(f) (1) and persons discrebed in section 4958(f) (1) and persons discrebed in section 4958(f) (1) and persons discrebed in section 4958(f) (3) (8) 7 Other employee benefits Payrolit taxes Payrolit taxes 11 Faes for services (one employees) A Management 12 Logal 11, 249 . 11, 249 . 12, 249 . 11, 249 . 12, 249 . 11, 249 . 12, 249 . 13, 257 4. 10 Intervation technology 15 Royalties 16 Cocupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Intervation technology 10 Royalties 10 Conferences, conventions, and meetings 11 Intervation technology 12 Payments to affiliates 12 Payments to affiliates 12 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 12 Intervation of the payrol foliption and subseled expenses from on line 25 block on on on the did	1	Grants and other assistance to governments and				
the U.S. See Part IV, Inte 23 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(r)(3)/8) Or their salaries and wages Presson plan contributions (include section 401(k) and persons described in section 4958(r)(3)/8) Other employee benefits Person plan contributions (include section 401(k) and section 403(h) employee contributions) Other employee benefits Person plan contributions (include section 401(k) and section 403(h) employee contributions) Other employee benefits Person plan contributions Other services (non-employees) a Management 1		organizations in the U.S. See Part IV, line 21	293,848.	293,848.		
3 Gants 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 6 Compensation of current officers, directors, trustees, and key employees 6 Compensation of uncluded above, to dequalified persons (sea defined under section 4958(H)(I)) and persons described in section 4958(H)(I) and 15 to	2	Grants and other assistance to individuals in	İ			
organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4956((x))) and persons described in section 4956((x)) and persons described in section 4956((the U.S. See Part IV, line 22				
See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(IV)) and persons discreted an section 4958(IV)) and persons discreted an section 4958(IV)) and persons discreted an section 4958(IV)) and persons discreted an section 4958(IV)) and persons discreted an section 4958(IV)) and section 490(IV) employer contributions) Person plan contributions (include section 401(k) and section 490(IV) employer contributions) Person plan contributions (include section 401(k) and section 490(IV) employer contributions) Person services (non-employees) A management 17, 583. 7, 946. 29, 637. Logal 1, 249. 1, 249. 1, 249. 1, 249. 20, 1, 249. 21, 249. 22, 123. 24, 25 Tatal financinal replaces 12, 496. 13, 591. 14, 477. 17 Travel 29, 591. 20 Interest 10 Cocupancy 20 Interest 10 Cocupancy 20 Interest 11 Compensation and amortization 1 insurance 1 Payments to affiliates 20 Depreciation, depletion, and amortization 1 insurance 20 Logarcest on, depletion, and amortization 1 insurance 20 Logarcest on, depletion, and amortization 1 insurance 20 Logarcest on, depletion, and amortization 1 insurance 21, 123. 22, 123. 23, 13, 274. 3, 274. 3, 274. 3, 273. 3, 591. 4, 1477. 1, 1477. 240. 240. 240. 240. 241. 241. 242. 243. 242. 243. 243. 243. 243. 244. 245. 246. 247. 247. 247. 247. 247. 248. 249. 249. 249. 249. 249. 249.	3	Grants and other assistance to governments,		•		
4 Benefits paid to of for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4956(c)(3)(8) and persons described in section 4956(c)(3)(8) 7 Other salaries and wages 8 Penson plan contributions (include section 401(k) and section 405(k) employer contributions) 9 Other employee benefits 10 Payroll taxes 10 Payroll taxes 11 Fees for services (non-employees) 12 Management 37, 583. 7, 946. 29, 637. 13 Legal 1, 249. 1, 249. 14 Legal 1, 249. 1, 249. 15 Accounting 1, 249. 1, 249. 16 Accounting 1, 249. 1, 249. 17 Investment management fees 32, 574. 32, 5		organizations, and individuals outside the US				
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persons (as defined under section 4986(f/1) and persons described in section 4986(s)(3)(8) 7		· · · · · · · · · · · · · · · · · · ·				
Person plan contributions (include section 401(k) and section 403(k) employer contributions) Person plan contributions (include section 401(k) and section 403(k) employer contributions) Payroll taxes	6	-				
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SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation					,,	
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation						
educational campaign and fundraising solicitation						
5 000 (2000)						

Form 990 (2009) U.S. FAMILY FOUNDATION, INC. Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 1 93,081 150,091. 2 Savings and temporary cash investments 2 420,970. 349,617. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Notes and loans receivable, net 7 Assets Inventories for sale or use 8 6,692. 5,671. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 5,130,788. 6,172,874. Investments - publicly traded securities 11 11 162,616. 146,423. 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 5,741,773. 6,897,050. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 4,000. 5,300. 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 183,457 <u>168,961.</u> 25 Other liabilities Complete Part X of Schedule D 25 187,457. 174,261 Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117, check here

X and complete

> 6,897,050. Form **990** (2009)

6,722,789.

6,301,819.

420,970.

5,204,699.

5,554,316.

5,741,773

349,617.

27

28

29

30

31

32

33

Net Assets or Fund Balances

27

28

31

32

33

lines 27 through 29, and lines 33 and 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Organizations that do not follow SFAS 117, check here

and

Unrestricted net assets

Temporarily restricted net assets Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

Form	990 (2009) U.S. FAMILY FOUNDATION, INC.	59-341201	6 Pa	age 12
Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.		-

			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
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
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	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		Х
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.	3b		

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Open to Public Inspection

Name of the organization Employer identification number FAMILY FOUNDATION, 59-3412016 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). R X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c ____ Type III - Functionally integrated **b** Type II d ___ Type III · Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (iii) Type of (iv) is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization organizátion in col n col. (i) listed in your organization in col. (i) organized in the U.S.? organization support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 U.S. FAMILY FOUNDATION

59-3412016 Page 2

	edule A (Form 990 or 990-EZ) 2009 rt III Support Schedule for C	rganizations	Described in	Section 509(a)	(Complete onl	y if you checked the bo	Page 3 ox on line 9 of Part I.)
Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		:				
	ınclude any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-					!	
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities	·					
	furnished by a governmental unit to						
	the organization without charge				-		
6	Total, Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						-
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	: Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)				1		
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	Amounts from line 6 Gross income from interest,						
IVa	dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses			1		1	
					1	i	
	acquired after June 30, 1975						
c	acquired after June 30, 1975 Add lines 10a and 10b						
	· ·						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain						
11 12 13	Add lines 10a and 10b Net income from unrelated business activities not included in line 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)	the organization	s first, second, thi	rd, fourth, or fifth ta	ax year as a sect	ion 501(c)(3) organiz	eation,
11 12 13	Add lines 10a and 10b Net income from unrelated business activities not included in line 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) Total support (Add lines 9, 10c, 11, and 12)	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organiz	eation,
11 12 13 14	Add lines 10a and 10b Net income from unrelated business activities not included in line 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) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for			rd, fourth, or fifth ta	ax year as a sect	ion 501(c)(3) organiz	eation,
11 12 13 14 Sec	Add lines 10a and 10b Net income from unrelated business activities not included in line 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) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here	ic Support Pe	ercentage		ax year as a sect	ion 501(c)(3) organiz	ration,
11 12 13 14 Sec 15	Add lines 10a and 10b Net income from unrelated business activities not included in line 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) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here etion C. Computation of Publ Public support percentage for 2009 (ic Support Pe	ercentage livided by line 13,		ax year as a sect		<u>▶□</u>
11 12 13 14 Sec 15 16	Add lines 10a and 10b Net income from unrelated business activities not included in line 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) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Publ Public support percentage for 2009 (Public support percentage from 2008)	ic Support Pe ine 8, column (f) c Schedule A, Part	ercentage Iivided by line 13, o	column (f))	ax year as a sect	15	▶ □
11 12 13 14 Sec 15 16 Sec	Add lines 10a and 10b Net income from unrelated business activities not included in line 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) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2009 (Public support percentage from 2008 ction D. Computation of Investigation 10 public support percentage from 2008 ction D. Computation of Investigation 10 public support percentage from 2008 ction D. Computation of Investigation 10 public support percentage from 2008 ction D. Computation of Investigation 10 public support percentage from 2008 ction D. Computation of Investigation 10 public support percentage from 2008 ction D. Computation of Investigation 10 public support percentage from 2008 ction D. Computation of Investigation 10 public support percentage from 2008 ction D. Computation of Investigation 10 public support percentage from 2008 ction D. Computation of Investigation 2008 public support percentage from	ic Support Pe ine 8, column (f) o Schedule A, Part stment Incom	ercentage livided by line 13, a till, line 15 ne Percentage	column (f))	ax year as a sect	15 16	% %
11 12 13 14 Sec 15 16 Sec 17	Add lines 10a and 10b Net income from unrelated business activities not included in line 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) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here extion C. Computation of Public support percentage for 2009 (Public support percentage from 2008 extion D. Computation of Investineet income percentage for 2008 investment income percentage for 2008 in the properties of the properties in the pr	ic Support Pe ine 8, column (f) o Schedule A, Part stment Incom	ercentage livided by line 13, of till, line 15 lie Percentage mn (f) divided by li	column (f))	ax year as a sect	15 16	% % %
11 12 13 14 Sec 15 16 Sec 17 18	Add lines 10a and 10b Net income from unrelated business activities not included in line 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) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2009 (Public support percentage from 2008 ction D. Computation of Investment income percentage from 2008 linvestment income percentage from 2008 investment income percentage from 2008 inve	ic Support Pe ine 8, column (f) o Schedule A, Part stment Incom 109 (line 10c, colu 2008 Schedule A,	ercentage livided by line 13, of till, line 15 lie Percentage mn (f) divided by li Part III, line 17	column (f)) ne 13, column (f))		15 16 17 18	% % %
11 12 13 14 Sec 15 16 Sec 17 18	Add lines 10a and 10b Net income from unrelated business activities not included in line 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) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2009 (Public support percentage from 2008 ction D. Computation of Investment income percentage from a 3 1/3% support tests - 2009. If the	ic Support Perine 8, column (f) of Schedule A, Partistment Incoming (line 10c, column 2008 Schedule A, organization did	ercentage livided by line 13, a III, line 15 III, line 16 III, line 17 III, line 17 III, line box	column (f)) ne 13, column (f)) on line 14, and line	e 15 is more than	15 16 17 18 133 1/3%, and line 1	% % %
11 12 13 14 Sec 15 16 Sec 17 18 19a	Add lines 10a and 10b Net income from unrelated business activities not included in line 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) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2009 (Public support percentage from 2008 ction D. Computation of Investment income percentage from a 31/3% support tests - 2009. If the more than 33 1/3%, check this box a	ic Support Perine 8, column (f) of Schedule A, Partistment Incoming (line 10c, column 2008 Schedule A, organization did and stop here. The	ercentage Ivided by line 13, at III, line 15 IVIDED PERCENTAGE INTERIOR INT	column (f)) ne 13, column (f)) on line 14, and line	e 15 is more than supported organi	15 16 17 18 133 1/3%, and line 1	% % % %
11 12 13 14 Sec 15 16 Sec 17 18 19a	Add lines 10a and 10b Net income from unrelated business activities not included in line 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) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here Ction C. Computation of Public support percentage for 2009 (Public support percentage from 2008 ction D. Computation of Investment income percentage from 2018 and 33 1/3% support tests - 2009. If the more than 33 1/3%, check this box as 20 33 1/3% support tests - 2008. If the	ic Support Pe ine 8, column (f) of Schedule A, Part stment Incom 09 (line 10c, colu 2008 Schedule A, organization did ind stop here. The organization did	ercentage Ivided by line 13, a III, line 15 III Percentage IIII, line 17 III, line 18 III, line	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly s	e 15 is more than supported organi a, and line 16 is r	15 16 17 18 33 1/3%, and line 1 zation nore than 33 1/3%,	% % % %
11 12 13 14 Sec 15 16 Sec 17 18 19a	Add lines 10a and 10b Net income from unrelated business activities not included in line 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) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2009 (Public support percentage from 2008 ction D. Computation of Investment income percentage from a 31/3% support tests - 2009. If the more than 33 1/3%, check this box a	ic Support Pe ine 8, column (f) of Schedule A, Part stment Incom 109 (line 10c, colu- 2008 Schedule A, organization did ind stop here. The organization did lock this box and stock this box and stock	ercentage Ivided by line 13, a III, line 15 III Percentage IIII, line 17 III, line 18 III, line	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly s n line 14 or line 19a anization qualifies a	e 15 is more than supported organi a, and line 16 is r as a publicly sup	15 16 17 18 133 1/3%, and line 1 zation nore than 33 1/3%, ported organization	% % % %

Schedule D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

U.S. FAMILY FOUNDATION, INC.

Employer identification number 59-3412016

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the					
	organization answered "Yes" to Form 990, Part IV, lin	e 6						
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year	26						
2	Aggregate contributions to (during year)	151,228.	-					
3	Aggregate grants from (during year)	293,848.						
4	Aggregate value at end of year	6,231,931.						
5	Did the organization inform all donors and donor advisors in		ed funds					
	are the organization's property, subject to the organization's	_	X Yes No					
6	Did the organization inform all grantees, donors, and donor a	•						
	for charitable purposes and not for the benefit of the donor of	• •	•					
	impermissible private benefit?	, , , , ,	X Yes No					
Pai		ganization answered "Yes" to Form 990, P						
1	Purpose(s) of conservation easements held by the organizat							
	Preservation of land for public use (e.g., recreation or p		torically important land area					
	Protection of natural habitat	Preservation of a certi	-					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last					
	day of the tax year							
	•		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c					
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d					
3	Number of conservation easements modified, transferred, re		organization during the tax					
	year >							
4	Number of states where property subject to conservation ea	sement is located						
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements	t holds?	Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	uring the year 🕨					
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year ▶ \$					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170((h)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)?		Yes No					
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense	statement, and balance sheet, and					
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	the organization's accounting for					
	conservation easements.							
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.					
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8						
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and ba	alance sheet works of art, historical					
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	olic service, provide, in Part XIV, the text of					
	the footnote to its financial statements that describes these	items						
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balance	ce sheet works of art, historical treasures,					
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	, provide the following amounts relating to					
	these items:							
	(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 art, historical tre	easures, or other similar assets for financial	I gain, provide					
	the following amounts required to be reported under SFAS 1	16 relating to these items:						
а	Revenues included in Form 990, Part VIII, line 1		> \$					
b	Assets included in Form 990, Part X		► \$ ► \$					

		WILT FOUND								Page 2
Par	t III Organizations Maintaining C	collections of A	<u>rt, Histo</u>	rical Tro	easures, o	r Other	Simila	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, access	on, and other record	ls, check a	ny of the	following that	are a sıgı	nıficant ı	use of its	collection	rtems
	(check all that apply).									
а	Public exhibition	d	ı 🗀 Lo	an or excl	hange program	ns				
b	Scholarly research	e	· 🔲 Ot	her						
С	Preservation for future generations			-			-			
4	Provide a description of the organization's co	ollections and explai	n how they	further th	ne organizatio	n's exem	pt purpo	se in Parl	XIV.	
5	During the year, did the organization solicit of		-							
_	to be sold to raise funds rather than to be m								Yes	☐ No
Par	t IV Escrow and Custodial Arran					to Form	990. Pa	rt IV. line		
	reported an amount on Form 990, Pa	-						•	•	
1a	Is the organization an agent, trustee, custod		diary for co	ntribution	s or other ass	ets not in	cluded			
	on Form 990, Part X?								Yes	☐ No
h	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing tal	ole:						
	Troo, explain the arrangement are are	and complete and re	mo ming tal						Amount	
_	Beginning balance						1c		7 unount	
q	Additions during the year						1d			
u	Distributions during the year						1e			
4	Ending balance						1f			
f O-	Did the organization include an amount on F	orm 000 Part V line	212						Yes	No
	If "Yes," explain the arrangement in Part XIV		:21:			•			J res	NO
Pai	· · · · · · · · · · · · · · · · · · ·		swered "Y	es" to Fo	rm 990 Part IV	/ line 10				
. u	Elidowillott Lando: Complete		(b) Pric		(c) Two years	1		ears back	(a) Four v	ears back
4	Beginning of year balance	(a) Current year	(6) Fite	n year	(C) I WO years	Dack (C	i) iillee y	cais Dack	(e) roury	Cais Dack
1a	Beginning of year balance					-				
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships					+				
е	Other expenditures for facilities									
	and programs			-						
T	Administrative expenses			-		_				
g	End of year balance				L			-		
2	Provide the estimated percentage of the year	ir end balance neld a								
	Board designated or quasi-endowment		_%							
	Permanent endowment -	%								
		%								
За	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	nd administer	ed for the	organiz	ation	F.	
	by.									res No
	(i) unrelated organizations					•			3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization								3b	
Bo:	Describe in Part XIV the intended uses of the				Don't V. London					
Pal	t VI Investments - Land, Buildin							, 1		
	Description of investment	(a) Cost or o	1	(b) Cost	1		cumulate	ed	(d) Book	value
		basis (investi	nent)	basis	(other)	aepr	eciation			
	Land						_	- -		
b	Buildings									
С	Leasehold improvements						_	-		
	Equipment							<u> </u>		
е	Other .	l							-	

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 U.S. FAMIL	Y FOUNDATION	N, INC.	59-341	2016 Page 3
Part VII Investments - Other Securities. S	ee Form 990, Part X, III	ne 12.	·	
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valuation. st or end-of-year market value)
Financial derivatives				
Closely-held equity interests				
Other			•	
	<u> </u>			
Tetal (Cal /h) must squal Form 000, Part V sol /P) line 12)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► Part VIII Investments - Program Related.	Soo Form 000 Port V I	lno 12		
		ine is.	(c) Method of valuation:	
(a) Description of investment type	(b) Book value	Со	st or end-of-year market value	•
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	·	
			F 15 FF 55 55	
	<u> </u>		, , .	
	_			
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, lin	e 15	<u></u>		
) Description		(b)	Book value
	<u> </u>			-
				
Total. (Column (b) must equal Form 990, Part X, col (B) lir	ne 15.)		•	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	.		
1. (a) Description of liability		(b) Amount		
Federal income taxes				
ANNUITY LIABILITY		168,961.		
			-	
			-	
			1	
		·	1	
Total. (Column (b) must equal Form 990, Part X, col (B) lii	ne 25.)	168,961.	1	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 932053 02-01-10

	dule D (Form 990) 2009 U.S. FAMILY FOUNDATION, I			. d Ci	aial Cha			3412016	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 t	to A	Audite	ed Finan	iciai Sta	ate	meni		
1	Total revenue (Form 990, Part VIII, column (A), line 12)				1				<u>,532.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)				2				<u>,802.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1				3				<u>,334.</u>
4	Net unrealized gains (losses) on investments				4			1,842	<u>,455.</u>
5	Donated services and use of facilities				5				
6	Investment expenses				6				
7	Pnor period adjustments				7				
8	Other (Describe in Part XIV.)				8				<u>,352.</u>
9	Total adjustments (net). Add lines 4 through 8				9			1,913	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a				10	_		1,168	<u>,473.</u>
Par	t XII Reconciliation of Revenue per Audited Financial Statem	nen	ts Wi	tn Keve	nue pei	r K	eturn		
1	Total revenue, gains, and other support per audited financial statements						1	1,565	<u>,276.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1				_			
а	Net unrealized gains on investments	-	2a	1,84	<u> 12,45!</u>	5.			
b	Donated services and use of facilities .	1	2b						
C	Recoveries of prior year grants		2c				!		
d	Other (Describe in Part XIV)	L	2d	7	71,35	3.			
е	Add lines 2a through 2d						2e	1,913	
3	Subtract line 2e from line 1						3	-348	<u>,532.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	Ļ	4a						
b	Other (Describe in Part XIV)	L	4b						
С	Add lines 4a and 4b						4c		0.
_ 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)						5		<u>,532.</u>
Pa	t XIII Reconciliation of Expenses per Audited Financial State	mer	nts W	ith Expe	enses p	er	Retu		
1	Total expenses and losses per audited financial statements						1	<u> 396</u>	<u>,803.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1							
а	Donated services and use of facilities	ļ	2a						
b	Prior year adjustments	Ļ	2b]		
С	Other losses	ļ	2c	<u></u>					
d	Other (Describe in Part XIV)	l	2d			1.]		
е	Add lines 2a through 2d						2e		<u>1.</u>
3	Subtract line 2e from line 1						3	396	<u>,802.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1 1						
а	Investment expenses not included on Form 990, Part VIII, line 7b	1	4a						
b	Other (Describe in Part XIV)	Ł	4b				<u> </u>		
С	Add lines 4a and 4b						4c		0.
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)						5	<u> 396</u>	<u>,802.</u>
Pa	rt XIV Supplemental Information								
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	rt III, I	lines 1	a and 4, Pa	art IV, line	s 11	b and ?	2b, Part V, line	4; Part
X, lın	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also cor	mple	ete this	part to pro	ovide any	ado	lanoitik	Information.	
PAI	RT XI LINE 8- OTHER AND PART XII LINE 2D	OT	HER						
<u>CH</u>	<u>ANGE IN VALUE OF INTEREST IN CHARITABLE R</u>	EM	AINI	DER TH	RUSTS		\$	71,35	3

SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047
2009
Open to Public

			Governments	Governments, and Individuals in the United States	in the United Stat	es			2
Department of the Treasury Internal Revenue Service		Сотрв	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	n answered "Yes" on Fo ► Attach to Form 990.	on Form 990, Par n 990.	t IV, line 21 or 22.		Open to Public Inspection	Public tion
Name of the organization	n U.S. FAMILY	LY FOUNDATION	TION, INC.					Employer identification number $59-3412016$	n number .2016
Part I General Info		nd Assistance	1						
1 Does the organiza	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select		
cntena used to aw	criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the u	tance?	oring the use of grant	ise of grant funds in the United States	J States			: X Yes	2]
arti	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	Organizations in the	United States. C	omplete if the orga	Inization answered "Y	es" to Form 990, Part	IV, line 21, for any	
recipient the	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed	5,000. Check this	box if no one recipien	it received more th	an \$5,000. Use Pa	rt IV and Schedule I-1	(Form 990) if addition	al space is needed	
1 (a) Name and add	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	ant
FLORIDA SHERIFFS YOUTH RANCHES, INC - P O BOX 2000 - BOYS RANCH FL 32064	SHERIFFS YOUTH RANCHES, O BOX 2000 - BOYS RANCH,			11,061,	0				
IVERSITY OF S HOLARSHIPS - ENUE - TAMPA,	OUTH FLORIDA 4202 E. FOWLER FL 336206900	59-0879015		0.	0,				
	NOI.			13 368.	0				
	COUNTY RK PATH, LECANTO				0				
AMERICAN HUMANE SOCIETY 63 INVERNESS DRIVE EAST ENGLEWOOD, CO 80112	OCIETY : EAST			2,121,	. 0				
CITRUS COUNTY EDUCATIONAL FOUND. P O BOX 2004 INVERNESS, FL 34451	ATIONAL FOUND.	59-3138328		6,468,	0				
2 Enter total number 3 Enter total number	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	nd government org	ganizations					A A	
۱ ا	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	tion Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2009	990) 2008

Page 2 Schedule I (Form 990) 2009 (f) Description of non-cash assistance 59-3412016 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant U.S. FAMILY FOUNDATION, INC. (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Part III

932102 02-02-10

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009 Open to Public

Inspection

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

(h) Purpose of grant or assistance **Employer identification number** 59-3412016 (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) o (e) Amount of non-cash assistance Ö ö o o. ٥, 0 0 100, (d) Amount of cash grant 636. 636. 636, 636, 3,543 2,000 9,687 INC. (c) IRC section if applicable FAMILY FOUNDATION, (b) EIN THE LEUKEMIA SOCIETY OF AMERICA THE AMERICAN PARKINSON DISEASE FELLOWSHIP CHRISTIAN ATHLETES 1311 MAMARONICK AVE. STE. #3 THE CANCER RESEARCH INTITUTE u.s. THE NEW CHURCH WITHOUT WALLS THE AMERICAN LUNG FOUNDATION (a) Name and address of organization or government MASONIC HOMES ELIZABETHTOWN AMERICAN HEART ASSOCIATION ELIZABETHTOWN, PA 17022 STATEN ISLAND, NY 10305 3962 NORTH ROSCOE ROAD WHITE PLAINS, NY 10605 1250 HYLAN BOULEVARD NEW PORT RICHEY, FL Name of the organization HERNANDO FL 34442 NEW YORK, NY 10019 NEW YORK, NY 10022 ONE MASONIC ROAD 681 FIFTH AVENUE 8701 LEEDS ROAD KANSAS CITY, MO 1740 BROADWAY P O BOX 2251 Part

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

Schedule I-1 (Form 990) 2009

Department of the Treasury Internal Revenue Service SCHEDULE I-1 (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009 Open to Public Inspection

Employer identification number

Schedule I-1 (Form 990) 2009 (h) Purpose of grant or assistance 59-3412016 (g) Description of non-cash assistance Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance o. Ö 0 Ö Ö Ö Ö 0 (d) Amount of cash grant 2,121, 23,615 2,121 581, 581 2,121 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. U.S. FAMILY FOUNDATION, INC. (c) IRC section if applicable 59-3124840 (b) EIN BOYS & GIRLS CLUB OF CITRUS COUNTY MINISTERS - 100 WITHERSPOON STREET ST, JUDE CHILDERN'S RESEARCH HOSP. FL - 1501 S.E. HWY. 19 - CRYSTAL FIRST PRESBYTERIAN CRYSTAL RIVER HUMANITARIANS OF FLORIDA, INC. SOUTHEASTERN GUIDE DOGS, INC. (a) Name and address of organization or government GEORGIA INSTITUTE OF TECH. CHESAPEAKE BAY FOUNDATION NATIONAL PRESBYT. RETIRED ANNAPOLIS, MA YLAND 2140 INVERNESS, FL 344510924 - LOUISVILLE, KY 40202 ATLANTA, GA 303320220 3814 S. LECANTO HWY. 4210 77TH STREET E. Name of the organization PALMETTO FL 34221 FL 34461 501 S. JUDE PLACE MEMPHIS, TN 38105 6 HERNDON AVENUE 177 NORTH AVENUE RIVER, FL 34429 P.O. BOX 924 LECANTO

SCHEDULE I-1 (Form 990) Department of the Treasury Internal Reyenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

2009 Open to Public

Open to Pulpoper identification number

Schedule I-1 (Form 990) 2009 (h) Purpose of grant or assistance **Employer identification number** 59-3412016 (g) Description of non-cash assistance Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (book, FMV, appraisal, other) (f) Method of valuation o ö Ö Ö Ö ା ୕ (e) Amount of non-cash assistance o. 2,240. (d) Amount of cash grant 280. 1,960 14,682 1.400 3 193 1,400 1,680 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. U.S. FAMILY FOUNDATION, INC. (c) IRC section if applicable (b) EIN CENTRAL FLORIDA COMMUNITY COLLEGE THE GOLD SHIELD FOUNDATION, INC. 615 N. WOLSE STREET, 1604 ANNEX UNITY CHURCH OF CITRUS COUNTY THE JOHNS HOPKINS UNIVERSITY (a) Name and address of organization or government INVERNESS, FL 344524605 NASHVILLE, TN 372020871 UPLAND IN 469891001 CCIP- SIMBABWE FUND 236 W. READE AVENUE OCALA FL 344781388 BALTIMORE, MD 21205 TAMPA FL 336881791 Name of the organization LIFE CHOICE CENTER 305 S. LINE AVENUE LECANTO, FL 34461 QUINTER, KS 67752 AFRICA UNIVERSITY TAYLOR UNIVERSITY 2628 W. WOODVIEW P O BOX 271791 P.O. BOX 1388 P.O. BOX 427 P.O. BOX 871

Department of the Treasury Internal Revenue Service SCHEDULE I-1 Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 Open to Public

Inspection

Schedule I-1 (Form 990) 2009 (h) Purpose of grant or assistance **Employer identification number** 59-3412016 (g) Description of non-cash assistance Part | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) Ö 0 ó ö °. Ö Ö ö (e) Amount of non-cash assistance 885. (d) Amount of cash grant 11,343, 21,043 4 309 3,193 10,322 5,387 2,757 (c) IRC section if applicable FAMILY FOUNDATION, INC. (p) EIN OUR LADY OF FATIMA CATHOLIC CHURCH FIRST BAPTIST CHURCH OF INVERNESS USF NATIVE AMERICAN SCHOLARSHIP U.S. (a) Name and address of organization or government BUSHNELL PRESBYTERIAN CHURCH H. LEE MOFFITT CANCER CENTER 7027 E. STAGE COACH TRAIL 550 SOUTH U.S. HIGHWAY 44 CITRUS MEMORIAL HOSPITAL 123 S. SEMINOLE STREET INVERNESS, FL 34512094 4202 E. FOWLER AVENUE 502 W. HIGHLAND BLVD. FLORAL CITY, FL 34436 12902 MAGNOLIA DRIVE CITRUS UNITED BASKET INVERNESS, FL 34452 INVERNESS, FL 34452 Name of the organization INVERNESS, FL 34451 CAMP E-NINI-HASSEE TAMPA, FL 36206900 BUSHNELL, FL 33513 323 BOARD STREET TAMPA, FL 33612 P O BOX 2094

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

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009 Open to Public

Inspection

Schedule I-1 (Form 990) 2009 (h) Purpose of grant or assistance Employer identification number 59-3412016 (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) valuation (book, FMV, appraisal, other) (f) Method of o o Ö Ö o, Ö Ö (e) Amount of non-cash assistance 0 Ö (d) Amount of cash grant Ö 10,776 53,806 11,489 3,543 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. U.S. FAMILY FOUNDATION, INC. (c) IRC section if applicable (b) EIN UNIVERSITY OF SOUTH FLORIDA FOSTER CITRUS COUNTY COMMUNITY FOUNDATION CHILD SCHOLARSHIP - 10770 N. 46TH ST. SUITE C200 - TAMPA, FL 33617 PROFESSIONAL CAREER DEVELOPMENT DISABLED AMERICAN VETERANS CST (a) Name and address of organization or government CHILDERN'S MERCY HOSPITAL CITRUS LIBRARY FOUNDATION 450 PLEASANT GROVE ROAD BEVERLY HILLS, FL 34465 ST PETERSBURG, FL 33733 COLD SPRINGS KY 41076 ST. PETERSBURG COLLEGE 425 W. ROOSEVELT BLVD. 430 TECHOLOGY PARKWAY NORFOLK, VA 235091600 3725 ALEXANDRIA PIKE INVERNESS FL 34452 Name of the organization NORCROSS, GA 30092 6435 TIDEWATER DR. 2401 GILLHAM ROAD KANSAS CITY, MO OPERATION SMILE P O BOX 13489 Part

Department of the Treasury Internal Revenue Service SCHEDULE I-1 (Form 990)

Name of the organization

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 Open to Public

Inspection

Employer identification number

Schedule I-1 (Form 990) 2009 (h) Purpose of grant or assistance 59-3412016 (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (book, FMV, appraisal, other) (f) Method of valuation o. o o. o. o (e) Amount of non-cash assistance o 0 o (d) Amount of cash grant 37, 37. Ö Ö 37. 8 102 Ö LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. U.S. FAMILY FOUNDATION, INC. (c) IRC section if applicable (p) EIN - LAKE UNIVERSITY OF TEXAS AT SAN ANTONIO NATIONS FOUNDATION/USFF FUND (a) Name and address of organization or government CONCREGATION - P O BOX 3729 KENNETH COPELAND MINISTRIES CO 80934 1409 NE-DIAMOND LAKE BLVD. SAN ANTONIO, TX 782490618 ANDREW WOMACK MINISTRIES CREATION EVIDENCE MUSEUM KOL HAMASHIACH MESSIANIC GLEN ROSE, TX 760430309 14355 MORRIS-DIDO ROAD ZOLA LEVITT MINISTRIES DOUGLAS COUNTY LIBRARY DALLAS, TX 752250268 822 CLEVELAND ROAD ST LOUIS, MO 63122 COLORADO SPRINGS NEWARK, TX 76071 ONE UTSA CIRCLE CITY, FL 32056 ROSEBURG 97470 P O BOX 12268 P O BOX 3333 P O BOX 309 Part

SCHEDULE I-1 (Form 990) Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
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(h) Purpose of grant or assistance **Employer identification number** 59-3412016 (g) Description of non-cash assistance Part I | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) valuation (book, FMV, appraisal, other) (f) Method of o. ં o (e) Amount of non-cash assistance ö Ö o (d) Amount of cash grant 169 169. 3,543, 0 5,000 3,543 U.S. FAMILY FOUNDATION, INC. (c) IRC section if applicable (b) EIN THE ASSISTANCE LEAGUE OF ST LOUIS OUR LADY OF GRACE CATHOLIC CHURCH SALVATION ARMY CITRUS COUNTY CH 3975 W GROVER CLEVELAND BLVD (a) Name and address of organization or government MISSION TO UNREACHED PEOPLE 14400 S. OUTER FORTY DRIVE HUMANE SOCIETY OF ST LOUIS MICHIGAN STATE UNIVERSITY THE GIDEONS INTERNATIONAL ST LOUIS, MO 630175711 EAST LANSING MI 48824 1201 MACKLIND AVENUE HOMOSASSA, FL 34446 NASHVILLE, TN 37214 Name of the organization 2900 LEBANON ROAD ST LOUIS MO 63110 6 ROOSEVELT BLVD, BEVERLY HILLS FL 300 SPARTAN WAY P O BOX 30947

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

AFRICA INLAND MISSION

SEATTLE, WA 98113

PEARL RIVER, NY 10965

P O BOX 178

Schedule I-1 (Form 990) 2009

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(g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) ► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990) Ö Ö ö o. 이 o. (e) Amount of non-cash assistance ö o Ö ö (d) Amount of cash grant Ö 14,530 U.S. FAMILY FOUNDATION, INC. (c) IRC section if applicable 95-1831097 (p) EIN OVERSEAS MISSIONARY FELLOWSHIP (a) Name and address of organization or government WYCLIFFE BIBLE TRANSLATORS ST. JOSEPH'S INDIAN SCHOOL SAFE HAVEN MATERNITY HOME 445 NE CHESTNUT AVENUE READING, PA 196124866 CHAMBERLAIN, SD 57326 WARRINGTON, PA 18976 Name of the organization 1431 STUCKERT ROAD Department of the Treasury Internal Revenue Service ROSEBURG 97470 P O BOX 14866 P O BOX 68885 P O BOX 68885 SCHEDULE 1-1 P O BOX 100 SEATTLE WA WORLD TEAM ORLANDO FL (Form 990) CHRISTAR Part

OMB No 1545-0047 Open to Public

Inspection

Employer identification number 59-3412016 (h) Purpose of grant or assistance

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

Schedule I-1 (Form 990) 2009

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2009

Open To Public Inspection

Name of the organization **Employer identification number** U.S. FAMILY FOUNDATION, INC. 59-3412016 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990 EZ, Part V, line 40b. (c) Corrected? (b) Description of transaction (a) Name of disqualified person Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) Approved (g) Written (a) Name of interested (b) Loan to or from (c) Original principal (d) Balance due (e) In by board or default? the organization? amount person and purpose agreement? committee? То From Yes No Yes No Yes No Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person and (a) Name of interested person (c) Amount and type of the organization assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
				Yes	No
ROBERT C. WARDLOW	BUSINESS	0.	EMPLOYEE OF		Х
J. P. CASH	BUSINESS	0.	EMPLOYEE OF		Х
ROBERT E. MCCRANIE	BUSINESS	0.	EMPLOYEE OF		X

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

Schedule L (Form 990 or 990-EZ) 2009

SCHEDULE O

Department of the Treasury Internal Revenue Service

(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.

2009
Open to Public Inspection

Name of the organization

U.S. FAMILY FOUNDATION, INC.

Employer identification number 59-3412016

FORM 990, PART VI, SECTION A, LINE 2: THE PRESIDENT, EXECUTIVE DIRECTOR
AND SECRETARY TREASURER ALL WORK FOR THE SAME CPA FIRM WHICH PROVIDES ALL
MANAGMENT AND ACCOUNTING SERVICES TO THE FOUNDATION AT STANDARD RATES SEE
ANSWERS TO SCHEDULE L PART IV
<u> </u>
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 ALONG WITH THE ANNUAL
AUDITED FINANCIAL STATEMENTS ARE REVIEWED AND APPROVED BY THE BOARD OF
DIRECTORS AT ITS ANNUAL MEETING
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
FL, AL, AK, AZ, AR, CA, CO, CT, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC
ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI
FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION MAINTAINS COPIES OF
THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE FOR
PUBLIC INSPECTION AS WELL AS COPIES OF FORM 990. ANY REQUEST FOR SUCH
INFORMATION IS HONORED.
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: ROBERT C. WARDLOW
(D) DESCRIPTION OF TRANSACTION: EMPLOYEE OF CPA FIRM PROVIDING ALL
MANAGEMENT AND ACCOUNTING SERVICES AT STANDARD RATES CHARGED TO ALL
CLIENTS
COMPENSATED BY CPA FIRM FOR SERVICES PROVIDED TO THE FOUNDATION AS WELL
AS TO OTHER CLIENTS. CPA FIRM HAS OVER

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 Open to Public Inspection

Employer identification number

59-3412016

Department of the Treasury Internal Revenue Service Name of the organization

U.S. FAMILY FOUNDATION, INC.

(A) NAME OF PERSON: J. P. CASH
(D) DESCRIPTION OF TRANSACTION: EMPLOYEE OF CPA FIRM PROVIDING ALL
MANAGEMENT AND ACCOUNTING SERVICES AT STANDARD RATES CHARGED TO ALL
CLIENTS
COMPENSATED BY CPA FIRM FOR SERVICES PROVIDED TO THE FOUNDATION AS WELL
AS TO OTHER CLIENTS. CPA FIRM HAS OVER ONE THOUSAND CLIENTS.
(A) NAME OF PERSON: ROBERT E. MCCRANIE
(D) DESCRIPTION OF TRANSACTION: EMPLOYEE OF CPA FIRM PROVIDING ALL
MANAGEMENT AND ACCOUNTING SERVICES AT STANDARD RATES CHARGED TO ALL
CLIENTS COMPENSATED BY CPS FIRM FOR SERVICES PROVIDED TO THE FOUNDATION
AS WELL AS TO OTHER CLIENTS. CPA FIRM HAS OVER ONE THOUSAND CLIENTS.