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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.

2012

Open to public inspection

For calendar year 2012 or tax year beginning

, and ending

Name of foundation OUR FAMILY FOR FAMILIES FIRST, INC.		A Employer identification number 20-4848228
Number and street (or P.O. box number if mail is not delivered to street address) 1405 SOUTH COUNTY TRAIL	Room/suite 530	B Telephone number (401) 228-2800
City or town, state, and ZIP code EAST GREENWICH, RI 02818		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 69,000.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	901,346.		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					
12 Total. Add lines 1 through 11	901,346.	0.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees	1,097.	0.		0.
	b Accounting fees				
	c Other professional fees	16,239.	0.		0.
	17 Interest				
	18 Taxes				
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	9,936.	0.		0.
	22 Printing and publications	1,435.	0.		0.
	23 Other expenses	232,509.	0.		0.
	24 Total operating and administrative expenses. Add lines 13 through 23	261,216.	0.		0.
	25 Contributions, gifts, grants paid	683,578.			683,578.
26 Total expenses and disbursements. Add lines 24 and 25	944,794.	0.		683,578.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-43,448.				
b Net investment income (if negative, enter -0-)		0.			
c Adjusted net income (if negative, enter -0-)			N/A		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only			
		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1 Cash - non-interest-bearing	85,928.	44,738.	44,738.	
	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 ▶ STATEMENT 4)	0.	24,262.	24,262.	
	16 Total assets (to be completed by all filers)	85,928.	69,000.	69,000.	
	Liabilities	17 Accounts payable and accrued expenses	1,177.	27,495.	
		18 Grants payable			
19 Deferred revenue					
20 Loans from officers, directors, trustees, and other disqualified persons					
21 Mortgages and other notes payable					
22 Other liabilities (describe ▶ STATEMENT 5)		735.	937.		
23 Total liabilities (add lines 17 through 22)		1,912.	28,432.		
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	84,016.	40,568.		
	30 Total net assets or fund balances	84,016.	40,568.		
	31 Total liabilities and net assets/fund balances	85,928.	69,000.		

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	84,016.
2 Enter amount from Part I, line 27a	2	-43,448.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	40,568.
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	40,568.

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			(l) 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 the 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))
2011	589,821.	148,337.	3.976223
2010	562,097.	125,056.	4.494762
2009	697,080.	127,281.	5.476701
2008	535,258.	63,763.	8.394492
2007	611,604.		

2 Total of line 1, column (d)	2	22.342178
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	4.468436
4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5	4	57,747.
5 Multiply line 4 by line 3	5	258,039.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0.
7 Add lines 5 and 6	7	258,039.
8 Enter qualifying distributions from Part XII, line 4	8	683,578.

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		1	0.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	0.
6 Credits/Payments:			
a 2012 estimated tax payments and 2011 overpayment credited to 2012	6a		
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7		0.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2013 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers. <input checked="" type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV.	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> RI		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	X	

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation 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)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► OURFAMILIESFORFAMILIESFIRST.ORG	13	X	
14	The books are in care of ► DAVID SWEENEY Telephone no. ► (401) 228-2800 Located at ► 1405 SOUTH COUNTY TRAIL, EAST GREENWICH, RI 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	15	N/A	
16	At any time during calendar year 2012, 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 ►	16	Yes	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"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A	
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 2012?	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ►		
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	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2012 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 2012.)	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b	X

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

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒

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

N/A

☐ Yes ☐ No

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

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

☐ Yes ☒ No

6b

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

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

X

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	
All other program-related investments. See instructions.	
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	58,626.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	58,626.
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	58,626.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	879.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	57,747.
6	Minimum investment return. Enter 5% of line 5	6	2,887.

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	2,887.
2a	Tax on investment income for 2012 from Part VI, line 5	2a	
b	Income tax for 2012. (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	2,887.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,887.
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	2,887.

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	683,578.
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	683,578.
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	683,578.

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

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				2,887.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2012:				
a From 2007	609,554.			
b From 2008	532,070.			
c From 2009	690,716.			
d From 2010	555,844.			
e From 2011	582,404.			
f Total of lines 3a through e	2,970,588.			
4 Qualifying distributions for 2012 from Part XII, line 4: ► \$ 683,578.				
a Applied to 2011, but not more than line 2a			0.	
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 2012 distributable amount				2,887.
e Remaining amount distributed out of corpus	680,691.			
5 Excess distributions carryover applied to 2012 (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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,651,279.			
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 2011. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013				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 2007 not applied on line 5 or line 7	609,554.			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	3,041,725.			
10 Analysis of line 9:				
a Excess from 2008	532,070.			
b Excess from 2009	690,716.			
c Excess from 2010	555,844.			
d Excess from 2011	582,404.			
e Excess from 2012	680,691.			

N/A

- b** Check box to indicate whether the foundation is a private operating foundation described in section

☐ 4942(1)(3) or ☐ 4942(1)(5)

- b** 85% of line 2a

- c** Qualifying distributions from Part XII,
line 4 for each year listed

- d** Amounts included in line 2c not used directly for active conduct of exempt activities

- e** Qualifying distributions made directly for active conduct of exempt activities.

Subtract line 2d from line 2c

- 3** Complete 3a, b, or c for the alternative test relied upon:

- a "Assets" alternative test - enter:

- (1) Value of all assets

- (2) Value of assets qualifying under section 4942(j)(3)(B)(i)**

- b** "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed

- c "Support" alternative test - enter:**

- (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

- (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)

- (3) Largest amount of support from an exempt organization**

- (4) Gross investment income

1 Information Regarding Foundation Managers:

- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a** The name, address, and telephone number or e-mail of the person to whom applications should be addressed:

- b The form in which applications should be submitted and information and materials they should include:**

- c Any submission deadlines:

- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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

Recipient Name and address (home or business)	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
a Paid during the year				
SEE ATTACHED LIST				683,578.
Total			▶ 3a	683,578.
b Approved for future payment				
NONE				
Total			▶ 3b	0.

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

2012

Name of the organization

OUR FAMILY FOR FAMILIES FIRST, INC.

Employer identification number

20-4848228

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Form 990-PF

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

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

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, 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) (2012)

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	ARMSTRONG WOOD PRODUCTS 5465 LEGACY DR, SUITE 600 PLANO, TX 75204	\$ 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	ARMSTRONG WORLD 10 GROSVENOR COURT REISTERTOWN, MD 21136	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3	ASSOCIATED MATERIALS 3773 ST RD CUYAHOGA FALLS, OH 44223	\$ 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	BARCLAYS 555 CALIFORNIA ST 30TH PL SAN FRANCISCO, CA 94104	\$ 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	BRIAN BEAUREGARD 2460-AG STREET FORT RILEY, KS 66442	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
6	BRICKMAN GROUP 18227-D FLOWER HILL WAY GAITHERSBURG, MD 20879	\$ 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
<u>7</u>	<u>CHARLES PHILBRICK</u> <u>PO BOX 786</u> <u>WHEATON, IL 60187</u>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>8</u>	<u>CITIZENS HOMES</u> <u>11811 EVERSFIELD LN.</u> <u>CHARLOTTE, NC 028269</u>	\$ <u>9,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>9</u>	<u>GOEBEL (STAR LUMBER)</u> <u>PO BOX 7712</u> <u>WICHITA, KS 67277</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>10</u>	<u>HD SUPPLY</u> <u>PO BOX 4645</u> <u>ORLANDO, FL 32802</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>11</u>	<u>HOLLAND & KNIGHT</u> <u>2099 PENN. AVE, NW SUITE 100</u> <u>WASHINGTON, DC 20006</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>12</u>	<u>J. MCDONALD</u> <u>20 IRON HILL ST</u> <u>E. WEYMOUTH, MA 02189</u>	\$ <u>7,500.</u>	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
13	JOHNSON CONTROLS 257 N. HARVARD AVE OKLAHOMA CITY, OK 73127	\$ 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	MILITARY HOMELINK 1405 SOUTH COUNTY TRAIL, SUITE 530 EAST GREENWICH, RI 02818	\$ 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	JOHN G PICERNE 1405 SOUTH COUNTY TRAIL, SUITE 530 EAST GREENWICH, RI 02818	\$ 625,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	KCS LANDSCAPING 3141 FAIRVIEW PARK DR. FALLS CHURCH, VA 22042	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
17	KIMLEY-HORN PO BOX 932514 ATLANTA, GA 31193	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
18	MICHAEL STEINER 2404 RAVENVIEW RD TIMONIUM, MD 21093	\$ 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
19	MOEN 7 POINTE CIRCLE JACKSON, NJ 08527	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
20	PETTY, LIVINGSTON 725 CHURCH ST SUITE 1200 LYNCHBURG, VA 24505	\$ 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	SHERWIN WILLIAMS 313 TECHNOLOGY DR. MALVERN, PA 19355	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
22	REAL PAGE 4000 INTL. PKWY CARROLLTON, TX 75007	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
23	SEAGULL LIGHTING 301 W WASHINGTON ST RIVERSIDE, NJ	\$ 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	USI INSURANCE 50 CABOT ST NEEDHAM, MA 02494	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

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	YARDI 430 S FAIRVIEW AVE GOLETA, CA 93117	\$ 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	GOODMAN GLOBAL 5151 SAN FELIPE, SUITE 500 HOUSTON, TX 77056	\$ 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	GREENSTATE LANDSCAPING 2643 W. CARTHAGE RD LUMBERTOWN, NC 28360	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
28	PLANWORX ARCHITECTURE 5711 SIX FORKS RD. RALEIGH, NC 27609	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
29	SEVERN PLUMBING 1900 NORFOLK DR. OWINGS, MD 20736	\$ 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	SHAW INDUSTRIES PO BOX 1000232 ATLANTA, GA 30384	\$ 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
31	TOM MURRAY 1405 SOUTH COUNTY TRAIL, SUITE 530 EAST GREENWICH, RI 02818	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	WILSONART OMB 23031 PO BOX 2428 PENSACOLA, FL 32513	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

OUR FAMILY FOR FAMILIES FIRST, INC.

20-4848228

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.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

FORM 990-PF	LEGAL FEES	STATEMENT	1
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	1,097.	0.		0.
TO FM 990-PF, PG 1, LN 16A	1,097.	0.		0.

FORM 990-PF	OTHER PROFESSIONAL FEES	STATEMENT	2
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROFESSIONAL FEES	16,239.	0.		0.
TO FORM 990-PF, PG 1, LN 16C	16,239.	0.		0.

FORM 990-PF	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE EXPENSE	10,410.	0.		0.
TELEPHONE	160.	0.		0.
2012 GOLF TOURNAMENT	101,503.	0.		0.
ADOPT A CHARITY	29,507.	0.		0.
OTHER CHARITABLE PURPOSES	1,936.	0.		0.
ORIENTATION EXPENSE	88,993.	0.		0.
TO FORM 990-PF, PG 1, LN 23	232,509.	0.		0.

FORM 990-PF	OTHER ASSETS	STATEMENT	4
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DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
PLEDGES RECEIVABLE	0.	2,500.	2,500.
PRE PAID - OTHER	0.	21,762.	21,762.
TO FORM 990-PF, PART II, LINE 15	0.	24,262.	24,262.

FORM 990-PF	OTHER LIABILITIES	STATEMENT	5
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DESCRIPTION	BOY AMOUNT	EOY AMOUNT
DUE TO PICERNE MILITARY HOUSING	735.	937.
TOTAL TO FORM 990-PF, PART II, LINE 22	735.	937.

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 CONTRIB	EXPENSE ACCOUNT
JOHN G PICERNE 1405 SOUTH COUNTY TRAIL,SUITE 530 EAST GREENWICH, RI 02818	DIRECTOR, PRESIDENT 0.00	0.	0.	0.
CLAUDE LEVESQUE 1405 SOUTH COUNTY TRAIL,SUITE 530 EAST GREENWICH, RI 02818	DIRECTOR, TREASURER 0.00	0.	0.	0.
MARIA MONTALVO 1405 SOUTH COUNTY TRAIL,SUITE 530 EAST GREENWICH, RI 02818	DIRECTOR, SECRETARY 0.00	0.	0.	0.
JANET COLANTUONO 1405 SOUTH COUNTY TRAIL,SUITE 530 EAST GREENWICH, RI 02818	DIRECTOR 0.00	0.	0.	0.
LYNN FOSSUM 1405 SOUTH COUNTY TRAIL,SUITE 530 EAST GREENWICH, RI 02818	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

Attachment to Part XV, Page 11 (Grants and Contributions Paid During Year)									
Name	Address	City	State	Zip	Relationship	Foundation Status	Purpose	Amount	
OUR FAMILY FOR FAMILIES FIRST EIN - 20-4848228 - 2012 990-PF									
NICOLE ALBERS	14707 Berry Circle	Omaha	NE	68137	N/A	N/A	Educational Scholarship	\$ 5,000.00	
ARIZONA STATE UNIVERSITY	PO Box 870412	Tempe	AZ	85287	N/A	N/A	Educational Scholarship	\$ 4,000.00	
CHRISTY ASANO	10 Thorne St.	Fort Rucker	AL	36362	N/A	N/A	Educational Scholarship	\$ 5,000.00	
BAKER UNIVERSITY SCHOOL OF NUR	PO Box 65	Baldwin City	KS	66006	N/A	N/A	Educational Scholarship	\$ 10,000.00	
DALLAS BEHRENS	272 Brevard Blvd	Huntsville	AL	35811	N/A	N/A	Educational Scholarship	\$ 443.21	
MELISSA BOOTH	44520 Smokey Hill Loop	Fort Riley	KS	66442	N/A	N/A	Educational Scholarship	\$ 5,000.00	
LISA BROWN	3 Ivy Court	Gray	TN	37615	N/A	N/A	Educational Scholarship	\$ 5,000.00	
KERRY CAMPBELL	24240-2 Jupiter Dr.	Fort Riley	KS	66442	N/A	N/A	Educational Scholarship	\$ 5,000.00	
CHAPLEY RIDGE APARTMENTS	101 Legacy Terrace	Chapel Hill	NC	27516	N/A	N/A	Educational Scholarship	\$ 5,990.00	
CHAPEL VIEW	2701 Homestead Rd.	Chapel Hill	NC	27516	N/A	N/A	Educational Scholarship	\$ 2,306.00	
COLLEGIATE COMMONS APARTMENTS	1407 Cunningham St	Greensboro	NC	27401	N/A	N/A	Educational Scholarship	\$ 3,555.00	
COLLEGE OF SAINT MARY	7000 Mercy Rd.	Omaha	NE	68106	N/A	N/A	Educational Scholarship	\$ 12,500.00	
COPPER BEECH TOWNHOME COMMUNIT	1400 Statesboro Place Circle	Statesboro	GA	30458	N/A	N/A	Educational Scholarship	\$ 3,072.44	
CORNELL UNIVERSITY	203 Day Hall	Ithaca	NY	14853-2801	N/A	N/A	Educational Scholarship	\$ 206.11	
DREXEL UNIVERSITY	3141 Chestnut St.	Philadelphia	PA	19104	N/A	N/A	Educational Scholarship	\$ 3,750.00	
EAST CAROLINA UNIVERSITY	2103 Old Cafeteria Complex	Greenville	NC	27868	N/A	N/A	Educational Scholarship	\$ 2,934.00	
THE FLATS STUDENT HOUSING	450 16th St. NW	Atlanta	GA	30363	N/A	N/A	Educational Scholarship	\$ 7,000.00	
THE GEORGE WASHINGTON UNIVERSI	800 21st St., NW	Washington	DC	20052	N/A	N/A	Educational Scholarship	\$ 10,000.00	
BILL HIGHWAY	PO Box 636720	Cincinnati	OH	45263	N/A	N/A	Educational Scholarship	\$ 2,725.00	
SARAH HILTON	9323 McVicker Ave.	Oak Lawn	IL	60453	N/A	N/A	Educational Scholarship	\$ 5,000.00	
PAUL HOVEY	617A Sykes St.	Chapel Hill	NC	27516	N/A	N/A	Educational Scholarship	\$ 214.02	
HUTTON FARMS	3401 Hutton Farms Rd	Lawrence	KS	66049	N/A	N/A	Educational Scholarship	\$ 5,125.00	
ANNAUSA IRBY	7438 East Pleasant Run	Scottsdale	AZ	85258	N/A	N/A	Educational Scholarship	\$ 295.05	
BRITTANY JENIO	403 Wayberry Dr	Fayetteville	NC	28303	N/A	N/A	Educational Scholarship	\$ 2,725.00	
CRYSTAL JONES	26203-1 Black Kettle Dr	Fort Riley	KS	66442	N/A	N/A	Educational Scholarship	\$ 5,000.00	
LAKE RIDGE APARTMENTS	900 Lake Ridge Road	Hampton	VA	23666	N/A	N/A	Educational Scholarship	\$ 4,574.50	
THE LANDING	1920 Exchange Dr	Greenville	NC	27858	N/A	N/A	Educational Scholarship	\$ 2,066.00	
LEAH LAUTERBERG-HUSS	5765 Peden Rd.	Fort Sill	OK	73503	N/A	N/A	Educational Scholarship	\$ 5,000.00	
LEGENDS PLACE	4101 W. 24th Place	Lawrence	KS	66047	N/A	N/A	Educational Scholarship	\$ 4,608.00	
LOUISE BECK PROPERTIES, INC.	319 Providence Rd	Chapel Hill	NC	27514	N/A	N/A	Educational Scholarship	\$ 1,306.00	
JULIE MASSENGALE	708 Oak Knoll Circle	Leesville	AL	71446	N/A	N/A	Educational Scholarship	\$ 5,000.00	
MCFISH 32 LLC	7 Redbud Dr.	Sicklerville	NJ	08081	N/A	N/A	Educational Scholarship	\$ 6,600.00	
SHARISSE MONTGOMERY	16501 Howard Place	Fort Polk	LA	71459	N/A	N/A	Educational Scholarship	\$ 5,000.00	
KRISTEN MURZYN	5459 Brown Ct.	Fort Polk	LA	71459	N/A	N/A	Educational Scholarship	\$ 5,000.00	
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	\$ 12,500.00	
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	\$ 960.71	
BRIAN SWEET	PO Box 6890	El Paso	TX	79906	N/A	N/A	Educational Scholarship	\$ 558.41	
FAYETTEVILLE STATE UNIVERSITY	1200 Murchison Rd	Fayetteville	NC	28301	N/A	N/A	Educational Scholarship	\$ 2,500.00	
GEORGIA SOUTHERN UNIVERSITY	PO Box 8065	Statesboro	GA	30460	N/A	N/A	Educational Scholarship	\$ 6,927.56	
HAMPTON UNIVERSITY	100 E. Queen St.	Hampton	VA	23668	N/A	N/A	Educational Scholarship	\$ 5,425.50	
HASTINGS COLLEGE	710 N. Turner Ave.	Hastings	NE	68901	N/A	N/A	Educational Scholarship	\$ 10,000.00	
KANSAS STATE UNIVERSITY	100 Holtz Hall	Manhattan	KS	66506	N/A	N/A	Educational Scholarship	\$ 4,430.00	
KANSAS STATE UNIVERSITY	100 Holtz Hall	Manhattan	KS	66506	N/A	N/A	Educational Scholarship	\$ 11,665.00	
KANSAS STATE UNIVERSITY	100 Holtz Hall	Manhattan	KS	66506	N/A	N/A	Educational Scholarship	\$ 14,000.00	

OUR FAMILY FOR FAMILIES FIRST															
EIN - 20-4848228 - 2012 990-PF		Attachment to Part XV, Page 11 (Grants and Contributions Paid During Year)													
		2		3		4		5		Foundation					
Name	Address	City	State	Zip	Relationship	Status	Purpose	Amount							
FLINT HILLS BREADBASKET	905 Yuma St.	Manhattan	KS	66502	N/A	501(c)(3)	General	\$ 300.00						\$	300.00
FLINT HILLS BREADBASKET	905 Yuma St.	Manhattan	KS	66502	N/A	501(c)(3)	General	\$ 1,000.00						\$	1,000.00
GREAT PYRENEES RESCUE OF OKLAH	16523 SE Tinney Rd.	Walters	OK	73572	N/A	501(c)(3)	General	\$ 200.00						\$	200.00
GREAT PYRENEES RESCUE OF OKLAH	16523 SE Tinney Rd.	Walters	OK	73572	N/A	501(c)(3)	General	\$ 240.00						\$	240.00
GREAT PYRENEES RESCUE OF OKLAH	16523 SE Tinney Rd.	Walters	OK	73572	N/A	501(c)(3)	General	\$ 2,420.00						\$	2,420.00
GREAT PYRENEES RESCUE OF OKLAH	16523 SE Tinney Rd.	Walters	OK	73572	N/A	501(c)(3)	General	\$ 200.00						\$	200.00
GREAT PYRENEES RESCUE OF OKLAH	16523 SE Tinney Rd.	Walters	OK	73572	N/A	501(c)(3)	General	\$ 762.00						\$	762.00
GREAT PYRENEES RESCUE OF OKLAH	16523 SE Tinney Rd.	Walters	OK	73572	N/A	501(c)(3)	General	\$ 530.00						\$	530.00
GREAT PYRENEES RESCUE OF OKLAH	16523 SE Tinney Rd.	Walters	OK	73572	N/A	501(c)(3)	General	\$ 3,242.00						\$	3,242.00
THE GREAT HUMAN RACE	PO Box 3374	Durham	NC	27702	N/A	501(c)(3)	General	\$ 80.00						\$	80.00
HOLLISTON FOOD PANTRY	23 Water St.	Holliston	MA	01746	N/A	501(c)(3)	General	\$ 300.00						\$	300.00
HOLLISTON FOOD PANTRY	23 Water St.	Holliston	MA	01746	N/A	501(c)(3)	General	\$ 500.00						\$	500.00
HOPE HIGHLANDS ELEMENTARY SCHO	300 Hope Rd.	Cranston	RI	02921	N/A	501(c)(3)	General	\$ 60.00						\$	60.00
HOPE HIGHLANDS ELEMENTARY SCHO	300 Hope Rd.	Cranston	RI	02921	N/A	501(c)(3)	General	\$ 60.00						\$	60.00
HOYT FOUNDATION	241 Mashapaug Rd.	Holland	MA	01521	N/A	501(c)(3)	General	\$ 100.00						\$	100.00
LANCE ARMSTRONG FOUNDATION	2201 E. Smith St.	Austin	TX	78702	N/A	501(c)(3)	General	\$ 200.00						\$	200.00
LEUKEMIA & LYMPHOMA SOCIETY	1311 Mamaroreck Ave.	White Plains	NY	10605	N/A	501(c)(3)	General	\$ (50.00)						\$	(50.00)
LEUKEMIA & LYMPHOMA SOCIETY	1311 Mamaroreck Ave.	White Plains	NY	10605	N/A	501(c)(3)	General	\$ 50.00						\$	50.00
LEUKEMIA & LYMPHOMA SOCIETY	1311 Mamaroreck Ave.	White Plains	NY	10605	N/A	501(c)(3)	General	\$ 50.00						\$	50.00
LEUKEMIA & LYMPHOMA SOCIETY	1311 Mamaroreck Ave.	White Plains	NY	10605	N/A	501(c)(3)	General	\$ 60.00						\$	60.00
LEUKEMIA & LYMPHOMA SOCIETY	1311 Mamaroreck Ave.	White Plains	NY	10605	N/A	501(c)(3)	General	\$ 40.00						\$	40.00
MATTHEW SIRAVO MEMORIAL FOUNDA	PO Box 5300	Wakefield	RI	02880	N/A	501(c)(3)	General	\$ 1,000.00						\$	1,000.00
MATTHEW SIRAVO MEMORIAL FOUNDA	PO Box 5300	Wakefield	RI	02880	N/A	501(c)(3)	General	\$ 400.00						\$	400.00
MATTHEW SIRAVO MEMORIAL FOUNDA	PO Box 5300	Wakefield	RI	02880	N/A	501(c)(3)	General	\$ 1,000.00						\$	1,000.00
THE MATTY FUND	PO Box 5300	Wakefield	RI	02880	N/A	501(c)(3)	General	\$ 610.00						\$	610.00
THE MATTY FUND	PO Box 5300	Wakefield	RI	02880	N/A	501(c)(3)	General	\$ 60.00						\$	60.00
THE MATTY FUND	PO Box 5300	Wakefield	RI	02880	N/A	501(c)(3)	General	\$ 200.00						\$	200.00
THE MATTY FUND	PO Box 5300	Wakefield	RI	02880	N/A	501(c)(3)	General	\$ 200.00						\$	200.00
MOVIN' WITH THE SPIRIT	PO Box 238	Columbia	CT	06237	N/A	501(c)(3)	General	\$ 5,000.00						\$	5,000.00
NANCY LIEBERMAN FOUNDATION	PO Box 261233	Plano	TX	75026	N/A	501(c)(3)	General	\$ 2,000.00						\$	2,000.00
NATIONAL KIDNEY FOUNDATION	5201 Kingston Pike	Knoxville	TN	37919	N/A	501(c)(3)	General	\$ 100.00						\$	100.00
NATIONAL MULTIPLE SCLEROSIS SO	192 Nickerson St., Ste 100	Seattle	WA	98109	N/A	501(c)(3)	General	\$ 600.00						\$	600.00
AMERICAN CANCER SOCIETY	2202 Wrightsville Ave.	Wilmington	NC	28403	N/A	501(c)(3)	General	\$ 50.00						\$	50.00
AMERICAN CANCER SOCIETY	2202 Wrightsville Ave.	Wilmington	NC	28403	N/A	501(c)(3)	General	\$ 456.00						\$	456.00
AMERICAN CANCER SOCIETY	2202 Wrightsville Ave.	Wilmington	NC	28403	N/A	501(c)(3)	General	\$ 90.00						\$	90.00
AMERICAN CANCER SOCIETY	2202 Wrightsville Ave.	Wilmington	NC	28403	N/A	501(c)(3)	General	\$ 50.00						\$	50.00
AMERICAN CANCER SOCIETY	2202 Wrightsville Ave.	Wilmington	NC	28403	N/A	501(c)(3)	General	\$ 50.00						\$	50.00
AMERICAN CANCER SOCIETY	2202 Wrightsville Ave.	Wilmington	NC	28403	N/A	501(c)(3)	General	\$ 20.00						\$	20.00
AMERICAN CANCER SOCIETY	2202 Wrightsville Ave.	Wilmington	NC	28403	N/A	501(c)(3)	General	\$ 70.00						\$	70.00
AMERICAN CANCER SOCIETY	2202 Wrightsville Ave.	Wilmington	NC	28403	N/A	501(c)(3)	General	\$ 80.00						\$	80.00
AMERICAN CANCER SOCIETY	2202 Wrightsville Ave.	Wilmington	NC	28403	N/A	501(c)(3)	General	\$ 50.00						\$	50.00
AMERICAN CANCER SOCIETY	2202 Wrightsville Ave.	Wilmington	NC	28403	N/A	501(c)(3)	General	\$ 50.00						\$	50.00
EDMONDS CENTER FOR THE ARTS	410 Fourth Avenue North	Edmonds	WA	98020	N/A	501(c)(3)	General	\$ 10,000.00						\$	10,000.00
FAYETTEVILLE URBAN MINISTRY	PO Box 1171	Fayetteville	NC	28302	N/A	501(c)(3)	General	\$ 2,000.00						\$	2,000.00
LEND-A-HAND THERAPEUTIC RIDING	151 Laten Knight Rd.	Cranston	RI	02921	N/A	501(c)(3)	General	\$ 120.00						\$	120.00

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

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

Part I only ☐

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. OUR FAMILY FOR FAMILIES FIRST, INC.	Employer identification number (EIN) or 20-4848228
	Number, street, and room or suite no. If a P.O. box, see instructions. 1405 SOUTH COUNTY TRAIL, NO. 530	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. EAST GREENWICH, RI 02818	

Enter the Return code for the return that this application is for (file a separate application for each return)

04

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DAVID SWEENEY

- The books are in the care of ► **1405 SOUTH COUNTY TRAIL - EAST GREENWICH, RI 02818**

Telephone No. ► **(401) 228-2800**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☒ calendar year **2012** or
► ☐ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

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

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

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

Form **8868** (Rev. 1-2013)