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For Paperwork Reduction Act Notice, see the separate instructions.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2010

Open to Public Inspection

<u>A</u>	For the	2010 cale		and ending	June :	30	, 20 11
В	Check if	applicable	C Name of organization Our Fund, Inc.		D	Emplo	yer identification number
	Address	change .	Doing Business As				27-4734125
	Name ch	ange	Number and street (or P O box if mail is not delivered to street address)	Room/suite	e E	Teleph	one number
$ \sqrt{} $	Initial retu	urn	2301 NE 13th Street	İ			954-683-6619
	Terminate	ed	City or town, state or country, and ZIP + 4				
$\overline{\Box}$	Amended		Fort Lauderdale, FL 33304		G	Gross	receipts \$ 225,044
$\overline{\mathbb{Z}}$		on pending		sident			n for affiliates? Yes No
_	, фр.,ос.	on ponding	2301 NE 13th Street Fort Lauderdale, FL 33304	3.451.1	1		included? Yes No
_	Tay-eyen	npt status	✓ 501(c)(3)	or 527			a list (see instructions)
<u>'</u>			w.our-fund.org	Jr	H(c) Group e		
K				V			
_	art I	Summ		Year of format	tion 2011	M State	e of legal domicile FL
			escribe the organization's mission or most significant activitie	o: A comm	munitu founda		tablished to promote a
	'		of philanthropy in a diverse society that unites our Fundholders w				
8							
Activities & Governance			, gay, bisexual and transgender) community. We are dedicated t	o increasing	charitable giv	ving wi	tnin our community
/en	_		nile building a strong endowment for tomorrow.				
ő			nis box Diff the organization discontinued its operations or disposed of m	oreman 25% o	of its net assets.		
٩ğ			of voting members of the governing body (Part VI, line 1a).			3	13
ies			of independent voting members of the governing body (Part			4	13
₹			mber of individuals employed in calendar year 2010 (Part V, li	ne 2a) .		5	0
Act			mber of volunteers (estimate if pecessary)	-		6	1
			related business revenue from Part VIR Column (0)/Inc]2	· · · ·		7a	0
	b	Net unre	lated business taxable income from Form 990-T, line 34			7b	0
	l _		ntions and grants (Part VIII, line 1批). DEC I-9 2011	31 ∟	Prior Year		Current Year
ē	1		tions and grants (Part VIII, line (14)).			225,042	
Ę.			service revenue (Part VIII, line[2ĝ) ][·		0	
Revenue			ent income (Part VIII, column (A), lines 3, 4 (and (d))			2	
_			venue (Part VIII, column (A), lin es 5, 6d, 8c, 9c, 10c, and 11e)				0
	+		enue-add lines 8 through 11 (must equal Part VIII, column (A),	line 12)			225,044
			nd similar amounts paid (Part IX, column (A), lines 1-3)	<u>L</u>			2,500
			paid to or for members (Part IX, column (A), line 4)				
S	15	Salaries,	other compensation, employee benefits (Part IX, column (A), line	s 5–10)			
Expenses	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)				
ă	b	Total fun	ndraising expenses (Part IX, column (D), line 25)				
Ш	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24f)	[11,410
	18	Total exp	penses. Add lines 13-17 (must equal Part IX, column (A), line	25) .			13,910
	19	Revenue	eless expenses. Subtract line 18 from line 12	🗆			211,134
ets or				B	eginning of Curre	nt Year	End of Year
sets	20	Total ass	sets (Part X, line 16)	[216,049
Net Assel	21	Total liab	oilities (Part X, line 26)	[4,915
ž	22	Net asse	ets or fund balances. Subtract line 21 from line 20	[211,134
Р	art II	Signa	ture Block				
Ur	ider penal	ties of perju	declare that I have examined this return, including accompanying schedu	iles and statem	nents, and to the	best of r	my knowledge and belief, it is
tn.	e, correct	, and comp	ete Declaration of preparer (other than officer) is based on all information of w	hich preparer l	has any knowled	ge	1 1
			lle/kon / huran			12	10/11
Sig	_	Sign	nature of officer		Date	•	
He	ere		ANTHONY TIMIRAOS CEO/PA	ESIVER	UT		
		Тур	e or print name and title				
P	id	Print/Ty	ype preparer's name Preparer's signature	Dat	e	Check	T] _{if} PTIN
_	epare	r L				self-em	
	se Only		name ►		Firm's	EIN ▶	•
J		y	address ▶		Phone		
Ma	y the IR		s this return with the preparer shown above? (see instruction	s)		,	☐ Yes ☐ No
_			uction Act Notice, see the separate instructions.		11282Y		Form 990 (2010)

Cat No 11282Y

Oill 33	0 (2010)	Page Z
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	<u>· ⊔</u>
•	Promoting a culture of philanthropy by uniting donors with organizations supporting the LGBT community. Our long term goal	is to
	build permanent, named funds established by many donors to carry out their charitable interests, primarily for the benefit of the	
	South Florida LGBT community. We play a key role in identifying and solving community problems by working with individuals	
	families, attorneys and estate and financial planners to design gift plans tailored to meet donors charitable intent and impact.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	 ✓ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	✓ No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. \$ 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocat others, the total expenses, and revenue, if any, for each program service reported.	Section ions to
4a	(Code) (Expenses \$ 9,399 including grants of \$ 2,500) (Revenue \$)
	Our Fund, Inc. is a community foundation for the benefit of the LGBT community in South Florida. It was incorporated on	
	on January 26, 2011 and authorized its first grant in June, 2011. Program services during the initial short fiscal year were	
	primarily focused on educating donors about non profit organizations providing services to the LGBT community in South Flor	ida.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	······	
4d	, , , , , , , , , , , , , , , , , , , ,	
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses > 9.310	

Part	IV Checklist of Required Schedules			-age O
			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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	√	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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	√	
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		/
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	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	11b		1
С	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	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		✓
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, Parts III and IV	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
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		1
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		*
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<u> </u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		1
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		√
25a	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	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			<u> </u>
	substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	2000 C		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<i>,</i>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<i>'</i>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		1
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		/
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,	30		
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	T		
	19? Note. All Form 990 filers are required to complete Schedule O	38	1	
		For	m 990	(2010)

rait	Check if Schedule O contains a response to any question in this Part V			
	Check is contour to contains a response to any question in this tart v		Yes	✓ No
1a	Enter the number reported in Box 3 of Form 1096. 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 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	į		
	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, filed for the calendar year ending with or within the year covered by this return 2a 0			
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. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
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 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 instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		/
b C	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		✓
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ <u>.</u>
Vu.	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		_
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		/
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 to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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 at any time during the year?			,
Q	organization, have excess business holdings at any time during the year?	8		-
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		7
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 0			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	_
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in School ito O	146	<u> </u>	┡

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions. Check if Schedule O contains a response to any question in this Part VI	s in	Sche	
Secti	on A. Governing Body and Management			
			Yes	No
1a b 2	Enter the number of voting members of the governing body at the end of the tax year	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u>·</u>
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders?	4 5 6		√
ь 8	of the governing body?	7a 7b		√
a b 9	The governing body?	8a 8b	√	-
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		ode.)	<u> </u>
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?.	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b 12a	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	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c	✓	
13	Does the organization have a written whistleblower policy?	13	✓	
14	Does the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			,
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b		✓
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	10-		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16a 16b		✓
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Florida Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) for public inspection. Indicate how you make these available. Check all that apply.	s only	/) ava	ulable
19	☑ Own website ☐ Another's website ☑ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict or and financial statements available to the public.			olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Anthony Timiraos 2301 NE 13th Street Fort Lauderdale, FL 33304 954-683-6619	of the		

Form	990	(2010)	

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Part VII	Compensation of Officers,	Directors, Trustees,	Key Employees,	Highest Compensated E	mployees,
	and Independent Contract	ors			

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.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box if neither the organization no	· · · · · · · · · · · · · · · · · · ·	u orga	anız			ompe	risa			
(A)	(B)	' '						(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr or director	nstitutional trustee	Officer	Key employee	Mighest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Charles Loring Chair - Board Member	- 2	/		/						
(2) Coleman Prewitt Secretary - Board Member	- 2	1		<i>'</i>						
(3) Richard Schwarz Treasurer - Board Member	- 2	1		✓						-
(4) Mark Budwig Board Member	2	1								
(5) Philip Dearborn Board Member	- 2	1								
(6) Ellen Krider Board Member	- 2	1								
(7) Kent McIntyre Board Member	- 2	1								
(8) Mona Pittenger Board Member	2	1								
(9) Lillian Roberts Board Member	2	1								
(10) Jeffrey Shover Board Member	2	1								
(11) Jim Stepp Board Member	2	1								
(12) Rodney White Board Member	2	1								
(13) George Zuber Board Member	2	1								
(14) Anthony Timiraos CEO/President	40			1						
(15)	<u></u>									
(16)										

Part	VII Section A. Officers, Directors, Trus	rs, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A)	(B)			•	>)			(D)	(E)			F)	
	Name and title	Average hours per	⊢—	_	_	k all t	hat ap	•	Reportable compensation	Reportable compensation	from		nated unt of	
		week	ndı or d	Insti	Officer	₹	홢	Former	from	related		ot	her	
		(describe hours for	Individual trustee or director	Institutional trustee	ěř	Key employee	lest	₹	the organization	organization (W-2/1099-MI			ensatior n the	1
		related	약불	nal :		ğ	e com		(W-2/1099-MISC)	(organ	ization	
		organizations in Schedule	Istee	trust		¥	Pens						elated zations	;
		O)		8		İ	Highest compensated employee					J		
(17)														
(18)					-			-						
(19)						<u> </u>	<u> </u>					·	-	
(20)		<u> </u>							-					
(21)														
(22)														
(23)														
(24)								-						
(25)		·						-						
(26)											-			
(27)														
(28)													•	
1b	Sub-total		'	<u> </u>	٠	<u>. </u>		▶	0		0			0
C	Total from continuation sheets to Part	VII, Section	n A					ightharpoons						
d	Total (add lines 1b and 1c)							>	0		0			0
2	Total number of individuals (including but		d to th	nose	e list	ted	abov	e) w	ho received m	ore than \$10	0,000	0 in		
	reportable compensation from the organ	ization ►							_				1	
3	Did the organization list any former of	fficar dira	ntor c				leou e		alaysa ar bigh	oot compon	ooto.	a [Yes	No
3	employee on line 1a? If "Yes," complete							3111F	oloyee, or fligi	•	Sale	u 3	ŀ	✓
4	For any individual listed on line 1a, is the							n a			n th			
_	organization and related organizations													
	ındıvidual											4		✓
5	Did any person listed on line 1a receive of for services rendered to the organization											al 5		1
Section	on B. Independent Contractors													
1	Complete this table for your five highest	compensat	ted in	dep	end	lent	contr	ract	ors that receive	ed more than	\$10	0,000 of		
	compensation from the organization.													
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compens	ation	
None														
		-						\vdash						
	Total number of independent contractor	ors (includi	na bi	ut n	ot	lımı	ted to	L o th	hose listed ah	ove) who				
	received more than \$100,000 in compens							,		-,				

Part	VIII	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns 1a				
ra i	b	Membership dues 1b				
S, g	С	Fundraising events 1c				
ar a	d	Related organizations 1d				
IS,	е	Government grants (contributions) 1e				
tior r si	f	All other contributions, gifts, grants,				
ibu		and similar amounts not included above 1f 225,042				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1f. \$]			
	h	Total. Add lines 1a–1f ▶	225,042			
Program Service Revenue		Business Code			~	
ever	2 a					
e D	b					
Ş	С					_
Se	d					
Ta Ta	е					
rog	f	All other program service revenue .				
	<u>g</u> 3	Total. Add lines 2a–2f ▶ Investment income (including dividends, interest,	0			
	3	and other similar amounts)	2	2		
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				·
		(i) Real (ii) Personal				
	6a	Gross Rents				
	b	Less: rental expenses	1			
	С	Rental income or (loss)	1			1
	d	Net rental income or (loss) ▶				
	7a	Gross amount from sales of (i) Securities (ii) Other				_
		assets other than inventory]			
	b	Less. cost or other basis				
		and sales expenses				
	С	Gain or (loss)			-	
	d	Net gain or (loss)	0	0		
ē	8a	Gross income from fundraising				
venue	Oa	events (not including \$				
		of contributions reported on line 1c).				
Other Re		See Part IV, line 18 a	İ			
퉂	ь	Less direct expenses b	†			
O		Net income or (loss) from fundraising events . ▶	o			
		Gross income from gaming activities.				
		See Part IV, line 19 a	İ	!		
	b	Less: direct expenses b]			
	C	Net income or (loss) from gaming activities	0	0		
	10a	Gross sales of inventory, less				
	.	returns and allowances a	1			
	b	Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	0	0		
	11a			- 		
	b				_	
	C		†			
	d	All other revenue	1			
	е	Total. Add lines 11a–11d ▶				
	12	Total revenue. See instructions ▶	225,044	2		

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			g	
•	organizations in the U.S. See Part IV, line 21	2,500	2,500		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				······
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
3	trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits		, ,	· · · · · · · · · · · · · · · · · · ·	
10	Payroll taxes				
11	Fees for services (non-employees):				
··	Management				
b	Legal	899		899	
c	Accounting	000	· · · · · · · · · · · · · · · · · · ·		
d	Lobbying				· · · · · · · · · · · · · · · · · · ·
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	2,719	2,040	353	326
13	Office expenses	1,856	1,392	241	223
14	Information technology	2,948	2,211	383	354
15	Royalties				-
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20 21	Interest	·			
22	•				
23	Depreciation, depletion, and amortization . Insurance	62	46	9	7
24		. 02	40	-	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
а	Licenses & Permits	1,085		1,085	
b	Telephone	318	238	41	39
C	Dues & Subscription	815	611	106	98
d	Postage	276	207	36	33
е	Donor Expenses	226			226
f	All other expenses General Expenses (misc)	206	154	27	25
25	Total functional expenses. Add lines 1 through 24f	13,910	9,399	3,180	1,331
26	Joint costs. Check here ▶☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		·		

Part X E	Balance Sheet			
		(A) Beginning of year		(B) End of year
1 Cas	h-non-interest-bearing		1	49,366
	ings and temporary cash investments [2	
3 Pled	lges and grants receivable, net [3	89,250
4 Acc	ounts receivable, net		4	
emp	elvables from current and former officers, directors, trustees, key bloyees, and highest compensated employees. Complete Part II of edule L		5	
4958 emp	eivables from other disqualified persons (as defined under section 8(f)(1)), persons described in section 4958(c)(3)(B), and contributing oloyers and sponsoring organizations of section 501(c)(9) voluntary oloyees' beneficiary organizations (see instructions)		6	
7 Note	es and loans receivable, net		7	
४ 8 Inve	entories for sale or use		8	
	paid expenses and deferred charges	•	9	681
10a Land	d, buildings, and equipment: cost or er basis. Complete Part VI of Schedule D			
b Less	s: accumulated depreciation 10b		10c	
	estments—publicly traded securities		11	76,752
	stments—other securities. See Part IV, line 11		12	
	stments-program-related. See Part IV, line 11		13	
	ngible assets	-1.	14	
	er assets. See Part IV, line 11	*	15	•
	al assets. Add lines 1 through 15 (must equal line 34)		16	216,049
	ounts payable and accrued expenses		17	2,415
	nts payable	a	18	2,500
19 Defe	erred revenue	·	19	
	-exempt bond liabilities		20	
	row or custodial account liability. Complete Part IV of Schedule D.		21	
22 Pay	ables to current and former officers, directors, trustees, key bloyees, highest compensated employees, and disqualified persons. In plete Part II of Schedule Louisian services and control of the contro			
_	·	·	22	
	ured mortgages and notes payable to unrelated third parties		23	
	ecured notes and loans payable to unrelated third parties		24	
	er liabilities. Complete Part X of Schedule D		25	4.045
Org	al liabilities. Add lines 17 through 25		26	4,915
27 Unre	i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de		=	244 424
27 Onn	estricted net assets	_	27 28	211,134
29 Perr	manently restricted net assets		28	
Org	nanizations that do not follow SFAS 117, check here ▶ ☐ and nplete lines 30 through 34.		29	
្ស 30 Cap	oital stock or trust principal, or current funds		30	
9 31 Paid	d-in or capital surplus, or land, building, or equipment fund		31	···
४ 32 Reta			+	
≝ 33 Tota				211,134
34 Tota	al liabilities and net assets/fund balances			216,049
32 Reta	ained earnin al net assets	gs, endowment, accumulated income, or other funds	gs, endowment, accumulated income, or other funds .	gs, endowment, accumulated income, or other funds . 32 sor fund balances

Form **990** (2010)

Form 99	0 (2010)		Pa	ge 12
Part	XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)		22	5,044
2	Total expenses (must equal Part IX, column (A), line 25)		1	3,910
3	Revenue less expenses. Subtract line 2 from line 1		21	1,134
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4			0
5	Other changes in net assets or fund balances (explain in Schedule O)			0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))		21	1,134
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	i		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		1
b	Were the organization's financial statements audited by an independent accountant?	2b	1	·
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	1	
	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 separate basis, consolidated basis, or both:			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	За	!	1
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		-
		For	n 990	(2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

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.

OMB No 1545-0047

Employer identification number

Open to Public Inspection

Our Fund, Inc. 27-4734125 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.) 1 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). 4 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: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 9 An organization that normally receives: (1) more than 331/3% 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 331/3% 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). 11 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. **b** Type II c Type III-Functionally integrated e 🗆 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 II, or Type III supporting 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 Yes Nο 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(iu) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support governing document? (i) of your above or IRC section col (i) organized in the support? US? (see instructions)) Yes No Yes No Yes (A) (B) (C) (D) (E)

Total

Part	II Support Schedule for Organiza	tions Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)	
	(Complete only if you checked th						llify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					225,042	225,042
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					225,042	225,042
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						193,691
6	Public support. Subtract line 5 from line 4.	· · · · · · · · · · · · · · · · · · ·		<u> </u>			31,351
Secti	on B. Total Support		<u></u>	· · · · · · · · · · · · · · · · · · ·		1	
	dar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4					225,042	225,042
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					2	2
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10			<u> </u>			225,044
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop he						🕨 🗸
	on C. Computation of Public Suppor	<u> </u>					
14	Public support percentage for 2010 (line		•			14	%
15	Public support percentage from 2009 Sch					15	%
16a	331/3% support test—2010. If the organization qua						
b	331/3% support test—2009. If the organization qual check this box and stop here. The organization qual	nization did no	ot check a box	k on line 13 o	r 16a, and line		. ► □ or more, ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts-	and-circumsta	inces" test, ch	eck this box ar	nd stop here. E	ine 14 is xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part IV how the organization m supported organization	tion meets the neets the "fact	e "facts-and-c s-and-circums	ircumstances" stances" test. 1	test, check th The organization	nis box and st oon qualifies as a	op here.

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

Part III	Support Schedule	for Organiz	zations Describe	ed in S	ection	509(a)(2
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(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			, p		,	
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise			1			
	sold or services performed, or facilities furnished in any activity that is related to the						•
	organization's tax-exempt purpose			ŀ			
3	Gross receipts from activities that are not an			7.11			
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization'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						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .]				
b	Amounts included on lines 2 and 3					ł	
	received from other than disqualified						
	persons that exceed the greater of \$5,000			1	1		
	or 1% of the amount on line 13 for the year				_		
C	Add lines 7a and 7b			ļ			
8	Public support (Subtract line 7c from		ŧ				
C4	line 6.)		1		I	<u> </u>	
	on B. Total Support	(a) 200e	(h) 2007	(-) 2009	(4) 2000	(-) 0010	(6 Tata)
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6		 	-			
10a	Gross income from interest, dividends, payments received on securities loans, rents,		ŀ				
	royalties and income from similar sources .						
ь	Unrelated business taxable income (less		-	 	<u> </u>		
U	section 511 taxes) from businesses						
	acquired after June 30, 1975					1	
С	Add lines 10a and 10b						
11	Net income from unrelated business		 				
•	activities not included in line 10b, whether						
	or not the business is regularly carried on		1				
12	Other income. Do not include gain or		†	•		-	
	loss from the sale of capital assets		1			1	
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,		1				
	and 12.)						
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	nd, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he	re				<u> </u>	🕨 🗀
Secti	ion C. Computation of Public Suppor	t Percentag	је				
15	Public support percentage for 2010 (line						%_
16	Public support percentage from 2009 Sci			<u></u>	<u> </u>	16	%
	on D. Computation of Investment In		-				
17	Investment income percentage for 2010 (-			<u>%</u>
18	Investment income percentage from 2009					18	%
19a	331/3% support tests—2010. If the organ						
_	17 is not more than 331/3%, check this box		-				
b	331/3% support tests – 2009. If the organiz						
••	line 18 is not more than 331/3%, check this Private foundation. If the organization di						
20	riivate iouniuation, ii tile ofdafiization di	u not check a	ADUA UN IIITE 14	r. 13a. UI 13D.	CHECK HIS DOX	and see mistil	iuliulio 🚩 📗

	Form 990 or 990-EZ) 2010	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
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	······	
•		
	·	

SCHEDULE D .(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Name of the organization Employer Identification number Our Fund, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) . 2 25.000 54.750 3 Aggregate grants from (during year) . . 0 2,500 Aggregate value at end of year 25.000 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . ✓ Yes □ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ✓ Yes □ No. Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 Total number of conservation easements . . 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Assets included in Form 990, Part X

Page ∠	Pa	aqe	2
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Part												
3	Using the organization's acquisition, collection items (check all that apply):		her reco	rds,	checl	k any of th	e follov	ving that are	a sig	nıfıcant	use	of its
а	☐ Public exhibition		d		Loa	n or excha						
b	☐ Scholarly research		e		Oth	er						
C	☐ Preservation for future generatio											
4	Provide a description of the organization	tion's collections a	and expl	aın h	ow th	ey further	the org	janization's e	xemp	ot purpo	ose in	ı Part
	XIV.											
5	During the year, did the organization										_	_
	assets to be sold to raise funds rather			•		_			<u> </u>	Y€		
Part	line 9, or reported an amour	it on Form 990, F	Part X, I	ine 2	21.						Part	: IV,
1a	Is the organization an agent, trustee included on Form 990, Part X?								s not		es [□No
b	If "Yes," explain the arrangement in P	art XIV and comple	ete the f	ollow	ing ta	able:						
									Am	ount		
C	Beginning balance						10	•				
d	Additions during the year						1d					
е	Distributions during the year						1e)				
f	Ending balance						1f	<u> </u>			<u>_</u>	
2a	Did the organization include an amou		art X, lın	e 21?	٠.					∐ Ye	es L	□No
	If "Yes," explain the arrangement in P											
Part	V Endowment Funds. Compl											
		(a) Current year	(b) Pi	nor yea	ar	(c) Two yea	rs back	(d) Three years	раск	(e) Four	years	back
1a	Beginning of year balance	0 05 000										
b	Contributions	25,000										
С	Net investment earnings, gains, and losses					ı						
		0										
d e	Grants or scholarships Other expenditures for facilities and											
·	programs											t F
f	Administrative expenses											
g	End of year balance	25,000										
2	Provide the estimated percentage of			as:		<u> </u>				L		
a	Board designated or quasi-endowme		0 %									
b	Permanent endowment ▶											
С	Term endowment ► 0 %											
За	Are there endowment funds not in th	e possession of th	ne orgar	nizatio	n tha	at are held	and ad	lministered fo	or the			
	organization by:										Yes	No
	(i) unrelated organizations						-			3a(i)	<u> </u>	1
	(ii) related organizations				•					3a(ii)	<u> </u>	✓
b	If "Yes" to 3a(II), are the related organ						-		•	3b	Ĺ	
4	Describe in Part XIV the intended use				_							
Part												
	Description of investment	(a) Cost or of (investm		(b)		or other basis ther)		Accumulated epreciation		(d) Boo	ok valu	e
1a	Land						ļ		—			
þ	Buildings			1			ļ		+			
C	Leasehold improvements			4					+			
d	Equipment			+					_			
E Takel	Other	·	00 0	<u> </u>	<u> </u>	(D) line 4	<u> </u>		+			
i otal.	Add lines 1a through 1e. (Column (d)	nust equal Form 9	eu, ran	A, C	Jiumr	i (b), line T	U(C).)	<u></u> ▶	_l			

Part VII	Investments-Other Securities	See Form 990, Part X,	line 12.	
	Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year m	
(1) Financial				
	neld equity interests			
(3) Other		٠.		
(A) (B)				
(C)			-	
(D)			+	<u></u>
(E)				
(F)				
(G)				
(H)				
(I)	h) must asset Fame 000 Part V and (P) inc 101 h			
	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Related			
	(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
(1)			<u> </u>	
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.) ►	ut V line 15		
Part IX	Other Assets. See Form 990, Pa	a) Description		(b) Book value
(1)		<u> </u>		(5) 5001 14.00
(2)			·	
(3)		*		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				· · · · · · · · · · · · · · · · · · ·
(10)	ımn (b) must equal Form 990, Part X, c	ol. (B) line 15.)		
Part X	Other Liabilities. See Form 990			
1.	(a) Description of liability	(b) Amount		a r
(1) Federal	income taxes	-	7	
(2)]	
(3)]	
(4)			_	
(5)			4	
(6)			-	
(8)			-{	
(9)			┥	
(10)			1	
(11)			┪	
	(b) must equal Form 990, Part X, col. (B) line 25.)		1	
	SC 740) Footnote. In Part XIV, provide	the text of the footnote to	the organization's financial states	ments that reports the
	n's liability for uncertain tax positions i		-	·

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Schedule D (Forr	n 990) 2010 Page
Part XIV	Supplemental Information (continued)

Schedule D (Form 990) 2010

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Our Fund, Inc.	27-4734125
Form 990 Part VI Line 11B	
After Form 990 and all related schedules are complete and reviewed by a tax professional, it is distributed to the Treasurer and the	
Finance and Investment Committee for their review. After approval by the Treasurer and Finance and Investment Committee, it is then	
distributed to the entire board for their review and comments before filing with the Internal Revenue Service.	
Form 990 Part VI Line 19	
Our Fund includes copies of our audit report and form 990 filings available to the general public on our	ir website and on request.
Copies of all other governing documents including Conflict of Interest Policy, Gift Policy, Investment and Spending Policy, Bylaws, Minutes,	
and other documents available upon request by the public.	
Form 990 Part VI line 15	
The Executive Directors of the organization approved the compensation of the CEO/President after re	viewing compensation of other
philanthropic organizations in Florida with similar missions. The CEO/President is performing his duties on a volunteer basis until	
September 1, 2011, therefore no compensation expense is reported in this period.	