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GOVERNMENT COPY





17th & Grant Building 303 East 17th Avenue, Suite 600 Denver, Colorado 80203

Telephone: 303.830.1120 Fax: 303.830.8130



JULY 27, 2012

FIRST DESCENTS
767 SANTA FE DRIVE
DENVER, CO 80204
ATTENTION: MS. KELLY MALIN, COO

DEAR KELLY,

ENCLOSED ARE THE ORGANIZATION'S 2011 EXEMPT ORGANIZATION RETURNS. THE RETURNS SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL ON OR BEFORE AUGUST 15, 2012.

MAIL TO - DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

FORM 990-T RETURN:

NO AMOUNT IS DUE ON FORM 990-T.

PLEASE SIGN AND MAIL ON OR BEFORE NOVEMBER 15, 2012.

MAIL TO - DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

SINCERELY,

RANDY WATKINS

# Form **990**

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

benefit trust or private foundation)

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

2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number Address change FIRST DESCENTS Name change 81-0539964 Doing Business As Ilnitial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return Termin-303-945-2490 767 SANTA FE DRIVE Amended return 2,005,030. City or town, state or country, and ZIP + 4 **G** Gross receipts \$ Applica-DENVER, CO 80204 H(a) Is this a group return pending F Name and address of principal officer: JOEL APPEL Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) (€ 4947(a)(1) or 527 ) ◀ (insert no.) If "No." attach a list. (see instructions) J Website: ► WWW.FIRSTDESCENTS.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 2003 M State of legal domicile: CO Part I Summary Briefly describe the organization's mission or most significant activities: CURING YOUNG ADULTS OF THE **Activities & Governance** EMOTIONAL EFFECTS OF CANCER AND REGAINING CONTROL OF THEIR LIVES Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, fine 1b) <u>11</u> Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 <u> 160</u> Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12  $\overline{<342.}$ 0. **b** Net unrelated business taxable income from Form 990-T, line 34. **Prior Year Current Year** 819,863. 1,713,411. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) <16,901. 345. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 99,774. 87,398. 1,801,154. 902,736. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 285,978. 458,788. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 1,031,677. 499,376. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,490,465. 785,354. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 117,382. 310,689. Revenue less expenses. Subtract line 18 from line 12 Ssets or Balances **Beginning of Current Year** End of Year 696,715. 325,180. 20 Total assets (Part X, line 16) 6,888. 67,734. 21 Total liabilities (Part X. line 26) Net 318,292. Net assets or fund balances. Subtract line 21 from line 20. 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. Signature of officer Date Sign JOEL APPEL, TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature RANDY WATKINS P00916517 Paid ANTON COLLINS MITCHELL LLP 01-0724563 Preparer Firm's name Firm's EIN Firm's address 303 EAST 17TH AVENUE, SUITE 600 Use Only DENVER, CO 80203 Phone no. 303-830-1120 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Pai	Check if Schedule O contains a response to any question in this Part III	Х
1	Briefly describe the organization's mission:	
	CURING YOUNG ADULTS OF THE EMOTIONAL EFFECTS OF CANCER AND REGAINING	
	CONTROL OF THEIR LIVES	
_		
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	No
_	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X	
3	· · · · · · · · · · · · · · · · · · ·	No
4	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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to	
	others, the total expenses, and revenue, if any, for each program service reported.	
 4а	(Code: ) (Expenses \$ 1,023,516 • including grants of \$ ) (Revenue \$	
	DURING THE WEEKLONG FIRST DESCENTS EXPERIENCE, YOUNG ADULT FIGHTERS	— ′
	AND SURVIVORS ARE EMPOWERED THROUGH CONQUERING LEGITIMATE OUTDOOR	
	CHALLENGES TO PUSH THEIR LIMITS AND FACE THEIR FEARS AND BY DOING SO	<del></del>
	REGAIN THE CONFIDENCE LOST TO CANCER. FIRST DESCENTS PROVIDED 27	
	OUTDOOR ADVENTURE THERAPY CAMPS (14 KAYAK, 1 SURF AND 10 CLIMBING	
	CAMPS) TO APPROXIMATELY 283 YOUNG ADULTS WITH CANCER DURING 2011.	
4b	(Code:) (Expenses \$	)
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$	)
4-1	Other presumes any inco (Decaribe in Cabadula O.)	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$\frac{\text{including grants of \$\text{\$}}{\text{\$}}}{\text{\$1,023,516.}}\$	
4e	Total program service expenses ► 1,023,516.	

132002 02-09-12

# Form 990 (2011) FIRST DESCEN Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			7.7
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441		Х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44.		х
٨	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	11c		21
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			7,7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	,-		v
46	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		-22
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		,,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		

Form **990** (2011)

# Form 990 (2011) FIRST DESCENTS Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			37
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		Х	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Λ	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200	х	
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	X	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If res, complete schedule in	29	21	
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
01	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2011)

81-0539964

# Form 990 (2011) FIRST DESCENTS Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	26			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		<b>2</b> b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	<b>A</b> ccou	nts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		-			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	uiooo r	rouided to the naver	_	Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			7b	- 22	
C	to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		rt?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di	d the s	upporting			
	$organization, or a donor \ advised \ fund \ maintained \ by \ a \ sponsoring \ organization, \ have \ excess \ business \ holdings \ at$	any tin	e during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	ı	ı			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	۱				
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	441				
40-	amounts due or received from them.)	11b	`	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		•	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			.oa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
~	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
	Did the consideration we since any or market for independent or independent of the terror of			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		
		-	· · ·		990 (	2011)

FIRST DESCENTS 81-0539964 Form 990 (2011)

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion 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 la   10			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 in Schedule O	9		Х
Sec	tion 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?	10a		Х
	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?	11a	X	
b	Describe in 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	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in 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?	16a		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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion: 🕨		
	KELLY MALIN - 303.945.2490			
13200	767 SANTA FE DRIVE, DENVER, CO 80204			
13200	10	Form	gan (	20111

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

Check if Schedule O contains a response to any question 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	l		(C		_	iou	(D)	(E)	(F)
Name and Title	Average hours per	box	not c , unle	heck ss pe	more rson	than is bot or/trus	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for related organizations in Schedule O)	stee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) BRADFORD LUDDEN		l		l	4			04 000		•
CEO/DIRECTOR & FOUNDER	60.00	Х		X				81,333.	0.	0.
(2) BRENT GOLDSTEIN CHAIRMAN	10.00	x		X				0.	0.	0.
(3) JOEL APPEL	10.00	^		Λ				0.	0.	0.
TREASURER	10.00	x		Х				0.	0.	0.
(4) BRIAN WICKMAN	10.00	Δ		Λ				0.	0.	
SECRETARY	10.00	х		Х				0.	0.	0.
(5) LARRY SMITH	1000								•	
MEDICAL DIRECTOR	10.00	Х						0.	0.	0.
(6) PETER WORLEY DIRECTOR	10.00	х						0.	0.	0.
(7) EVA HO	10.00	^						0.	0.	0.
DIRECTOR	10.00	Х						0.	0.	0.
(8) COREY NEILSON Nielsen DIRECTOR	10.00	х						19,075.	0.	0.
(9) BRAD REISS DIRECTOR	10.00	х						0.	0.	0.
(10) JENNIFER FEIKIN DIRECTOR	10.00	х						0.	0.	0.
(11) KELLY MALIN CHIEF OPERATING OFFICER	60.00			х				79,667.	0.	0.

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Name and title    Average   Nours per   Week   Gescribe   Nours for related organizations in Schedule   O)    Average   Nours per   Week   Gescribe   Nours for related organizations in Schedule   O)    Average   Nours per   Nours for related organizations in Schedule   O)    Average   Nours per   Nours for related organization   Nours for related organizations in Schedule   O)    Average   Nours per   Nours for related organization   Nours for related organi	Part VII   Section A. Officers, Directors, (A)	(B)	Γ		(C				(D)	(E)			(F)	
hours per veck (describe hours for related organization in Schotule in Schotul			Position					ors		1		Es		d
Sub-total   Sub-	Talling and this	_	box	, unle	ss per	son	is bot	h an		'	า			
Description   Sub-total   Su		I	offi	cer an	id a di	recto	or/trus	tee)	from	from related			other	
Dis Sub-total		1 '	ector											
180,075			ordir	98			ated		_	(W-2/1099-MIS	C)			
b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines to and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. It is the sum of reportable compensation and related organizations greater than \$150,000? If Yes, *complete Schedule J for such individual*  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? If Yes, *complete Schedule J for such individual*  Did any person listed on line 1 areceive or accure compensation from any unrelated organization or individual for services rendered to the organization? If Yes, *complete Schedule J for such individual*  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 organizations to tax year.  (A)  Name and business address  NONE  Total number of independent contractors (including but not limited to those listed above) who received more than									_					
b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines to and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. It is the sum of reportable compensation and related organizations greater than \$150,000? If Yes, *complete Schedule J for such individual*  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? If Yes, *complete Schedule J for such individual*  Did any person listed on line 1 areceive or accure compensation from any unrelated organization or individual for services rendered to the organization? If Yes, *complete Schedule J for such individual*  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 organizations to tax year.  (A)  Name and business address  NONE  Total number of independent contractors (including but not limited to those listed above) who received more than														
180,075		O)   Individual   Officer   Officer									o, go	. neath	,,,,	
c Total from continuation sheets to Part VII, Section A														
total from continuation sheets to Part VII, Section A														
total from continuation sheets to Part VII, Section A														
total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization     Yes   No														
total (add lines 1b and 1c)  Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   Yes No line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Total number of independent contractors  (A)  NONE  Total number of independent contractors (including but not limited to those listed above) who received more than  Total number of independent contractors (including but not limited to those listed above) who received more than														
total from continuation sheets to Part VII, Section A														
total (add lines 1b and 1c)  Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   Yes No line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Total number of independent contractors  (A)  NONE  Total number of independent contractors (including but not limited to those listed above) who received more than  Total number of independent contractors (including but not limited to those listed above) who received more than														
total from continuation sheets to Part VII, Section A						4								
total from continuation sheets to Part VII, Section A								6	<b>)</b>					
total from continuation sheets to Part VII, Section A	1b Sub-total		<u> </u>						180,075.		0.			0.
Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes Note that the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  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? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  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)  None  None  None  None  None  Total number of independent contractors (including but not limited to those listed above) who received more than	***************************************										0.			0.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes						_			180,075.		0.			0.
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  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? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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  NONE  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than	2 Total number of individuals (including bu						e) wh	no re	eceived more than \$100	0,000 of reportable	Э			(
line 1a? If "Yes," complete Schedule J for such individual  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? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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)  (B)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	componential normane organization				7								Yes	No
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? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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  NONE  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than	Did the organization list any former offic	er, director, or tr	uste	e, ke	y en	nplo	yee	, or	highest compensated e	mployee on				
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Ection B. Independent Contractors  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  NONE  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than	line 1a? If "Yes," complete Schedule J fo	r such individual										3		Х
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  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  NONE  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	For any individual listed on line 1a, is the	sum of reportab												
rendered to the organization? If "Yes," complete Schedule J for such person 5 X ection B. Independent Contractors  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) (B) (C)  Name and business address NONE Description of services Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	and related organizations greater than \$	150,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		Х
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)  (B)  (C)  Compensation  Name and business address  NONE  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than	The state of the s	-				-			ed organization or indiv	idual for services				
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)  (B)  (C)  Compensation  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than		omplete Schedul	e J t	or su	uch p	oers	son .					5		X
the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	<u>'</u>									•				
(A) Name and business address NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than		=	-								pens	ation f	rom	
Name and business address NONE Description of services Compensation  Part of a compensation of services of services Compensation of services of services Compensation of services of		or trie caleridar y	eai	enai	ng w	/ILI I	OI W	TU III		year.		(C	<u> </u>	
•	* *	ss address	N	ONE	3				` ,	services	С			า
•														
								$\dashv$						
								-						
								_						
	Total number of independent contractors	s (including but r	not li	mite	d to	tho	se li	sted	I above) who received n	nore than				
							_		· 					

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Pa	rt VII	Statement of Rever	nue					•
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
is a		Membership dues	1b					
Am A		Fundraising events		,500.				
ar /		Related organizations						
S,E		Government grants (contribut						
ioi		All other contributions, gifts, gran	· —					
but	·	similar amounts not included abo		1911.				
ĘĠ.	g			,608.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			1713411.			
				ess Code				
e	2 a							
اھٰ∑	b							
Se	С							
eve eve	d							
Program Service Revenue	е	•						
<u>م</u> ا	f	All other program service reve	enue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)		▶	345.			345.
	4	Income from investment of ta						
	5	Royalties		▶ [				
			(i) Real (ii) P	ersonal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	<b>5</b>						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities (ii)	Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)		▶				
Other Revenue		Gross income from fundraisin including \$ 71,5	g events (not					
š		contributions reported on line						
٣		Part IV, line 18		8775.				
Ę	h	Less: direct expenses		1035.				
0		Net income or (loss) from fund			87,740.			87,740.
		Gross income from gaming ac						,
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances		,499.				
	b	Less: cost of goods sold		,841.				
		Net income or (loss) from sale			<342.	>	<342.	>
Ţ		Miscellaneous Revenu		ess Code				
Ī	11 a							
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d		▶ ]				
	12	Total revenue. See instructions.		▶	1801154.	0.	<342.	> 88,085.

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respons		s Part IX		<u></u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		_, _,		
	trustees, and key employees	175,500.	74,000.	27,500.	74,000
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	222,622.	142,011.	17,389.	63,222
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	27,104.	11,594.	8,420.	7,090
10	Payroll taxes	33,562.	18,054.	3,863.	11,645
11	Fees for services (non-employees):				
а	Management				
b	Legal	5,171.		5,171.	
С	Accounting	4,699.		4,699.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	325,183.	298,503.	16,410.	10,270
12	Advertising and promotion	96,988.	32,708.		64,280
13	Office expenses	11,564.	2,766.	1,807.	6,991
14	Information technology	27,927.	21,441.		6,486
15	Royalties				
16	Occupancy	115,771.	95,611.	7,285.	12,875
17	Travel	121,027.	100,326.	6,182.	14,519
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,135.	13,083.	2,544.	508
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,168.	5,736.	15.	417
23	Insurance	4,841.	1,430.	3,411.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	RECRUITING/EVENT ENTRIE	113,337.	69,123.		44,214
b		59,701.	59,701.		
С		57,875.	57,875.		
d	BANK & MERCHANT FEES	45,736.		5,741.	39,995
е	All other expenses	19,554.	19,554.		
25	<b>Total functional expenses</b> . Add lines 1 through 24e	1,490,465.	1,023,516.	110,437.	356,512
26	Joint costs. Complete this line only if the organization				<del></del>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2011)

Part X | Balance Sheet (A) (B) Beginning of year End of year 69,608. 244,139. 1 Cash - non-interest-bearing 1 395,345. Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 54,396. 4 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 7 21,523. 4,510. Inventories for sale or use 8 8 47,142. 51,142. Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other 120,158. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 14,767. 12,376. 105,391. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 0. 16,323. 15 Other assets. See Part IV, line 11 15 325,180. 696,715. 16 Total assets. Add lines 1 through 15 (must equal line 34) ...... 16 28,340. 6,888. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 39,394. of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 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 25 6,888. 67.734. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here 

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 Permanently restricted net assets

Organizations that do not follow SFAS 117, check here 

X and 29 complete lines 30 through 34. Ο. 30 Capital stock or trust principal, or current funds Ō. Paid-in or capital surplus, or land, building, or equipment fund 0. 31 31 318,292. 628,981. Retained earnings, endowment, accumulated income, or other funds 32 32 628,981. 696,715. 318,292. 33 Total net assets or fund balances 33 325,180.

Form **990** (2011)

34

Total liabilities and net assets/fund balances

LOHI	1990 (2011) 1 11KD1 DEBCENTE	0 1	03333	0 =	Paç	je 🕰
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					Ш
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>54.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				65.
3	Revenue less expenses. Subtract line 2 from line 1	3				89.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		318	3,2	92.
5	Other changes in net assets or fund balances (explain in Schedule O)	5				0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		628	3,9	81.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					Ш
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
b	Were the organization's financial statements audited by an independent accountant?			2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (	D.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			
	Act and OMB Circular A-133?		L	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u></u>		3b		

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

Inspection

Name of the organization

**Employer identification number** 

			FIRST D	ESCENTS						81	L-0539	964		
Pa	rt I	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mu	st complet	e this par	t.) See ins	tructions.					
— Гhe	organi			because it is: (For lines 1										
1				s, or association of churc					).					
2		•		<b>0(b)(1)(A)(ii).</b> (Attach Sc										
3				tal service organization of	-	in section	170(b)(1)	(A)(iii).						
4		•		operated in conjunction					(b)(1)(A)(ii	i). Enter t	he hospital	's nam	ne.	
•		city, and stat		- <b>,</b>					(-/( -/( -/( -/( -/( -/( -/( -/( -/( -/(	.,			,	
5		•		benefit of a college or ur	niversity ov	vned or or	perated by	a governi	mental uni	t describe	ed in			
Ŭ		section 170(b)(1)(A)(iv). (Complete Part II.)												
6				ent or governmental unit	t describer	d in <b>sectio</b>	n 170/h)/-	1//////						
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8				ection 170(b)(1)(A)(vi).	(Complete	Part II \								
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				n described in (i) above?									<del>                                     </del>	
				person described in (i) o							11g(iii)		<u> </u>	
h		Provide the fo	ollowing information	about the supported org	ganization	(S).								
				(iii) Type of	(iv) lo the o	rannization	(v) Did vo	, notify the	(vi) Is	the				
(i)		of supported	(ii) EIN	organization	(iv) Is the o in col. (i) lis				Torganization	on in col.	(vii) An		f	
	orga	nization		(described on lines 1-9	governing (				(i) organiz U.S	ed in the	sup	port		
				above or IRC section (see instructions))	Yes		Yes		Yes	No				
				(occ monucino))	163	140	163	140	163	140				
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	344,999.	247,693.	424,164.	819,863.	1,713,411.	3,550,130.
2	Tax revenues levied for the organ-						
	ization'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	344,999.	247,693.	424,164.	819,863.	1,713,411.	3,550,130.
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.						3,550,130.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	344,999.	247,693.	424,164.	819,863.	1,713,411.	3,550,130.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	3,927.	2,277.	1,389.	761.	345.	8,699.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	130,817.	177,605.	231,870.	99,774.	206,286.	846,352.
11	<b>Total support.</b> Add lines 7 through 10						4,405,181.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2011 (I	line 6, column (f) d	ivided by line 11, o	column (f))		14	80.59 %
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	73.21 %
16a	33 1/3% support test - 2011. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	·			<b>►</b> \X
b	33 1/3% support test - 2010. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	<b>t - 2011.</b> If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	ere. Explain in Pa	t IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, cl	neck this box and	<b>stop here.</b> Explair	in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organization						s
						dule A (Form 990	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Calendar year (or fiscal year beginning in) P Gifts, grants, contributions, and memberaltip fees received. (Do not include any "unusual grants.") Gines precipits from admissions, formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Giross receipits from admissions, formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Giross receipits from admissions, formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Giross receipits from activities that are not an unrelated trade or bus- iness under services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified paramos b Amounts more of Samor in the organization's benefit on ines 2 and 3 seekee  6 Total. Add lines 1 and 7 b  8 Public support (assessing type)  9 Amounts from ine 6 10a Gross income from interest, childrend, payments received on secretic payments for the support  10a Gross income from interest, childrend, payments received on secretic payments for the business a soluted after June 30, 1975  Add lines 1 thusely from businesses a soluted after June 30, 1975  Add lines 1 thusely from businesses and income from orientest, childrend, payments received on secretic payments or the business is regularly carried on the business whether or not the business is regularly carried on the business is regularly carried on the business is regularly carried on the sale of capital  1 Total support device in sec. 1 (a. 1) and 12.  1 First five years, if the Form 980 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 bere.  Section D. Computation of Invisco and of the Check the box on the 14, and line 15 is more than 33 1/3%, and line 16 is not more than 33 1/3%, check this box and stop bere.  For business are publicly s	Section A. Public Support	ow, picase com	piete i art ii.j				
1 Giffs, grants, contributions, and membership tees received. (Do not include any "unusual grants.") 2 Gress receipts from admissions, formed, 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 tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 5 The value of sarvices or facilities furnished by a governmental unit to the organization whould trange of the organization of the organization of the organization whould trange of the organization whould trange of the organization whould trange of the organization organization organization organization organization of the organization or		(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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	<b>b 33 1/3% support tests - 2010.</b> If the o	rganization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	line 18 is not more than 33 1/3%, chec	k this box and <b>s</b>	top here. The orga	anization qualifies	as a publicly supp	orted organization	
	20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	<u> </u>

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Schedule of Contributors

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

OMB No. 1545-0047

2011

Name of the organization

FIRST DESCENTS

**Employer identification number** 

81-0539964

Organization type (check one): Filers of Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

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

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

Name of organization

Employer identification number

#### FIRST DESCENTS

81-0539964

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN WAYNE CANCER FOUNDATION  P.O. BOX 1779  NEWPORT BEACH, CA 92659	\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GENENTECH  1 DNA WAY  SAN FRANCISCO, CA 94080	\$150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

Name of organization **Employer identification number** 

FIRST DESCENTS

81-0539964

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
122452 01 22		\$\$	90 990-F7 or 990-PF\ (2011)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 4 Name of organization Employer identification number FIRST DESCENTS 81-0539964 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

Employer identification number 81 – 0539961

Pai	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts Complete if the
Fai			of Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		(la) Firmula and athern as a create
	<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wri		
	are the organization's property, subject to the organization's ex	clusive legal control?	Yes L No
6	Did the organization inform all grantees, donors, and donor adv	isors in writing that grant funds can be u	used only
	for charitable purposes and not for the benefit of the donor or o	lonor advisor, or for any other purpose of	conferring
_			
Paı	rt II Conservation Easements. Complete if the organ	nization answered "Yes" to Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (e.g., recreation or edu	ıcation) — Preservation of an hist	orically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc		
d	Number of conservation easements included in (c) acquired after		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, relea		
	year▶		
4	Number of states where property subject to conservation easer	ment is located >	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it he		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, an		
7	Amount of expenses incurred in monitoring, inspecting, and en		
8	Does each conservation easement reported on line 2(d) above		
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		
Pai	rt III Organizations Maintaining Collections of A	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form 99	0, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib		
	the text of the footnote to its financial statements that describe		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (ASC		and balance sheet works of art. historical
_	treasures, or other similar assets held for public exhibition, educ		
	relating to these items:	эшнэг, эт гэээш эт нь ган нэг эт раз	co
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	mn		<b>.</b> .
2	If the organization received or held works of art, historical treasures		
-	the following amounts required to be reported under SFAS 116		ga, provide
а	B		<b>&gt;</b> \$
	Assets included in Form 990, Part X		
D	Accept moladed in Femiliaso, Falt A		• • <u> </u>

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

Schedule D (Form 990) 2011

	rt III Organizations Maintaining C	collections of A	t, Historical Ti	reasures, o	r Other	Similar	Asse	<b>ts</b> (cont	inued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	t are a sigi	nificant use	e of its	collectio	n items
	(check all that apply):								
а	Public exhibition	d	Loan or exc	change progra	ms				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further t	the organizatio	on's exem	pt purpose	in Part	XIV.	
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	asures, or othe	er similar a	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's c	ollection?			🗀	Yes	☐ No
Pai	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organization	on answered "	Yes" to Fo	orm 990, P	art IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	ns or other ass	sets not in	cluded			
	on Form 990, Part X?						🗀	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV								
								Amount	t
С	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on F	orm 990, Part X, line	21?	<u> </u>			L	Yes	└ No
	If "Yes," explain the arrangement in Part XIV.								
Pa	rt V Endowment Funds. Complete i	f the organization an	swered "Yes" to Fo	orm 990, Part I	IV, line 10.				
		(a) Current year	(b) Prior year	(c) Two years	s back (d	<b>ı)</b> Three year	s back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (	a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment >	%							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.							
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	and administer	red for the	organizati	ion	_	
	by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?					3b	
4	Describe in Part XIV the intended uses of the								
Pa	rt VI Land, Buildings, and Equipm	nent. See Form 990	), Part X, line 10.						
	Description of property	(a) Cost or o basis (investr		t or other (other)		umulated eciation		(d) Bool	k value
	Land								
	Buildings								
	Leasehold improvements								
d	Equipment		12	20,158.		14,767	7.	10	5,391.
	Other		V column (D) line	10(a) )			+	1.0	5,391.
ιoτa	I. Add lines 1a through 1e. (Column (d) must e	quai ruiiii 990, Part	∧, coluitiii (b), line	10(0).)			-	ΤΟ.	フィンジエ・

Schedule D (Form 990) 2011

Part VII	Investments - Other Securities. Se	e Form 990, Part X, line 12.		
(;	a) Description of security or category (including name of security)	(b) Book value	<b>(c)</b> Method of valu Cost or end-of-year ma	
(1) Financi	ial derivatives			
	r-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
<u>(H)</u>				
(I)	h) mount agreed Forms 000 Don't V and /D) line 10 )			
	b) must equal Form 990, Part X, col (B) line 12.)	F 200 B 1 V II 40		
Part VIII	I Investments - Program Related. S	ee Form 990, Part X, line 13.	(c) Method of valu	ation:
	(a) Description of investment type	(b) Book value	Cost or end-of-year ma	
(1)			_	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u> (10)			/	
(10)				
Total, (Col (t	b) must equal Form 990. Part X. col (B) line 13.)			
	b) must equal Form 990, Part X, col (B) line 13.)  Other Assets. See Form 990, Part X, line	15.		
	Other Assets. See Form 990, Part X, line	15. Description		(b) Book value
Part IX	Other Assets. See Form 990, Part X, line			(b) Book value
(1)	Other Assets. See Form 990, Part X, line			(b) Book value
Part IX	Other Assets. See Form 990, Part X, line			(b) Book value
(1) (2)	Other Assets. See Form 990, Part X, line			(b) Book value
(1) (2) (3)	Other Assets. See Form 990, Part X, line			(b) Book value
(1) (2) (3) (4)	Other Assets. See Form 990, Part X, line			(b) Book value
(1) (2) (3) (4) (5)	Other Assets. See Form 990, Part X, line			(b) Book value
(1) (2) (3) (4) (5) (6)	Other Assets. See Form 990, Part X, line			(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Other Assets. See Form 990, Part X, line			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. See Form 990, Part X, line (a)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colu	Other Assets. See Form 990, Part X, line (a)  umn (b) must equal Form 990, Part X, col (B) line	Description  = 15.)	•	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Coll.  Part X	Other Assets. See Form 990, Part X, line (a)  umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X,	Description  e 15.) line 25.		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columnation of Columnation of Co	Other Assets. See Form 990, Part X, line  (a)  umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X,  (a) Description of liability	Description  e 15.) line 25.	) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Colu  Part X  1. (1) Fed	Other Assets. See Form 990, Part X, line (a)  umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X,	Description  e 15.) line 25.	) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columna	Other Assets. See Form 990, Part X, line  (a)  umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X,  (a) Description of liability	Description  e 15.) line 25.	) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columna X  1. (1) Fecces (2) (3)	Other Assets. See Form 990, Part X, line  (a)  umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X,  (a) Description of liability	Description  e 15.) line 25.	Department of the second of t	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Columna	Other Assets. See Form 990, Part X, line  (a)  umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X,  (a) Description of liability	Description  e 15.) line 25.	) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Coll.  Part X  1. (1) Fec (2) (3) (4) (5)	Other Assets. See Form 990, Part X, line  (a)  umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X,  (a) Description of liability	Description  e 15.) line 25.	) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Columna	Other Assets. See Form 990, Part X, line  (a)  umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X,  (a) Description of liability	Description  e 15.) line 25.	) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Columna	Other Assets. See Form 990, Part X, line  (a)  umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X,  (a) Description of liability	Description  e 15.) line 25.	) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Columbia)  Part X  1. (1) Feccity (2) (3) (4) (5) (6) (7) (8)	Other Assets. See Form 990, Part X, line  (a)  umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X,  (a) Description of liability	Description  e 15.) line 25.	) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columbia) Part X  1. (1) Feccition (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. See Form 990, Part X, line  (a)  umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X,  (a) Description of liability	Description  e 15.) line 25.	) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Coll.  Part X  1. (1) Fec. (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. See Form 990, Part X, line  (a)  umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X,  (a) Description of liability	Description  e 15.) line 25.	) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Coll.  Part X  1.  (1) Fec. (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11)	Other Assets. See Form 990, Part X, line  (a)  umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X,  (a) Description of liability	Description  e 15.)  line 25.  (b		

2. FIN 4 132053 01-23-12

FIRST\_\_1

FIRST DESCENT	פַח
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	rt XI Reconciliation of Change in Net Assets from Form 990	to Audited F	inancial Stat		s
1	Total revenue (Form 990, Part VIII, column (A), line 12)				<u>-</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		······		
3	Excess or (deficit) for the year. Subtract line 2 from line 1				
4					
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV.)		1 _ 1		
9	Total adjustments (net). Add lines 4 through 8		······		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3				
	rt XII Reconciliation of Revenue per Audited Financial Staten			Return	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIV.)				
е	Add lines 2a through 2d			2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial State				<u>n                                    </u>
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities			_	
b	Prior year adjustments			_	
С	Other losses			_	
d	Other (Describe in Part XIV.)			_	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b			_	
	Other (Describe in Part XIV.)	4b		- 4	
_	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> )			4c 5	
Pa	rt XIV Supplemental Information			] 3 ]	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Par	t III lines 1a and	1 1: Part IV lines	1h and 2l	h: Part V line 1: Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also coi				
,	o z, r arexi, into o, r arexii, intoo za aria ab, aria r arexiii, intoo za aria ab. Aloo ool	inpiete tille part	to provide any at	aditionari	mornation.

#### **SCHEDULE G**

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**Open To Public** Inspection

ame of the organization  FIRST DE	SCENTS			81-0539	ntification number
Fundraising Activities. Corequired to complete this part.	Complete if the organization answe	ered "Yes" to	Form 990, Part IV,	line 17. Form 990-EZ	filers are not
1 Indicate whether the organization raised a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or okey employees listed in Form 990, Part b If "Yes," list the ten highest paid individed compensated at least \$5,000 by the organization have a written or okey employees listed in Form 990, Part b If "Yes," list the ten highest paid individed the part of the properties of	e Solicitat f Solicitat g Special  oral agreement with any individual t VII) or entity in connection with p duals or entities (fundraisers) purs	tion of non-g tion of gover fundraising (including o professional f	overnment grants nment grants events fficers, directors, tru- fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No			
otal					
3 List all states in which the organization i or licensing.	s registered or licensed to solicit	contribution	s or has been notified	d it is exempt from re	egistration
HA Paperwork Reduction Act Notice, se	e the Instructions for Form 990	or 990-EZ.		Schedule G (For	m 990 or 990-EZ) 201

132081 01-23-12

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

81-0539964 Page 2 Schedule G (Form 990 or 990-EZ) 2011 FIRST DESCENTS Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through FD BALL HAT PARTY col. (c)) (total number) (event type) (event type) Revenue 323,467. 21,877. 14,931. 360,275. 1 Gross receipts 71,500 71,500. 2 Less: Charitable contributions 251,967. 21,877. 14,931. 288,775. **3** Gross income (line 1 minus line 2) 4 Cash prizes 124,739. 124,739. 5 Noncash prizes **Direct Expenses** 16,481. 1,334. 17,815. 6 Rent/facility costs 28,887. 1,276. 775. 30,938. Food and beverages 5,050. 900 5,950. 8 Entertainment 19,083. 692. 1,818 21,593. Other direct expenses 201,035, 10 Direct expense summary. Add lines 4 through 9 in column (d) 87,740. 11 Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo Revenue (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain:

Schedule G (Form 990 or 990-EZ) 2011 132082 01-23-12

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

**b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2011 FIRST DESCENTS 81	-0539	964	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in:			
		13a		04
	The organization's facility			<u>%</u>
	An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
_	of gaming revenue retained by the third party  \$\bigs\\$			
_	If "Yes," enter name and address of the third party:			
·	in res, enter hame and address of the tilld party.			
	u K			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Ы	Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	е		
	organization's own exempt activities during the tax year ▶ \$			
Pa	rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(iii) and (	/) and	Part III
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information		-	
	inics 3, 35, 165, 165, 166, and 175, as applicable. Also complete this part to provide any additional informa-	tion (see	iiiotiuc	10113).
_				

#### **SCHEDULE L**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions With Interested Persons**

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

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

FIRST DESCENTS

Employer identification number

81-0539964

				501(c)(4) organization			V line 40	)b											
1	990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.						(c) Corrected?												
(a) Name of dis	squalified person		(b) Description of transaction			ction		Yes		No									
2 Enter the amount of tax imp section 4958				ed persons during the			. ▶ \$		•										
3 Enter the amount of tax, if a	ny, on line 2, above	e, reimbursed by	y the organizat	tion			. 🕨 \$												
Part II Loans to and/o	r From Interes	ted Person	 S.																
				ine 26, or Form 990-E	Z, Part \	/, line 38	Ва.												
(a) Name of interested person and purpose	(b) Loan to or f the organization	rom (c) Origi	inal principal mount	(d) Balance due	e <b>(e)</b> Ir		(e) In default?		(e)	(e)	(e)	(е	(e)	(e)	) In	(f) App	oroved ard or nittee?	(g) W agreer	
		om	10 605	10.605	Yes	No	Yes	No	Yes	No									
JOEL APPEL BRAD REISS	X		19,697. 19,697.	19,697. 19,697.		X	X		X										
DVAD KEIDD	^		19,097.	19,097.			^		Λ										
Total			> \$	39,394.		•													
Part III Grants or Assis Complete if the orga		_																	
(a) Name of interested			ionship betwe	en interested person a ganization	and			ount an	d type o	f									
				•															
LHA For Paperwork Reduction	Act Notice, see tl	he Instructions	s for Form 990	or 990-EZ.		Schedul	e L (For	m 990 c	r 990-E	Z) 2011									

SEE PART V FOR CONTINUATIONS

Schedule L (Form 990 or 990-EZ) 2011 FIRST	DESCENTS		81-0539	964	Page 2
Part IV Business Transactions Invo	lving Interested Persons.				. age :
Complete if the organization answer	ed "Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of		aring o zation's
	person and the organization	transaction	transaction		nues?
TOTAL 18881		20 202	10000	Yes	No
JOEL APPEL	TREASURER	37,393.	MR. APPEL C	<u> </u>	X
Part V Supplemental Information					
Complete this part to provide addition	nal information for responses to question	ns on Schedule L (see	instructions).		
SCHEDULE L, PART II, LOAN	IC TO AND FROM INTERF	CUED DEDCOM	īQ •		
Benebole I, TAKI II, BOAL	NO TO AND FROM INTERE	SIED IERBOR	iD •		
(A) NAME OF PERSON: JOEL	APPEL				
(5)					
(B) LOAN TO OR FROM ORGAN	IIZATION? = TO				
(C) ORIGINAL PRINCIPAL AN	OUNT \$ 19,697. (D)	BALANCE DUE	י ל 10 607		
(C) ORIGINAL TRINCITAL AP	100N1 \$ 15,057. (B)	DALIANCE DOL	1 Ç 10,007.		
(E) LOAN IN DEFAULT? = NO					
(F) APPROVED BY BOARD OR	COMMITTEE? = YES				
(C) FIRTHMEN ACREEMENTS	yma ( )				
(G) WRITTEN AGREEMENT? =	YES				
(A) NAME OF PERSON: BRAD	REISS				
(D) 1011 HO OD HDOW ODGIN					
(B) LOAN TO OR FROM ORGAN	IIZATION? = TO				
(C) ORIGINAL PRINCIPAL AM	ווואידי ל 19 697 (ה)	BALANCE DITE	: ୯ 19 697		
(C) ORIGINAL TRINCITAL AL	100N1	DALLANCE DOL	1 Q 10,007°		
(E) LOAN IN DEFAULT? = NO	)				
(F) APPROVED BY BOARD OR	COMMITTEE? = YES				
(2)					
(G) WRITTEN AGREEMENT? =	YES				
-					
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: Schedule L (Form 990 or 990-EZ) 2011

(A) NAME OF PERSON: JOEL APPEL

Part V Supplemental Information  Complete this part to provide additional information for responses to questions on Schedule L (see instructions).
TREASURER
(C) AMOUNT OF TRANSACTION \$ 37,393.
(D) DESCRIPTION OF TRANSACTION:
MR. APPEL OWNS 86% OF LAUNCH PAD LLC, A COMPANY THAT DONATED ACCOUNTING
SERVICES AND OFFICE SPACE TO FIRST DESCENTS.
(E) SHARING OF ORGANIZATION REVENUES? = NO

### **SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

# **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open to Public . Inspection

Name of the organization

FIRST DESCENTS

Attach to Form 990.

Employer identification number 81-0539964

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de			
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ution ai	mount	S
1	Art - Works of art	X	5		FAIR MARKET	' VA	LUE	
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							
10	Securities - Closely held stock			<b>A</b>				
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 (VACATION PACK)	X	36	120,136.	FAIR MARKET	' VA	LUE	
26	Other ► ( CLOTHING/EQUI)	X	49	19,224.	FAIR MARKET	' VA	LUE	
27	Other ► (HOME GOODS)	X	26	14,933.				
28	Other ( JEWELRY )	X	7	1,965.	FAIR MARKET	' VA	LUE	
29	Number of Forms 8283 received by the organization	zation during	g the tax year for o	contributions				
	for which the organization completed Form 828							
							Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rep	ported in Part I, lines 1-28 th	at it must hold for			
	at least three years from the date of the initial of							
	the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any non-standard contrib	outions?	31		Х
32a	Does the organization hire or use third parties							
	contributions?							
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is c	hecked,			
	describe in Part II.							
LHA	.HA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form							

132141 01-23-12

#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011
Open to Public Inspection

Name of the organization

FIRST DESCENTS

Employer identification number 81-0539964

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FIRST DESCENTS OFFERS YOUNG ADULT CANCER FIGHTERS AND SURVIVORS A FREE

OUTDOOR ADVENTURE EXPERIENCE DESIGNED TO ENABLE THEM TO CLIMB, PADDLE

AND SURF BEYOND THEIR DIAGNOSIS, DEFY THEIR CANCER, RECLAIM THEIR LIVES

AND CONNECT WITH OTHERS DOING THE SAME.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S FORM 990 IS

REVIEWED BY THE CHIEF OPERATING OFFICER AND PERSONNEL RESPONSIBLE FOR

FINANCIAL ACCOUNTING.

FORM 990, PART VI, SECTION B, LINE 12: THE ORGANIZATION WILL DISCUSS

IMPLEMENTATION OF A CONFLICT OF INTEREST POLICY AT ITS BOARD MEETING ON

MARCH 31, 2012.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION CONDUCTED AN

ANALYSIS OF NONPROFIT PAY BY REGION, JOB FUNCTION, ETC. IN ORDER TO

DETERMINE SUITABLE COMPENSATION FOR ITS CEO, COO, DIRECTORS AND ALL STAFF.

THE PROPOSED COMPENSATION WAS PRESENTED TO THE BOARD FOR APPROVAL. THIS

PROCESS WAS LAST CONDUCTED IN APRIL 2011.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC BY REQUEST AT ITS OFFICE.

THE ORGANIZATION WAS REDOMICILED IN 2003 TO COLORADO. ALL CHANGES WERE

MADE WITH THE PROPER TAXING AND REPORTING AUTHORITIES TO SHOW COLORADO

AS THE HOME STATE OF RECORD. IN 2011 THE ORGANIZATION MOVED ITS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 9)

Schedule O (Form 990 or 990-EZ) (2011)

132211 01-23-12

FIRST DESCENTS	81-0539964
OFFICES WITHIN THE STATE OF COLORADO AND THE NEW OPERATIN	G ADDRESS IS
REFLECTED AS 767 SANTA FE DRIVE, DENVER, CO 80204.	

Form <b>990-T</b>	Exempt Organization Bus	۱	OMB No. 1545-0687						
Department of the Treasury Internal Revenue Service	(and proxy tax und	(	Open to Public Inspection for 501(c)(3) Organizations Only						
A Check box if	Name of organization ( Check box if name or	<b>D</b> Emplo	by richard transfer only over identification number oyees' trust, see						
address changed									
<b>B</b> Exempt under section	xempt under section Print FIRST DESCENTS								
X 501(c)(3)	Number, street, and room or suite no. If a P.O. bo		ated business activity codes instructions.)						
408(e) 220(e)	Type 767 SANTA FE DRIVE					,			
529(a)	DENVER, CO 80204				452	000			
C Book value of all assets at end of year	F Group exemption number (See instructions.)	<u> </u>	501(c) trust	401(a) trust		Other trust			
695,847.	G Check organization type ► X 501(c) corporation	)II L	50 I(C) trust	40 I(a) trust	L	Other trust			
	I n's primary unrelated business activity. ▶ MERCHAN	IDTS	E SALES						
	the corporation a subsidiary in an affiliated group or a pare			<b>•</b>	Ye	s X No			
	and identifying number of the parent corporation.		у						
	► KELLY MALIN		Telepho	one number $\triangleright$ 3	03.	945.2490			
Part I Unrelate	d Trade or Business Income		(A) Income	(B) Expenses	3	(C) Net			
1a Gross receipts or sal									
<b>b</b> Less returns and allo		1c							
	Schedule A, line 7)	2							
3 Gross profit. Subtract		3							
	ne (attach Schedule D)	4a							
	4797, Part II, line 17) (attach Form 4797)	4b							
	n for trusts	4c 5							
	artnerships and S corporations (attach statement)	6							
<ul><li>Rent income (Schede</li><li>Unrelated debt-finance</li></ul>	ule C)ed income (Schedule E)	7							
	yalties, and rents from controlled organizations (Sch. F)	8							
	f a section 501(c)(7), (9), or (17) organization								
		9							
10 Exploited exempt act	ivity income (Schedule I)	10							
11 Advertising income (	Schedule J)	11							
12 Other income (See in	structions; attach schedule.)	12							
	s 3 through 12	13	0.						
	ons Not Taken Elsewhere (See instructions f								
	contributions, deductions must be directly connected				1				
	ficers, directors, and trustees (Schedule K)				14				
					15				
	nance				16 17				
	edule)				18				
					19				
20 Charitable contribut	ions (See instructions for limitation rules.)				20				
21 Depreciation (attach	Form 4562)		21						
	aimed on Schedule A and elsewhere on return				22b				
					23				
24 Contributions to det	erred compensation plans				24				
25 Employee benefit pr	ograms				25				
26 Excess exempt expe	enses (Schedule I)				26				
27 Excess readership of	osts (Schedule J)				27				
	ttach schedule)				28				
	Add lines 14 through 28				29	0.			
	taxable income before net operating loss deduction. Subtra				30	0.			
	leduction (limited to the amount on line 30)taxable income before specific deduction. Subtract line 31 f				31 32	0.			
	Generally \$1,000, but see instructions for exceptions.)				33	1,000.			
	ess taxable income. Subtract line 33 from line 32. If line				"	<u> </u>			
of zero or line 32	Coo taxable intomic, oabaactiine oo nom iine oz. Il liile	55 15 gi	عدد ماهدا النان فكر فالثقالة	omanor	34	0			

123701 02-24-12 LHA For Paperwork Reduction Act Notice, see instructions. Form **990-T** (2011)

Form 990-	T (2011)	FIRST DESCE	NTS					81-053	<u> 9964</u>			Page 2
Part I	III 1	ax Computation										
35	Organ	nizations Taxable as Corpora	tions. See instr	ructions for tax c	omputa	ation.						
	Controlled group members (sections 1561 and 1563) check here See instructions and:											
а		your share of the \$50,000, \$2		,								
		\$	(2)  \$	,	1	(3)  \$	ĺ					
b		organization's share of: (1) A		x (not more than	 \$11.7							
_		dditional 3% tax (not more tha		•		· -						
c		ne tax on the amount on line 3						•	35c			0.
36		s Taxable at Trust Rates. See										<del></del>
00		Tax rate schedule or		•					36			
37									37			
38		tax. See instructions							38			—
39		Add lines 37 and 38 to line 3							39			0.
		ax and Payments	JC OI 30, WIIICII	ievei applies					39			<del>••</del>
		n tax credit (corporations atta	oh Eorm 1110	truete attach Eo	rm 111	6)	40a					—
									-			
U	Canar	credits (see instructions)	~ 2000				400		-			
		al business credit. Attach For							-			
		for prior year minimum tax (a										
	lotai	credits. Add lines 40a throug							40e			
41		act line 40e from line 39							41			0.
42		taxes. Check if from: Fo							42			
43									43			0.
		ents: A 2010 overpayment cr										
		estimated tax payments										
C	Tax d	eposited with Form 8868				,	44c					
		ın organizations: Tax paid or v										
е	Backı	p withholding (see instruction	ıs)				44e					
		for small employer health ins			8941)		44f					
g			⊢ F									
		Form 4136	[ 0			Total ▶						
45	Total	payments. Add lines 44a thro	ugh 44g		·····				45			
46		ated tax penalty (see instruction							46			
47		ue. If line 45 is less than the to							47			0.
48		ayment. If line 45 is larger tha							48			0.
49	_	the amount of line 48 you war						efunded <b>&gt;</b>	49			
Part \		Statements Regardii					•					
		e during the 2011 calendar ye									Yes	No
		urities, or other) in a foreign c						of Foreign Bank	and			
Fina 2 Duri	ancial A	accounts. If YES, enter the nar ax year, did the organization receive instructions for other forms the orga	ne of the foreig	n country here	• • • • • • • • • • • • • • • • • • •		tu ot?					_X_
If YE	ES, see i	nstructions for other forms the orga	nization may have	e to file.		or transferor to, a foreign						X
		mount of tax-exempt interest										
		A - Cost of Goods S	old. Enter m	ethod of inven								
<b>1</b> Inv	entory	at beginning of year	1			Inventory at end of y			6			
	chases		2		7	${\bf Cost\ of\ goods\ sold.}$						
		or	3		1	from line 5. Enter he	re and in Part I, li	ne 2	7			
		section 263A costs	4a		8	Do the rules of section	on 263A (with res	spect to			Yes	No
<b>b</b> Oth	er cost	s (attach schedule)	4b		1	property produced o	r acquired for res	sale) apply to				
5 Tot		l lines 1 through 4b	5									
C:	Un	der penalties of perjury, I declare the rect, and complete. Declaration of p	at I have examine preparer (other tha	ed this return, includ an taxpayer) is base	ing acco d on all	ompanying schedules and information of which prep	d statements, and to parer has any knowle	o the best of my kno edge.	wledge and	belief, it is	true,	
Sign Here				1						discuss this		vith
Here		O'markons of officers				TREASU	RER			shown belov		,
		Signature of officer		Date		Title		in	structions)?	X Ye	s	No
		Print/Type preparer's name		Preparer's sign	nature	[0	)ate	5.1.5511 <u></u>	f PTIN			
Paid								self- employed		0015	- 4 -	
Prepa	arer	RANDY WATKINS								0916		
Use (		Firm's name ► ANTON		NS MITCH			0.0	Firm's EIN	01	-0724	456	<u>პ</u>
	•				NUE	, SUITE 6	UU		202	020	110	^
		Firm's address <b>DEN</b>	VEK. CC	<b>, סט⊿ט</b> ס ر				Phone no.	シロ3ー	830 - 1	$\perp \perp \angle \mid$	U

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Form **990-T** (2011)