

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization OUR FUND FOUNDATION, INC. Doing business as OUR FUND FOUNDATION Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1201 NE 26TH ST 108 City or town, state or province, country, and ZIP or foreign postal code WILTON MANORS, FL 33305 F Name and address of principal officer: DAVID JOBIN 1201 NE 26TH, SUITE 108, WILTON MANORS, FL	D Employer identification number 27-4734125 E Telephone number (954)565-1090 G Gross receipts \$ 6,536,005. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: HTTPS://OUR-FUND.ORG/		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2011 M State of legal domicile: FL

Part I Summary

1	Briefly describe the organization's mission or most significant activities: A COMMUNITY FOUNDATION ESTABLISHED TO PROMOTE A CULTURE OF PHILANTHROPY IN A DIVERSE			
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3	Number of voting members of the governing body (Part VI, line 1a)	3		22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		22
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5		5
6	Total number of volunteers (estimate if necessary)	6		0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		0.
8	Contributions and grants (Part VIII, line 1h)	8	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	9	5,323,417.	5,086,174.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	708,986.	1,449,831.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	6,032,403.	6,536,005.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	4,885,546.	3,973,522.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	632,065.	719,389.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 199,425.	b		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	629,126.	727,741.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	6,146,737.	5,420,652.
19	Revenue less expenses. Subtract line 18 from line 12	19	-114,334.	1,115,353.
20	Total assets (Part X, line 16)	20	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	21	24,000,942.	25,750,615.
22	Net assets or fund balances. Subtract line 21 from line 20	22	1,443,056.	1,507,357.
			22,557,886.	24,243,258.

Part II Signature Block

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

Sign Here	Signature of officer DAVID JOBIN, CEO Type or print name and title	Date
Paid Preparer Use Only	Preparer's name DEREK M. WEBB	Preparer's signature DEREK M. WEBB
	Firm's name WEBB CPA, P.A.	Date 11/05/25
	Firm's address 1903 SOUTH CONGRESS AVE., SUITE 340 BOYNTON BEACH, FL 33426	Check if self-employed <input type="checkbox"/> PTIN P00389509
		Firm's EIN 93-2016641
		Phone no. (561) 752-1721

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: OUR FUND'S MISSION IS TO PROMOTE A CULTURE OF PHILANTHROPY BY UNITING DONORS WITH ORGANIZATIONS SUPPORTING THE LGBT COMMUNITY. OUR FUND FOUNDATION EXISTS TO SUPPORT A SUSTAINABLY LIVABLE COMMUNITY BY WORKING WITH INDIVIDUALS, FAMILIES, ESTATE ATTORNEYS, AND FINANCIAL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,046,192. including grants of \$ 3,973,522.) (Revenue \$) PROGRAM SERVICES DURING THE FISCAL YEAR WERE FOCUSED ON EDUCATING DONORS ABOUT NON-PROFIT ORGANIZATIONS PROVIDING SERVICES TO THE LGBTQ COMMUNITY IN SOUTH FLORIDA. GRANTS WERE DISTRIBUTED TO QUALIFIED ORGANIZATIONS AS RECOMMENDED BY OUR DONOR ADVISED FUNDS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,046,192.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 22		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed FL
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 DAVID JOBIN - (954) 565-1090
 1201 NE 26TH STREET, SUITE 108, WILTON MANORS, FL 33305

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID JOBIN PRESIDENT/CEO	45.00			X			204,800.	0.	10,160.	
(2) R. MARK BLAYLOCK FORMER CFO	45.00			X			174,470.	0.	23,200.	
(3) TED VASQUEZ CFO	45.00			X			103,500.	0.	16,324.	
(4) SCOTT BENNETT CHAIR	4.00	X		X			0.	0.	0.	
(5) BARBARA SIGNER VICE CHAIR	4.00	X		X			0.	0.	0.	
(6) SUE WILDER BOARD MEMBER	2.00	X					0.	0.	0.	
(7) KEN FLICK SECRETARY	4.00	X		X			0.	0.	0.	
(8) DONALD HAYDEN BOARD MEMBER	2.00	X					0.	0.	0.	
(9) CRUZ YAHAIRA BARRIENTOS BOARD MEMBER	2.00	X					0.	0.	0.	
(10) CHRISTOPHER BATES BOARD MEMBER	2.00	X					0.	0.	0.	
(11) COLGATE DARDEN BOARD MEMBER	2.00	X					0.	0.	0.	
(12) PAUL ROLLI BOARD MEMBER	2.00	X					0.	0.	0.	
(13) GHENETE WRIGHT-MUIR BOARD MEMBER	2.00	X					0.	0.	0.	
(14) REBECCA MANDELMAN BOARD MEMBER	2.00	X					0.	0.	0.	
(15) JASON CEAVERS BOARD MEMBER	2.00	X					0.	0.	0.	
(16) MARK REYES BOARD MEMBER	2.00	X					0.	0.	0.	
(17) JONATHAN BARKER TREASURER	4.00	X		X			0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JERRY CHASEN BOARD MEMBER	2.00	X						0.	0.	0.
(19) NAOMI COBB BOARD MEMBER	2.00	X						0.	0.	0.
(20) ANGELIQUE GRANT BOARD MEMBER	2.00	X						0.	0.	0.
(21) JESSICA LAM BOARD MEMBER	2.00	X						0.	0.	0.
(22) MARQ MITCHELL BOARD MEMBER	2.00	X						0.	0.	0.
(23) JOSEPH QUINONES BOARD MEMBER	2.00	X						0.	0.	0.
(24) SANDRA SIEGAL BOARD MEMBER	2.00	X						0.	0.	0.
(25) LARRY HYER BOARD MEMBER	2.00	X						0.	0.	0.
1b Subtotal								482,770.	0.	49,684.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								482,770.	0.	49,684.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	5,086,174.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,420,520.					
	h Total. Add lines 1a-1f			5,086,174.				
Program Service Revenue	2 a _____	Business Code						
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,449,831.	1,449,831.			
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real	(ii) Personal				
	b Less: rental expenses ...	6b						
	c Rental income or (loss)	6c						
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses	7b						
	c Gain or (loss)	7c						
d Net gain or (loss)								
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a							
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a _____	Business Code						
	b _____							
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions				6,536,005.	1,449,831.	0.	0.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,973,522.	3,973,522.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	482,770.	264,227.	89,972.	128,571.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	122,790.	83,685.	26,826.	12,279.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	69,193.	43,413.	15,177.	10,603.
10 Payroll taxes	44,636.	25,940.	8,766.	9,930.
11 Fees for services (nonemployees):				
a Management	31,100.	23,325.	4,043.	3,732.
b Legal				
c Accounting	8,500.		8,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	117,575.	109,511.		8,064.
12 Advertising and promotion	11,625.	8,137.		3,488.
13 Office expenses	11,316.	8,487.	1,471.	1,358.
14 Information technology	31,848.	23,886.	4,140.	3,822.
15 Royalties				
16 Occupancy	56,217.	42,163.	7,308.	6,746.
17 Travel	6,406.	4,805.	320.	1,281.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,645.	2,116.		529.
20 Interest	4,045.	3,034.	526.	485.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,214.	22,661.	3,928.	3,625.
23 Insurance	8,205.	6,153.	1,067.	985.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FUND EXPENSES	275,111.	275,111.		
b EDUCATIONAL PROGRAMS	61,207.	61,207.		
c COMMUNITY PROGRAM EXPEN	39,643.	39,643.		
d CREDIT CARD PROCESSING	8,021.	6,016.	1,043.	962.
e All other expenses	24,063.	19,150.	1,948.	2,965.
25 Total functional expenses. Add lines 1 through 24e	5,420,652.	5,046,192.	175,035.	199,425.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	47,406.	1	43,998.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	293,210.	3	324,048.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,536.	9	1,874.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 268,368.		
	b Less: accumulated depreciation	10b 174,356.		
	11 Investments - publicly traded securities	121,542.	10c	94,012.
	12 Investments - other securities. See Part IV, line 11	23,400,151.	11	25,172,647.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	137,097.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	24,000,942.	15	114,036.	
		16	25,750,615.	
Liabilities	17 Accounts payable and accrued expenses	1,736.	17	323.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,441,320.	25	1,507,034.
	26 Total liabilities. Add lines 17 through 25	1,443,056.	26	1,507,357.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	22,499,862.	27	24,028,842.
	28 Net assets with donor restrictions	58,024.	28	214,416.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	22,557,886.	32	24,243,258.
	33 Total liabilities and net assets/fund balances	24,000,942.	33	25,750,615.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,536,005.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,420,652.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,115,353.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,557,886.
5	Net unrealized gains (losses) on investments	5	570,019.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	24,243,258.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4838943.	7058931.	4029917.	5323417.	5086174.	26337382.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4838943.	7058931.	4029917.	5323417.	5086174.	26337382.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						26337382.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	4838943.	7058931.	4029917.	5323417.	5086174.	26337382.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3269499.	1200658.	-1916732.	708,986.	1449831.	4712242.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						31049624.

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	84.82 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	88.16 %

16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

SCHEDULE D
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

OUR FUND FOUNDATION, INC.

Employer identification number

27-4734125

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	71	31
2 Aggregate value of contributions to (during year)	3,008,833.	1,282,950.
3 Aggregate value of grants from (during year)	2,151,521.	1,207,939.
4 Aggregate value at end of year	4,984,163.	2,564,544.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	17,242,770.	15,778,907.	15,466,100.	15,474,166.	11,615,643.
b Contributions	257,998.	1,350,825.	674,815.	3,805,784.	2,381,532.
c Net investment earnings, gains, and losses	1,644,089.	1,535,049.	936,743.	-2,691,746.	2,397,280.
d Grants or scholarships	1,311,973.	1,218,563.	1,106,438.	881,247.	749,687.
e Other expenditures for facilities and programs	2,475.	7,684.	15,800.	40,686.	10,900.
f Administrative expenses	206,458.	195,764.	176,513.	200,171.	159,702.
g End of year balance	17,623,951.	17,242,770.	15,788,907.	15,466,100.	15,474,166.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 10.6800 %
 - b** Permanent endowment 68.9900 %
 - c** Term endowment 20.3300 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		169,673.	92,001.	77,672.
d Equipment		98,695.	82,355.	16,340.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				94,012.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR THE BENEFIT OF AGENCIES	1,400,671.
(3) OPERATING LEASE LIABILITY	106,363.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

**SCHEDULE I
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **OUR FUND FOUNDATION, INC.** Employer identification number **27-4734125**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACLU FOUNDATION 125 BROAD STREET 18TH FLOOR NEW YORK, NY 10004	13-6213516	501C3	23,000.	0.	BOOK		GENERAL OPERATING SUPPORT
SUNSHINE SOCIAL SERVICES, INC. DBA SUNSERVE - 750 SE 3RD AVE 3RD FLOOR - FT LAUDERDALE, FL 33316	01-0582371	501C3	41,747.	0.	BOOK		GENERAL OPERATING SUPPORT
EQUALITY FLORIDA INSTITUTE, INC. P.O. BOX 13184 ST. PETERSBURG, FL 33733	59-3435235	501C3	110,400.	0.	BOOK		GENERAL OPERATING SUPPORT
STONEWALL NATIONAL MUSEUM AND ARCHIVES - 1300 EAST SUNRISE BLVD - FT LAUDERDALE, FL 33304	65-0139829	501C3	124,120.	0.	BOOK		GENERAL OPERATING SUPPORT
LAMBDA LEGAL 120 WALL STREET, 19TH FLOOR NEW YORK, NY 10005	23-7395681	501C3	255,034.	0.	BOOK		GENERAL OPERATING SUPPORT
AIDS HEALTHCARE FOUNDATION FBO SAVE LGBTQ - 1101 BRICKELL AVE SOUTH TOWER 8TH FLOOR - MIAMI, FL 33131	95-4112121	501C3	55,700.	0.	BOOK		GENERAL OPERATING SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 102.

3 Enter total number of other organizations listed in the line 1 table _____

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACLU OF SOUTH FLORIDA 4343 W FLAGLER ST STE 400 CORAL GABLES, FL 33134	13-6213516	501C3	10,000.	0.	BOOK		GENERAL OPERATING SUPPORT
SAGE PO BOX 22876 NEW YORK, NY 10087	13-2947657	501C3	117,000.	0.	BOOK		GENERAL OPERATING SUPPORT
BLACK LGBTQ LIBERATION, LLC 2900 NE 30TH STREET, 1G FT LAUDERDALE, FL 33306	87-2976191	501C3	31,150.	0.	BOOK		GENERAL OPERATING SUPPORT
ALZHEIMER'S ASSOCIATION PO BOX 96011 WASHINGTON, DC 20090	13-3039601	501C3	10,000.	0.	BOOK		GENERAL OPERATING SUPPORT
THE PRIDE CENTER AT EQUALITY PARK 2040 NORTH DIXIE HIGHWAY WILTON MANORS, FL 33305	65-0431045	501C3	17,200.	0.	BOOK		GENERAL OPERATING SUPPORT
AIDS HEALTHCARE FOUNDATION FBO SUNSERVE - 750 SE 3RD AVE 3RD FLOOR - FT LAUDERDALE, FL 33305	95-4112121	501C3	59,466.	0.	BOOK		GENERAL OPERATING SUPPORT
AIDS HEALTHCARE FOUNDATION FBO TRANSINCLUSIVE GROUP - 2038 N DIXIE HIGHWAY, SUITE 201 - WILTON MANORS, FL 33305	95-4112121	501C3	16,000.	0.	BOOK		GENERAL OPERATING SUPPORT
ASPCA 424 E. 92ND STREET NEW YORK, NY 10028	13-1623829	501C3	5,582.	0.	BOOK		GENERAL OPERATING SUPPORT
OUTSHINE (MIAMI GAY AND LESBIAN FILM FESTIVAL) - PO BOX 530280 - MIAMI, FL 33153	65-0830266	501C3	40,000.	0.	BOOK		GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROWARD COUNTY FILM SOCIETY INC 1314 E. LAS OLAS BLVD FT LAUDERDALE, FL 33301	59-2701676	501C3	9,601.	0.	BOOK		GENERAL OPERATING SUPPORT
THE HUMANITY PROJECT 604 NORTHEAST 2ND STREET #331 DANIA BEACH, FL 33004	02-0758888	501C3	25,000.	0.	BOOK		GENERAL OPERATING SUPPORT
AIDS HEALTHCARE FOUNDATION FBO THE PRIDE CENTER - 2040 N DIXIE HWY - WILTON MANORS, FL 33305	95-4112121	501C3	83,953.	0.	BOOK		GENERAL OPERATING SUPPORT
BROWARD PERFORMING ARTS FOUNDATION 201 SOUTHWEST 5TH AVE FT LAUDERDALE, FL 33312	59-2657043	501C3	19,550.	0.	BOOK		GENERAL OPERATING SUPPORT
ARTSERVE INC. 1350 E SUNRISE BLVD FT LAUDERDALE, FL 33304	65-0058919	501C3	20,000.	0.	BOOK		GENERAL OPERATING SUPPORT
ISLAND CITY STAGE 2304 N. DIXIE HWY WILTON MANORS, FL 33305	45-4264114	501C3	80,719.	0.	BOOK		GENERAL OPERATING SUPPORT
BUDDY SYSTEM MIA 26 NE 70TH ST MIAMI, FL 33138	85-1061921	501C3	15,000.	0.	BOOK		GENERAL OPERATING SUPPORT
YES INSTITUTE 5275 SUNSET DRIVE MIAMI, FL 33143	65-0646667	501C3	35,500.	0.	BOOK		GENERAL OPERATING SUPPORT
ARTS UNITED 2401 N DIXIE HWY WILTON MANORS, FL 33305	65-0937776	501C3	31,700.	0.	BOOK		GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GAY MEN'S CHORUS OF SOUTH FLORIDA 2038 N DIXIE HIGHWAY, SUITE 201 WILTON MANORS, FL 33305	27-3533074	501C3	80,075.	0.	BOOK		GENERAL OPERATING SUPPORT
PET PROJECT FOR PETS, INC 2200 NORTHWEST 9TH AVNUE WILTON MANORS, FL 33311	37-1440098	501C3	6,750.	0.	BOOK		GENERAL OPERATING SUPPORT
CHURCH OF THE HOLY SPIRITSONG PO BOX 23306 OAKLAND PARK, FL 33307	65-0934022	501C3	20,000.	0.	BOOK		GENERAL OPERATING SUPPORT
BROADWAY CARES-EQUITY FIGHTS AIDS 165 WEST 46TH STREET SUITE 1300 NEW YORK, NY 10036	13-3458820	501C3	25,000.	0.	BOOK		GENERAL OPERATING SUPPORT
EQUALITY LEGAL ACTION FUND 3637 HOLDREGE ST LINCOLN, NE 68503	93-4485337	501C3	28,000.	0.	BOOK		GENERAL OPERATING SUPPORT
BAY STREET THEATER FESTIVAL INC PO BOX 810 SAG HARBOR, NY 11963	13-3628854	501C3	50,000.	0.	BOOK		GENERAL OPERATING SUPPORT
ESSENTIAL HAUS 2900 SW 28TH LANE APT 704 MIAMI, FL 33133	88-2152664	501C3	10,000.	0.	BOOK		GENERAL OPERATING SUPPORT
CHAINLESS CHANGE 4300 N UNIVERISTY DR, SUITE B-204 SUNRISE, FL 33351	83-3657191	501C3	57,000.	0.	BOOK		GENERAL OPERATING SUPPORT
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 20036	52-1481896	501C3	8,700.	0.	BOOK		GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLAD LEGAL ADVOCATES & DEFENDERS 18 TREMONT SUITE 950 BOSTON, MA 02108	04-2660498	501C3	52,500.	0.	BOOK		GENERAL OPERATING SUPPORT
HOLY CROSS HOSPITAL 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308	59-0791028	501C3	168,000.	0.	BOOK		GENERAL OPERATING SUPPORT
SOUTH FLORIDA PRIDE BANDS, INC. 1750 EAST OAKLAND PARK BLVD FT LAUDERDALE, FL 33334	65-0047738	501C3	48,350.	0.	BOOK		GENERAL OPERATING SUPPORT
GOD'S LOVE WE DELIVER, INC. 166 AVENUE OF THE AMERICAS NEW YORK, NY 10013	13-3366846	501C3	15,000.	0.	BOOK		GENERAL OPERATING SUPPORT
JEWISH COMMUNITY SERVICES OF SOUTH FLORIDA - 1200 BISCAYNE BLVD STE 609 - NORTH MIAMI, FL 33181	59-0637867	501C3	51,574.	0.	BOOK		GENERAL OPERATING SUPPORT
CENTER FOR SPIRITUAL LIVING 4849 N DIXIE HIGHWAY OAKLAND PARK, FL 33334	59-1027751	501C3	10,000.	0.	BOOK		GENERAL OPERATING SUPPORT
HUED SONGS 4974 SW 135TH AVENUE MIRAMAR, FL 33027	84-3259140	501C3	51,000.	0.	BOOK		GENERAL OPERATING SUPPORT
FUNDING ARTS BROWARD 1350 E SUNRISE BLVD # 110 FT LAUDERDALE, FL 33304	20-0151317	501C3	13,250.	0.	BOOK		GENERAL OPERATING SUPPORT
HAMPTONS INTERNATIONAL FILM FESTIVAL - 79 NEWTOWN LANE - EAST HAMPTON, NY 11937	11-3133786	501C3	19,500.	0.	BOOK		GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ISLAND SPACE CARIBBEAN MUSEUM 8000 BROWARD BLVD PLANTATION, FL 33388	84-3148112	501C3	6,000.	0.	BOOK		GENERAL OPERATING SUPPORT
AIDS HEALTHCARE FOUNDATION FBO LATINOS SALUD - 1401 NE 26TH ST - WILTON MANORS, FL 33305	95-4112121	501C3	14,000.	0.	BOOK		GENERAL OPERATING SUPPORT
LATINOS SALUD 1401 NE 26TH STREET WILTON MANORS, FL 33305	26-2763535	501C3	6,000.	0.	BOOK		GENERAL OPERATING SUPPORT
LIFENET4FAMILIES ONE NW 33RD TERRACE LAUDERHILL, FL 33311	59-2696451	501C3	18,079.	0.	BOOK		GENERAL OPERATING SUPPORT
NATIONAL CENTER FOR LESBIAN RIGHTS 870 MARKET STREET #370 SAN FRANCISCO, CA 94102	94-3086885	501C3	52,500.	0.	BOOK		GENERAL OPERATING SUPPORT
OUTRIGHT ACTION INTERNATIONAL 216 EAST 45TH STREET 17TH FLOOR NEW YORK, NY 10017	94-3139952	501C3	22,000.	0.	BOOK		GENERAL OPERATING SUPPORT
MIAMI CITY BALLET 2200 LIBERTY AVENUE MIAMI BEACH, FL 33139	59-2578534	501C3	10,000.	0.	BOOK		GENERAL OPERATING SUPPORT
LESBIAN THESPIANS, INC. PO BOX 11156 FT LAUDERDALE, FL 33339	88-3728528	501C3	5,500.	0.	BOOK		GENERAL OPERATING SUPPORT
NATIONAL LGBTQ TASK FORCE 960 W. 41ST STREET SUITE 312 MIAMI BEACH, FL 33140	52-1624852	501C3	24,082.	0.	BOOK		GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASTER CHORALE OF SOUTH FLORIDA 6278 N FEDERAL HIGHWAY #351 FT LAUDERDALE, FL 33308	74-3096907	501C3	15,000.	0.	BOOK		GENERAL OPERATING SUPPORT
NEO PHILANTHROPY 1001 AVENUE OF THE AMERICAS 12TH FL NEW YORK, NY 10018	13-3191113	501C3	85,000.	0.	BOOK		GENERAL OPERATING SUPPORT
SUNSHINE CATHEDRAL 1480 SW 9TH AVENUE FT LAUDERDALE, FL 33315	59-2200146	501C3	56,383.	0.	BOOK		GENERAL OPERATING SUPPORT
PRISM FL, INC 1327 PATRIDGE CLOSE POMPANO BEACH, FL 33064	85-0891778	501C3	10,500.	0.	BOOK		GENERAL OPERATING SUPPORT
SAVE LGBTQ 1101 BRICKELL AVENUE SOUTH TOWER 8T MIAMI, FL 33131	65-0836881	501C3	10,000.	0.	BOOK		GENERAL OPERATING SUPPORT
TRANSSOCIAL, INC. 7930 SW 17TH ST MIAMI, FL 33155	61-1845659	501C3	56,250.	0.	BOOK		GENERAL OPERATING SUPPORT
NEW CITY PLAYERS 1350 E SUNRISE BLVD #127 FT LAUDERDALE, FL 33304	81-1082716	501C3	10,000.	0.	BOOK		GENERAL OPERATING SUPPORT
MUSEUM OF DISCOVERY AND SCIENCE 401 SW SECOND STREET FT LAUDERDALE, FL 33312	59-1709542	501C3	25,000.	0.	BOOK		GENERAL OPERATING SUPPORT
VENETIAN ARTS SOCIETY PO BOX 2355 FT LAUDERDALE, FL 33303	45-3123931	501C3	10,500.	0.	BOOK		GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THINKING CAP THEATRE 1636 NE 5TH CT FT LAUDERDALE, FL 33301	46-5298028	501C3	44,000.	0.	BOOK		GENERAL OPERATING SUPPORT
SUNSHINE CATHEDRAL FOUNDATION 1480 SW 9TH AVENUE FT LAUDERDALE, FL 33315	31-1655484	501C3	327,165.	0.	BOOK		GENERAL OPERATING SUPPORT
OUT MY CLOSET, INC 1101 SW 122ND AVE APT 306 MIAMI, FL 33184	47-3121843	501C3	10,000.	0.	BOOK		GENERAL OPERATING SUPPORT
THE ALLIANCE FOR LGBTQ YOUTH, INC. 1175 NE 125TH STREET SUITE 103 NORTH MIAMI, FL 33161	26-2799253	501C3	30,000.	0.	BOOK		GENERAL OPERATING SUPPORT
OPEN STAGE PROJECT 2248 BROADWAY SUITE 1240 NEW YORK, NY 10024	83-3782341	501C3	10,000.	0.	BOOK		GENERAL OPERATING SUPPORT
PFLAG 1625 K STREET NW SUITE 700 WASHINGTON, DC 20006	95-3750694	501C3	5,332.	0.	BOOK		GENERAL OPERATING SUPPORT
RENAND FOUNDATION 4849 N DIXIE HIGHWAY OAKLAND PARK, FL 33334	47-3698239	501C3	12,200.	0.	BOOK		GENERAL OPERATING SUPPORT
PLAYS OF WILTON 2306 N DIXIE HWY WILTON MANORS, FL 33305	85-2983888	501C3	42,650.	0.	BOOK		GENERAL OPERATING SUPPORT
SAFE SCHOOLS SOUTH FLORIDA 13100 WEST DIXIE HIGHWAY MIAMI, FL 33161	20-4993492	501C3	50,000.	0.	BOOK		GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRIDELINES YOUTH SERVICES PO BOX 14340 MIAMI, FL 33101	65-0671059	501C3	9,250.	0.	BOOK		GENERAL OPERATING SUPPORT
SERAPHIC FIRE 2153 CORAL WAY SUITE 401 MIAMI, FL 33145	20-0725426	501C3	11,800.	0.	BOOK		GENERAL OPERATING SUPPORT
SYMPHONY OF THE AMERICAS 2300 E OAKLAND PARK BLVD STUDIO 306 FT LAUDERDALE, FL 33306	65-0157741	501C3	15,000.	0.	BOOK		GENERAL OPERATING SUPPORT
UC BERKELEY FOUNDATION 1995 UNIVERSITY AVENUE SUITE 400 BERKELEY, CA 94704	94-6090626	501C3	15,000.	0.	BOOK		GENERAL OPERATING SUPPORT
SOUTH FLORIDA SYMPHONY ORCHESTRA 441 NORTHEAST 5TH AVE SUITE 3 FT LAUDERDALE, FL 33301	65-0846695	501C3	11,664.	0.	BOOK		GENERAL OPERATING SUPPORT
THE BEARS OF SOUTH FLORIDA INC PO BOX 24502 FT LAUDERDALE, FL 33307	73-1649668	501C3	7,500.	0.	BOOK		GENERAL OPERATING SUPPORT
TECTONIC THEATER PROJECT 130 WEST 56TH STREET ROOM 710 NEW YORK, NY 10019	13-3686664	501C3	30,000.	0.	BOOK		GENERAL OPERATING SUPPORT
THE FILM COLLABORATIVE INC. 3405 CAZADOR ST LOS ANGELES, CA 90065	32-0295081	501C3	100,000.	0.	BOOK		GENERAL OPERATING SUPPORT
SPECTRUM CENTER AT UNIVERSITY OF MICHIGAN C/O A.MARTING; OFFICE OF DEVELOPM - 3003 SOUTH STATE STREET SUITE 9000 - ANN ARBOR, MI 48109	38-6006309	501C3	27,747.	0.	BOOK		GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MCKENZIE PROJECT, INC 20401 NE 2ND AVENUE MIAMI, FL 33179	61-1997539	501C3	50,500.	0.	BOOK		GENERAL OPERATING SUPPORT
THE SKIRT FOUNDATION 2427 NE 7TH AVENUE WILTON MANORS, FL 33305	99-4887780	501C3	5,250.	0.	BOOK		GENERAL OPERATING SUPPORT
THE TREVOR PROJECT PO BOX 69232 WEST HOLLYWOOD, CA 90069	95-4681287	501C3	26,000.	0.	BOOK		GENERAL OPERATING SUPPORT
UJIMA MEN'S COLLECTIVE 1220 HAMPTON BLVD UNIT 231 NORTH LAUDERDALE, FL 33068	83-2509521	501C3	20,000.	0.	BOOK		GENERAL OPERATING SUPPORT
UNITY OF BROWARD SPIRITUAL CENTER 261 SE 13TH AVENUE POMPANO BEACH, FL 33060	59-6195484	501C3	10,000.	0.	BOOK		GENERAL OPERATING SUPPORT
VINEYARD THEATER 108 E. 15TH STREET NEW YORK, NY 10003	13-2981292	501C3	50,000.	0.	BOOK		GENERAL OPERATING SUPPORT

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization **OUR FUND FOUNDATION, INC.** Employer identification number **27-4734125**

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVID JOBIN PRESIDENT/CEO	(i)	184,800.	20,000.	0.	0.	10,160.	214,960.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) R. MARK BLAYLOCK FORMER CFO	(i)	159,470.	15,000.	0.	0.	23,200.	197,670.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

BONUS AND SALARY INCREASE WERE DISCUSSED IN EXECUTIVE SESSIONS AND APPROVED BY THE BOARD.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **OUR FUND FOUNDATION, INC.** Employer identification number **27-4734125**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	4		MARKET PRICE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, LINE 32B:
OUR FUND MAINTAINS A BROKER RELATIONSHIP WITH BANK OF AMERICA PRIVATE BANK AND SELLS ALL MARKETABLE SECURITIES THROUGH THIS BROKER THE SAME DAY THEY ARE DELIVERED INTO THE FOUNDATION'S ACCOUNT.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization OUR FUND FOUNDATION, INC.	Employer identification number 27-4734125
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 SOCIETY THAT UNITES OUR FUNDHOLDERS WITH ORGANIZATIONS THAT ENHANCE THE
 LIVES OF OUR LGBTQ (LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER)
 COMMUNITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 PLANNERS TO DESIGN GIFTS TAILORED TO MEET DONOR'S CHARITABLE INTENT AND
 IMPACT.

FORM 990, PART VI, SECTION B, LINE 11B:
 AFTER THE FORM 990 AND ALL RELATED SCHEDULES ARE COMPLETED AND REVIEWED BY
 A TAX PROFESSIONAL, THE RETURN IS DISTRIBUTED TO THE TREASURER AND THE
 FINANCE AND INVESTMENT COMMITTEE FOR REVIEW. AFTER APPROVAL BY THOSE
 COMMITTEE'S, IT IS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS FOR
 APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:
 ALL NEW BOARD MEMBERS RECEIVE AN ORIENTATION WHICH INCLUDES A SPECIFIC
 EMPHASIS ON THE IMPORTANCE OF THE CONFLICT OF INTEREST POLICY, WHICH IS
 THEN AGAIN REVIEWED WITH THE FULL BOARD ANNUALLY WHEN EACH MEMBER SIGNS A
 STATEMENT OF UNDERSTANDING OF THE POLICY. ALSO, IF ANY BOARD MEMBER HAS A
 CONFLICT OF INTERST IN THE GRANT APPROVAL PROCESS, THEY RECUSE THEMSELVES
 FROM VOTING ON THE APPROVAL OF SUCH GRANT.

FORM 990, PART VI, SECTION B, LINE 15:
 THE BOARD OF DIRECTORS APPROVE THE COMPENSATION OF THE CEO/PRESIDENT AFTER
 REVIEWING THE COMPENSATION OF OTHER PHILANTHROPIC ORGANIZATIONS IN FLORIDA
 WITH SIMILAR MISSIONS.

FORM 990, PART VI, SECTION C, LINE 18:
 OUR FUND MAKES THE AUDIT REPORT AND FORM 990 FILLINGS AVAILABLE TO THE
 GENERAL PUBLIC ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:
 COPIES OF ALL OTHER GOVERNING DOCUMENTS INCLUDING CONFLICT OF INTEREST
 POLICY, GIFT POLICY, INVESTMENT AND SPENDING POLICY, BY-LAWS, MINUTES AND
 OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST BY THE PUBLIC.

FORM 990, PART X11, C
 THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.