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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

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

2011

For calendar year 2011 or tax year beginning

, and ending

Name of foundation

OUR FAMILY FOR FAMILIES FIRST, INC.

Number and street (or P O box number if mail is not delivered to street address)

1405 SOUTH COUNTY TRAIL

Room/suite
530

City or town, state, and ZIP code

EAST GREENWICH, RI 02818

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

H Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year **85,928.** (from Part II, col (c), line 16) J Accounting method: Cash Accrual
 Other (specify) _____

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received		701,300.		N/A	
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10					
b Gross sales price for all assets on line 6a					
7 Capital gain net income (from Part IV, line 2)			0.		
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income		51,800.	0.		
12 Total. Add lines 1 through 11		753,100.	0.		STATEMENT 1
13 Compensation of officers, directors, trustees, etc		0.	0.		0.
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees	STMT 2	50.	0.		0.
b Accounting fees					
c Other professional fees	STMT 3	22,642.	0.		0.
17 Interest					
18 Taxes					
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings		7,402.	0.		0.
22 Printing and publications		11.	0.		0.
23 Other expenses	STMT 4	187,185.	0.		0.
24 Total operating and administrative expenses. Add lines 13 through 23		217,290.	0.		0.
25 Contributions, gifts, grants paid		589,821.			589,821.
26 Total expenses and disbursements. Add lines 24 and 25		807,111.	0.		589,821.
27 Subtract line 26 from line 12:		-54,011.			
a Excess of revenue over expenses and disbursements					
b Net investment income (if negative, enter -0-)			0.		
c Adjusted net income (if negative, enter -0-)				N/A	

123501
12-02-11 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2011)

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing	139,856.	85,928.	85,928.
	2	Savings and temporary cash investments			
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ►			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ►			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons			
	7	Other notes and loans receivable ►			
		Less: allowance for doubtful accounts ►			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	c	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment: basis ►			
		Less accumulated depreciation ►			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis ►			
		Less accumulated depreciation ►			
	15	Other assets (describe ►)	120.	0.	0.
	16	Total assets (to be completed by all filers)	139,976.	85,928.	85,928.
Liabilities	17	Accounts payable and accrued expenses	1,949.	1,177.	
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable			
Net Assets or Fund Balances	22	Other liabilities (describe ►)	0.	735.	
	23	Total liabilities (add lines 17 through 22)	1,949.	1,912.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ► <input type="checkbox"/>				
	and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/>				
	and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds	0.	0.	
	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	29	Retained earnings, accumulated income, endowment, or other funds	138,027.	84,016.	
	30	Total net assets or fund balances	138,027.	84,016.	
	31	Total liabilities and net assets/fund balances	139,976.	85,928.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	138,027.
2	Enter amount from Part I, line 27a	2	-54,011.
3	Other increases not included in line 2 (itemize) ►	3	0.
4	Add lines 1, 2, and 3	4	84,016.
5	Decreases not included in line 2 (itemize) ►	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	84,016.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a					
b	NONE				
c					
d					
e					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a					
b					
c					
d					
e					
2	Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8			3	

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

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

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

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

 Yes No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2010	562,097.	125,056.	4.494762
2009	697,080.	127,281.	5.476701
2008	535,258.	63,763.	8.394492
2007	611,604.		
2006	22,646.	21,803.	1.038664

2 Total of line 1, column (d)

2 19.404619

3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years

3 3.880924

4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5

4 148,337.

5 Multiply line 4 by line 3

5 575,685.

6 Enter 1% of net investment income (1% of Part I, line 27b)

6 0.

7 Add lines 5 and 6

7 575,685.

8 Enter qualifying distributions from Part XII, line 4

8 589,821.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.
See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)	
1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1.
Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)
3	Add lines 1 and 2
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-
6	Credits/Payments:
a	2011 estimated tax payments and 2010 overpayment credited to 2011
b	Exempt foreign organizations - tax withheld at source
c	Tax paid with application for extension of time to file (Form 8868)
d	Backup withholding erroneously withheld
7	Total credits and payments. Add lines 6a through 6d
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid
11	Enter the amount of line 10 to be: Credited to 2012 estimated tax ► Refunded ► 11

Part VII-A Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		
1c	Did the foundation file Form 1120-POL for this year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		
(1) On the foundation. ► \$ _____ 0. (2) On foundation managers. ► \$ _____ 0.		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ _____ 0.	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>If "Yes," attach a detailed description of the activities.</i>		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>If "Yes," attach the statement required by General Instruction T</i>		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> ● By language in the governing instrument, or ● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 		
7	Did the foundation have at least \$5,000 in assets at any time during the year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>If "Yes," complete Part II, col. (c), and Part XV.</i>		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ► N/A	<input type="checkbox"/> RI
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	<input type="checkbox"/> 11 <input checked="" type="checkbox"/> X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	<input type="checkbox"/> 12 <input checked="" type="checkbox"/> X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► OURFAMILIESFORFAMILIESFIRST.ORG	<input type="checkbox"/> 13 <input checked="" type="checkbox"/> X
14	The books are in care of ► DAVID SWEENEY Located at ► 1405 SOUTH COUNTY TRAIL, EAST GREENWICH, RI	Telephone no. ► (401) 228-2800 ZIP+4 ► 02818
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	► <input type="checkbox"/> 15 <input type="checkbox"/> N/A
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ►	► <input type="checkbox"/> 16 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No X

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

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

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No	
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No	
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No	
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No	
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No	
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A	► <input type="checkbox"/> 1b
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?		1c <input checked="" type="checkbox"/> X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? If "Yes," list the years ►	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	N/A	2b
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No	
b	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011)	N/A	3b
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<input type="checkbox"/> 4a <input checked="" type="checkbox"/> X	
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	<input type="checkbox"/> 4b <input checked="" type="checkbox"/> X	

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

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

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?
- (3) Provide a grant to an individual for travel, study, or other similar purposes?
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

Yes No
 Yes No
 Yes No
 Yes No
 Yes No

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

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here ►

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

N/A

Yes No

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

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

Yes No

6b

X

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

If "Yes" to 6b, file Form 8870.

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

Yes No

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

N/A

7b

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 6		0.	0.	0.

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

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

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

► 0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

0
Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1	N/A	
2		
3		
4		

Part IX-B Summary of Program-Related Investments
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.
Amount

1	N/A	
2		
3		
Total. Add lines 1 through 3		0.

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	150,596.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	150,596.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	150,596.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,259.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	148,337.
6	Minimum investment return. Enter 5% of line 5	6	7,417.

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

1	Minimum investment return from Part X, line 6	1	7,417.
2a	Tax on investment income for 2011 from Part VI, line 5	2a	
b	Income tax for 2011. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	7,417.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	7,417.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	7,417.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	589,821.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	589,821.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	589,821.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				7,417.
2 Undistributed income, if any, as of the end of 2011			0.	
a Enter amount for 2010 only				
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006	21,881.			
b From 2007	609,554.			
c From 2008	532,070.			
d From 2009	690,716.			
e From 2010	555,844.			
f Total of lines 3a through e	2,410,065.			
4 Qualifying distributions for 2011 from Part XII, line 4: ► \$ 589,821.			0.	
a Applied to 2010, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2011 distributable amount				7,417.
e Remaining amount distributed out of corpus	582,404.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	2,992,469.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5		0.		
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006 not applied on line 5 or line 7	21,881.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	2,970,588.			
10 Analysis of line 9:				
a Excess from 2007	609,554.			
b Excess from 2008	532,070.			
c Excess from 2009	690,716.			
d Excess from 2010	555,844.			
e Excess from 2011	582,404.			

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SEE ATTACHED LIST				589,821.
Total				► 3a 589,821.
b Approved for future payment				
NONE				
Total				► 3b 0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

(See worksheet in line 13 instructions to verify calculations.)

Relationship of Activities to the Accomplishment of Exempt Purposes

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

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

OMB No. 1545-0047

2011**Name of the organization****Employer identification number****OUR FAMILY FOR FAMILIES FIRST, INC.****20-4848228****Organization type (check one)****Filers of:****Section:**

Form 990 or 990-EZ

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

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation**Check if your organization is covered by the General Rule or a Special Rule.****Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

OUR FAMILY FOR FAMILIES FIRST, INC.

20-4848228

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>ARMSTRONG WOOD PRODUCTS</u> <u>5465 LEGACY DR, SUITE 600</u> <u>PLANO, TX 75204</u>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<u>ARMSTRONG WORLD</u> <u>10 GROSVENOR COURT</u> <u>REISTERSTOWN, MD 21136</u>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<u>ASSOCIATED MATERIALS</u> <u>3773 ST RD</u> <u>CUYAHOGA FALLS, OH 44223</u>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<u>BANK OF AMERICA</u> <u>111 WESTMINSTER ST</u> <u>PROVIDENCE, RI 02903</u>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<u>BARCLAYS</u> <u>555 CALIFORNIA ST 30TH PL</u> <u>SAN FRANCISCO, CA 94104</u>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	<u>BRIAN BEAUREGARD</u> <u>2460-AG STREET</u> <u>FORT RILEY, KS 66442</u>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

OUR FAMILY FOR FAMILIES FIRST, INC.

20-4848228

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>BRICKMAN GROUP</u> <u>18227-D FLOWER HILL WAY</u> <u>GAITHERSBURG, MD 20879</u>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<u>CH2M HILL</u> <u>3201 BEECHLEAF CT. SUITE 300</u> <u>RALEIGH, NC 27604</u>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<u>BUILDERS FIRST CHOICE</u> <u>4011 ROCK HAL RD</u> <u>POINT OF ROCKS, MD 21777</u>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	<u>CIGNA</u> <u>TWO COLLEGE PARK</u> <u>HOOKSETT, NC 03106</u>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	<u>GOEBEL (STAR LUMBER)</u> <u>PO BOX 7712</u> <u>WICHITA, KS 67277</u>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	<u>HD SUPPLY</u> <u>PO BOX 4645</u> <u>ORLANDO, FL 32802</u>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

OUR FAMILY FOR FAMILIES FIRST, INC.

Employer identification number

20-4848228

Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<u>HB COMMUNICATIONS</u> <u>60 DODGE AVE</u> <u>NORTH HAVEN, CT 06473</u>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	<u>J. MCDONALD</u> <u>20 IRON HILL ST</u> <u>E. WEYMOUTH, MA 02189</u>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	<u>KONICA MINOLTA</u> <u>475 KILVERT ST</u> <u>WARWICK, RI 02886</u>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	<u>L STANLEY SHAW</u> <u>616 EAST WALNUT AVE</u> <u>DALTON, GA 30722</u>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	<u>JOHN G PICERNE</u> <u>1405 SOUTH COUNTY TRAIL, SUITE 530</u> <u>EAST GREENWICH, RI 02818</u>	\$ 465,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	<u>KCS LANDSCAPING</u> <u>3141 FAIRVIEW PARK DR.</u> <u>FALLS CHURCH, VA 22042</u>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

OUR FAMILY FOR FAMILIES FIRST, INC.

20-4848228

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<u>KIMLEY-HORN</u> <u>PO BOX 932514</u> <u>ATLANTA, GA 31193</u>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
20	<u>MASTERBRAND</u> <u>PO BOX 420</u> <u>JASPER, IN 47547</u>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
21	<u>MICHAEL STEINER</u> <u>2404 RAVENVIEW RD</u> <u>TIMONIUM, MD 21093</u>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
22	<u>MOEN</u> <u>7 POINTE CIRCLE</u> <u>JACKSON, NJ 08527</u>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	<u>PETTY, LIVINGSTON</u> <u>725 CHURCH ST SUITE 1200</u> <u>LYNCHBURG, VA 24505</u>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
24	<u>SHERWIN WILLIAMS</u> <u>313 TECHNOLOGY DR.</u> <u>MALVERN, PA 19355</u>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

OUR FAMILY FOR FAMILIES FIRST, INC.

20-4848228

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<u>PICERNE REAL ESTATE GROUP</u> <u>75 LAMBERT LIND HIGHWAY</u> <u>WARWICK, RI 02882</u>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	<u>REAL PAGE</u> <u>4000 INTL. PKWY</u> <u>CARROLLTON, TX 75007</u>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	<u>SEAGULL LIGHTING</u> <u>301 W WASHINGTON ST</u> <u>RIVERSIDE, NJ</u>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	<u>TONY FREEDMAN</u> <u>2099 PENN. AVE, NW SUITE 100</u> <u>WASHINGTON, DC 20006</u>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	<u>USI INSURANCE</u> <u>50 CABOT ST</u> <u>NEEDHAM, MA 02494</u>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	<u>WESTROPE</u> <u>801 W 47TH ST, SUITE 500</u> <u>KANSAS CITY, MO 64112</u>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

OUR FAMILY FOR FAMILIES FIRST, INC.

Employer identification number

20-4848228

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<u>WINSLOW TECH GROUP</u> <u>75 ARLINGTON ST, SUITE 500</u> <u>BOSTON, MA 02116</u>	\$ <u>7,500.</u>	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>
32	<u>YARDI</u> <u>430 S FAIRVIEW AVE</u> <u>GOLETA, CA 93117</u>	\$ <u>7,500.</u>	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution)</small>

Name of organization

Employer identification number

OUR FAMILY FOR FAMILIES FIRST, INC.

20-4848228

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____

Name of organization

Employer identification number

OUR FAMILY FOR FAMILIES FIRST, INC.

Part III *Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively religious, charitable, etc., contributions of \$1,000 or less for the year.* (Enter this information once) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

Use duplicate copies of Part III if additional space is needed

448 [Reviews](#) | 449 [Books Received](#) | 450 [Books Received](#)

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			<p style="text-align: center;">(e) Transfer of gift</p> <table border="0"> <tr> <td data-bbox="242 586 799 612">Transferee's name, address, and ZIP + 4</td> <td data-bbox="799 586 1368 612">Relationship of transferor to transferee</td> </tr> <tr> <td data-bbox="242 612 799 724" style="height: 70px;"></td> <td data-bbox="799 612 1368 724" style="height: 70px;"></td> </tr> </table>	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee		
			Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			<p style="text-align: center;">(e) Transfer of gift</p> <table border="0"> <tr> <td data-bbox="242 985 799 1009">Transferee's name, address, and ZIP + 4</td> <td data-bbox="799 985 1368 1009">Relationship of transferor to transferee</td> </tr> <tr> <td data-bbox="242 1009 799 1120" style="height: 70px;"></td> <td data-bbox="799 1009 1368 1120" style="height: 70px;"></td> </tr> </table>	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee		
			Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			<p style="text-align: center;">(e) Transfer of gift</p> <table border="0"> <tr> <td data-bbox="242 1382 799 1408">Transferee's name, address, and ZIP + 4</td> <td data-bbox="799 1382 1368 1408">Relationship of transferor to transferee</td> </tr> <tr> <td data-bbox="242 1408 799 1517" style="height: 70px;"></td> <td data-bbox="799 1408 1368 1517" style="height: 70px;"></td> </tr> </table>	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee		
			Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			<p style="text-align: center;">(e) Transfer of gift</p> <table border="0"> <tr> <td data-bbox="242 1779 799 1804">Transferee's name, address, and ZIP + 4</td> <td data-bbox="799 1779 1368 1804">Relationship of transferor to transferee</td> </tr> <tr> <td data-bbox="242 1804 799 1914" style="height: 70px;"></td> <td data-bbox="799 1804 1368 1914" style="height: 70px;"></td> </tr> </table>	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee		
			Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee			

FORM 990-PF

OTHER INCOME

STATEMENT 1

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
GOLF TOURNAMENT	51,800.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	51,800.	0.	

FORM 990-PF

LEGAL FEES

STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	50.	0.		0.
TO FM 990-PF, PG 1, LN 16A	50.	0.		0.

FORM 990-PF

OTHER PROFESSIONAL FEES

STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROFESSIONAL FEES	22,642.	0.		0.
TO FORM 990-PF, PG 1, LN 16C	22,642.	0.		0.

FORM 990-PF

OTHER EXPENSES

STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE EXPENSE	8,445.	0.		0.
TELEPHONE	143.	0.		0.
2011 GOLF TOURNAMENT	73,975.	0.		0.
ADOPT A CHARITY	28,136.	0.		0.
OTHER CHARITABLE PURPOSES	2,318.	0.		0.
ORIENTATION EXPENSE	74,168.	0.		0.
TO FORM 990-PF, PG 1, LN 23	187,185.	0.		0.

FORM 990-PF	OTHER LIABILITIES	STATEMENT	5
DESCRIPTION	BOY AMOUNT	EOY AMOUNT	
DUE TO PICERNE MILITARY HOUSING	0.	735.	
TOTAL TO FORM 990-PF, PART II, LINE 22	0.	735.	

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

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

Name	Address	City	State	Zip	Relationship	Status	Foundation	Purpose	Amount
Andrea Farmer	5908 Whitebridge Lane	Fayetteville	NC	28306	N/A	N/A	Educational Scholarship	\$ 5,000.00	
Anthony Tittle	315 Glenburney Drive	Fayetteville	NC	28303	N/A	N/A	Educational Scholarship	87.33	
Anthony Tittle	315 Glenburney Drive	Fayetteville	NC	28303	N/A	N/A	Educational Scholarship	888.00	
Appalachian State University	ASU PO Box 32059	Boone	NC	28608	N/A	N/A	Educational Scholarship	6,461.74	
A'Rel Boies	6215 A Haag Street	Fort Polk	LA	71459	N/A	N/A	Educational Scholarship	106.60	
Auburn University	203 Mary Martin Hall	Auburn	AL	36849	N/A	N/A	Educational Scholarship	10,000.00	
Baylor University	One Bear Place #97048	Waco	TX	76798-7048	N/A	N/A	Educational Scholarship	10,000.00	
Baylor University	One Bear Place #97048	Waco	TX	76798-7048	N/A	N/A	Educational Scholarship	7,500.00	
Baylor University	One Bear Place #97048	Waco	TX	76798-7048	N/A	N/A	Educational Scholarship	10,000.00	
Brian Sweet	PO Box 6890	El Paso	TX	79906	N/A	N/A	Educational Scholarship	522.52	
Brian Sweet	PO Box 6890	El Paso	TX	79906	N/A	N/A	Educational Scholarship	847.22	
Brian Young University	A-41 ASB	Provo	UT	84602	N/A	N/A	Educational Scholarship	1,190.00	
Brian Young University	A-41 ASB	Provo	UT	84602	N/A	N/A	Educational Scholarship	1,000.00	
Brian Young University	A-41 ASB	Provo	UT	84602	N/A	N/A	Educational Scholarship	5,290.00	
Brian Young University	A-41 ASB	Provo	UT	84602	N/A	N/A	Educational Scholarship	2,072.00	
Brian Young University	A-41 ASB	Provo	UT	84602	N/A	N/A	Educational Scholarship	4,420.00	
Brian Young University	A-41 ASB	Provo	UT	84602	N/A	N/A	Educational Scholarship	2,710.00	
Brian Young University	A-41 ASB	Enterprise	AL	36330	N/A	N/A	Educational Scholarship	1,250.00	
Bryan Graham	111 Harrand Creek Drive	Buies Creek	NC	27506	N/A	N/A	Educational Scholarship	5,000.00	
Campbell University	PO Box 398	Buies Creek	NC	27506	N/A	N/A	Educational Scholarship	5,000.00	
Caroline Kirui	44640 #2 Lee St	Fort Riley	KS	66442	N/A	N/A	Educational Scholarship	310.81	
Catherine Edmonds	12 Adams Street	Fort Bragg	NC	28307	N/A	N/A	Educational Scholarship	446.84	
Christa Byrd	2293 Dockvale Drive	Fayetteville	NC	28306	N/A	N/A	Educational Scholarship	460.94	
Christa Byrd	2293 Dockvale Drive	Fayetteville	NC	28306	N/A	N/A	Educational Scholarship	10,000.00	
Clemson University	G-08 Sikes Hall, Box 345307	Clemson	SC	29634-5307	N/A	N/A	Educational Scholarship	10,000.00	
College of The Holy Cross	1 College St	Worcester	MA	1610	N/A	N/A	Educational Scholarship	10,000.00	
Cornell University	203 Day Hall	Ithaca	NY	14853-2801	N/A	N/A	Educational Scholarship	9,000.00	
Danielle Baldwin	67 Baltic Circle	Fort Bragg	NC	28307	N/A	N/A	Educational Scholarship	5,000.00	
Donna Michell Odom Bridges	44520 Smokey Hill Loop	Fort Riley	KS	66442	N/A	N/A	Educational Scholarship	5,000.00	
East Carolina University	2103 Old Cafeteria Complex	Greenville	NC	27868	N/A	N/A	Educational Scholarship	10,000.00	
Elizabeth Casazza	PO Box 7514	Ocean Beach	NC	28469	N/A	N/A	Educational Scholarship	4,000.00	
Elon University	PO Box 358	Elon	NC	27244	N/A	N/A	Educational Scholarship	10,000.00	
Emily Dunn	174-1 Grouse Moor Dr.	Banner Elk	NC	28604	N/A	N/A	Educational Scholarship	117.92	
Florida Institute Of Technology	150 West University Blvd	Melbourne	FL	32901	N/A	N/A	Educational Scholarship	10,000.00	
Georgia Southern University	PO Box 8065	Statesboro	GA	30460	N/A	N/A	Educational Scholarship	10,000.00	
Greekbill, Inc	PO Box 51888	Los Angeles	CA	90051	N/A	N/A	Educational Scholarship	1,434.00	
Halton Park	17701 Halton Park Dr	Charlotte	NC	28262	N/A	N/A	Educational Scholarship	1,775.00	
Halton Park	17701 Halton Park Dr	Charlotte	NC	28262	N/A	N/A	Educational Scholarship	1,775.00	
Hampton University	100 E. Queen St	Hampton	VA	23668	N/A	N/A	Educational Scholarship	10,000.00	
Hastings College	710 N Turner Ave.	Hastings	NE	68301	N/A	N/A	Educational Scholarship	10,000.00	
Jacobs Family Enterprises LLC	429 East Oak Forest Rd	Salt Lake City	UT	84103	N/A	N/A	Educational Scholarship	1,666.69	
Janice Borges	PO Box 2488	Fort Riley	KS	66442	N/A	N/A	Educational Scholarship	5,000.00	
Jennifer Green-Crandall	6746-1 McClellan Loop	Fort Riley	KS	66442	N/A	N/A	Educational Scholarship	5,000.00	
Joanne Gerrior	4841 Cottonwood Circle	Wamego	KS	66547	N/A	N/A	Educational Scholarship	5,000.00	
Joshua Groll	7578 Freethorn Drive	Fayetteville	NC	28311	N/A	N/A	Educational Scholarship	319.73	
Kansas State University	100 Holtz Hall	Manhattan	KS	66506	N/A	N/A	Educational Scholarship	10,000.00	
Katherine Soh	328 E 2020 N	Provo	UT	84604	N/A	N/A	Educational Scholarship	260.87	
Katherine Soh	328 E 2020 N	Provo	UT	84604	N/A	N/A	Educational Scholarship	800.00	

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Name	Address	City	State	Zip	Relationship	Status	Foundation	Purpose	Amount
Kathryn Newton	47 La Fiere Street	Fort Bragg	NC	28307	N/A	N/A	Educational Scholarship	336.85	
Kathryn Newton	47 La Fiere Street	Fort Bragg	NC	28307	N/A	N/A	Educational Scholarship	87.96	
Kathryn Newton	47 La Fiere Street	Fort Bragg	NC	28307	N/A	N/A	Educational Scholarship	536.00	
Lauren Winn	23404 Cavalry Mount Rd	Fort Riley	KS	66442	N/A	N/A	Educational Scholarship	5,000.00	
Lindsey Townsend	303 Victoria Dr	Enterprise	AL	36330	N/A	N/A	Educational Scholarship	5,000.00	
Lisa James	56 Weitzel Ct	Fort Rucker	AL	36362	N/A	N/A	Educational Scholarship	5,000.00	
Louisiana State University	125 Thomas Boyd Hall	Baton Rouge	LA	70803	N/A	N/A	Educational Scholarship	10,000.00	
Melody Lopez	7809 Metacomet Rd	Hanover	MD	21076	N/A	N/A	Educational Scholarship	383.46	
Michael Kirk	173 Homespun Hills	Boone	NC	28607	N/A	N/A	Educational Scholarship	3,200.00	
Millenium Hall	404 Emerson Dr	Towson	MD	21252	N/A	N/A	Educational Scholarship	1,861.00	
North Carolina State University	2016 Harris Hall, Box 7302	Raleigh	NC	27695-7302	N/A	N/A	Educational Scholarship	848.00	
North Carolina State University	2016 Harris Hall, Box 7302	Raleigh	NC	27695-7302	N/A	N/A	Educational Scholarship	910.00	
North Carolina State University	2016 Harris Hall, Box 7302	Raleigh	NC	27695-7302	N/A	N/A	Educational Scholarship	7,180.00	
Northbrook Apartments	800 Energy Center Blvd	Northport	AL	35473	N/A	N/A	Educational Scholarship	4,074.00	
Ohio State University	1800 Cannon Drive	Columbus	OH	43710-1203	N/A	N/A	Educational Scholarship	2,333.34	
Pembroke Place Apartments	1800 Cannon Drive	Columbus	OH	43710-1203	N/A	N/A	Educational Scholarship	7,000.00	
Rachel Ridel	490 Prospect Rd	Pembroke	NC	28372	N/A	N/A	Educational Scholarship	4,900.00	
Rebecca Strong	1909 Fox Lane	Fort Meade	MD	20755	N/A	N/A	Educational Scholarship	5,000.00	
Remax Realty Consultants	3220 Highland Circle	Manhattan	KS	66503	N/A	N/A	Educational Scholarship	5,000.00	
Soo Yean McElyea	2731 Horse Pen Creek Rd	Greensboro	NC	27410	N/A	N/A	Educational Scholarship	3,150.00	
Speiman College	15249 Kane St	Fort Polk	LA	71459	N/A	N/A	Educational Scholarship	5,000.00	
Susan Dailey	350 Speiman Lane	Atlanta	GA	30314	N/A	N/A	Educational Scholarship	10,000.00	
Testarossa Investments, LLC	121 Caquiny Loop	Fort Bragg	NC	28307	N/A	N/A	Educational Scholarship	5,000.00	
The George Washington University	177 Marblehead St	Simi Valley	CA	93065	N/A	N/A	Educational Scholarship	5,580.00	
The University Of Texas	800 21st NW	Washington	DC	20052	N/A	N/A	Educational Scholarship	10,000.00	
Thomas McGuire	PO Box 19045	Fort Worth	TX	76118	N/A	N/A	Educational Scholarship	6,300.24	
Tianna Aragon	1610 Brookside Rd	McLean	VA	22101	N/A	N/A	Educational Scholarship	642.04	
Tipton Properties	4 Hurtgen Place	Fort Bragg	NC	28307	N/A	N/A	Educational Scholarship	5,000.00	
Tomitha Zimmerman	1300 South 11th St.	Waco	TX	76706	N/A	N/A	Educational Scholarship	2,500.00	
Tonia Boies	3 Marigold Place	Cameron	NC	28326	N/A	N/A	Educational Scholarship	5,000.00	
Towson University	6215 A Haag Street	Fort Polk	LA	71459	N/A	N/A	Educational Scholarship	106.60	
Towson University	8000 York Road	Towson	MD	21252-0001	N/A	N/A	Educational Scholarship	1,122.39	
University Of Arkansas	8000 York Road	Towson	MD	21252-0001	N/A	N/A	Educational Scholarship	9,156.00	
University Of California - Davis	106 Student Services Center, PO Box 389062	West Sacramento	CA	95798	N/A	N/A	Educational Scholarship	8,139.00	
University Of Chicago	1101 East 58th St,	Chicago	IL	60637	N/A	N/A	Educational Scholarship	4,984.00	
University Of Chicago	1101 East 58th St,	Chicago	IL	60637	N/A	N/A	Educational Scholarship	13,333.00	
University Of Colorado At Boulder	1101 East 58th St,	Chicago	IL	60637	N/A	N/A	Educational Scholarship	(3,333.00)	
University Of Colorado At Boulder	Financial Aid Office	Birmingham	AL	35294	N/A	N/A	Educational Scholarship	10,000.00	
University Of Hawaii At Manoa	PO Box 389062	Fayetteville	AR	72701	N/A	N/A	Educational Scholarship	10,000.00	
University Of Hawaii At Manoa	1101 East 58th St,	West Sacramento	CA	95798	N/A	N/A	Educational Scholarship	(6,666.66)	
University Of Hawaii At Manoa	1101 East 58th St,	Chicago	IL	60637	N/A	N/A	Educational Scholarship	200.00	
University Of Hawaii At Manoa	1101 East 58th St,	Chicago	IL	60637	N/A	N/A	Educational Scholarship	200.00	
University Of Hawaii At Manoa	Financial Aid Office	Boulder	CO	80309	N/A	N/A	Educational Scholarship	75.00	
University Of Hawaii At Manoa	2465 Campus Rd	Manoa	HI	96822	N/A	N/A	Educational Scholarship	75.00	
University Of Hawaii At Manoa	2465 Campus Rd	Manoa	HI	96822	N/A	N/A	Educational Scholarship	7,695.40	
University Of Hawaii At Manoa	2465 Campus Rd	Manoa	HI	96822	N/A	N/A	Educational Scholarship		

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Name	Address	City	State	Zip	Relationship	Foundation Status	Purpose	Amount
University Of Hawaii At Manoa	2465 Campus Rd 1450 Jayhawk Blvd , RM 50	Manoa Lawrence	HI KS	96322 66045	N/A N/A	N/A	Educational Scholarship	7,695.40
University Of Kansas	3501 University Blvd East	Adelphi	MD	20783	N/A	N/A	Educational Scholarship	3,865.00
University Of Maryland-College	1204 Dickinson Dr	Coral Gables	FL	33146	N/A	N/A	Educational Scholarship	10,000.00
University Of Miami	9201 University Blvd	Charlotte	NC	28223	N/A	N/A	Educational Scholarship	13,333.33
University Of North Carolina-C	9201 University Blvd.	Charlotte	NC	28223	N/A	N/A	Educational Scholarship	4,280.00
University Of North Carolina-C	9201 University City Blvd.	Charlotte	NC	28223	N/A	N/A	Educational Scholarship	10,000.00
University Of North Carolina-C	9201 University City Blvd.	Charlotte	NC	28223	N/A	N/A	Educational Scholarship	10,000.00
University Of North Carolina-C	9201 University City Blvd.	Charlotte	NC	28223	N/A	N/A	Educational Scholarship	10,000.00
University Of North Carolina-C	9201 University City Blvd.	Charlotte	NC	28223	N/A	N/A	Educational Scholarship	10,000.00
University Of North Carolina-G	PO Box 26177	Greensboro	NC	27402-6170	N/A	N/A	Educational Scholarship	6,850.00
University Of North Carolina-P	PO Box 1510	Pembroke	NC	28372	N/A	N/A	Educational Scholarship	5,100.00
University Of Notre Dame	100 Main Building	Notre Dame	IN	46556	N/A	N/A	Educational Scholarship	9,000.00
Virginia Commonwealth University	827 West Franklin Street	Richland	VA	23284	N/A	N/A	Educational Scholarship	10,000.00
Western Governors University	4001 South 700 East	Salt Lake City	UT	841070	N/A	N/A	Educational Scholarship	5,000.00
Edmonds Center For The Arts	410 Fourth Avenue North	Edmonds	WA	98020	N/A	501(c)(3)	General	10,000.00
ECU Educational Foundation, In	304 Ward Sports Medicine Bldg	Greenville	NC	27858	N/A	501(c)(3)	General	2,442.10
ECU Educational Foundation, In	304 Ward Sports Medicine Bldg	Greenville	NC	27858	N/A	501(c)(3)	General	800.00
ECU Educational Foundation, In	304 Ward Sports Medicine Bldg	Greenville	NC	27858	N/A	501(c)(3)	General	1,200.00
Don Lee Center	315 Camp Don Lee Rd	Arapahoe	NC	28510	N/A	501(c)(3)	General	400.00
Edmonds Center For The Arts	410 Fourth Avenue North	Edmonds	WA	98020	N/A	501(c)(3)	General	3,332.00
Notre Dame Preparatory School	815 Hampton Lane	Towson	MD	21286	N/A	501(c)(3)	General	1,000.00
Otterbein University Annual Fu	1 South Grove St.	Westerville	OH	43081	N/A	501(c)(3)	General	100.00
Senior Services Of Snohomish C	8225 44th Avenue West	Mukilteo	WA	98275	N/A	501(c)(3)	General	200.00
The Kidney Trust	601 Hawaii St.	El Segundo	CA	90245	N/A	501(c)(3)	General	100.00
Learning Center For The Deaf	848 Central St.	Framingham	MA	1701	N/A	501(c)(3)	General	600.00
Movin' With The Spirit	PO Box 238	Columbia	CT	6237	N/A	501(c)(3)	General	2,600.00
Operation Open Arms	20504 81st Avenue West	Edmonds	WA	98026	N/A	501(c)(3)	General	200.00
Avon Walk For Breast Cancer	PO Box 1073	Rye	NY	10580	N/A	501(c)(3)	General	80.00
Haiti Outreach Ministries	214 S. Woodlryne Ave	Tampa	FL	33609	N/A	501(c)(3)	General	500.00
Nami Rhode Island	154 Waterman St.	Providence	RI	2806	N/A	501(c)(3)	General	100.00
Susan G Komen 3-Day For The Cu	205 N Michigan Ave	Chicago	IL	60601	N/A	501(c)(3)	General	80.00
University Community Hospital	3100 East Fletcher Ave	Tampa	FL	33609	N/A	501(c)(3)	General	50.00
TOTAL CONTRIBUTIONS PAID								\$ 562,096.66