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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



October 2, 2014

First Descents 3001 Brighton Blvd No. 623 Denver, CO 80216 Attention: Ryan O'Donoghue

Dear Ryan,

Enclosed are the organization's 2013 Exempt Organization returns. The state Exempt Organization returns and Annual Report are also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 17, 2014.

FORM 990-T RETURN:

No amount is due on Form 990-T.

Please sign and mail on or before November 17, 2014.

Mail to - Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

CALIFORNIA FORM 199 RETURN:

Mail to - Franchise Tax Board P.O. Box 942857 Sacramento, CA 94257-0501

Please sign and mail Form 199 on or before December 15, 2014.

Enclose a check for \$10.

Make check payable to Franchise Tax Board.

CALIFORNIA FORM 109 RETURN:

Mail to - Franchise Tax Board P.O. Box 942857 Sacramento, CA 94257-0500

Please sign and mail Form 109 on or before December 15, 2014.

No payment is required.

CALIFORNIA FORM RRF-1 RETURN:

Please sign and mail Form RRF-1 as soon as possible.

Mail to - Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

Enclose a check for \$150 made payable to Attorney General's Registry of Charitable Trusts. Include "Form RRF-1," the report year and the organization's state charity registration number and/or organization number on the remittance.

A copy of the federal return is also provided. In conjunction with Form RRF-1 this comprises the Annual Report to be filed with the California Attorney General's Registry of Charitable Trusts.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Sincerely,

Wendy DeWitt

Form 8879-FO

IRS e-file Signature Authorization for an Exempt Organization

calendar year 2013, or fiscal year beginning	, 2013, and ending	

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

► Information about Form 8879-EO and its instructions is at www.irs.gov/form8879

Employer identification number Name of exempt organization FIRST DESCENTS 81-0539964 Name and title of officer

RYAN O'DONOGHUE

Fo

COO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2,197,840.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X	lauthorize ANTON	COLLINS	MITCHELL	LLP	to enter my PIN	85248
			ERO fir	rm name		Enter five numbers, but do not enter all zeros
	, ,	ite agency(ies) re	gulating charities	•	indicated within this return that a program, I also authorize the afore	
	•	turn that a copy	of the return is be	eing filed with a state agency(ie	n's tax year 2013 electronically file es) regulating charities as part of t	
Officer's	signature ►				Date	
Part I	II Certification	and Authent	ication			

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

84493354321

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 10-01-13

Form **8879-EO** (2013)

ERO's signature

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www irs gov/form990 and ending

Open to Public Inspection

A I	For the	2013 calendar year, or tax year beginning and	ending	_	
В	Check if applicable	C Name of organization		D Employer identific	cation number
X	Addres	FIRST DESCENTS			
F	□Name □change □Initial				539964
Ļ	return		Room/suite	E Telephone numbe	r 0.45 0.400
F	ated Amend		623		945-2490
H	return □Applica	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,778,088.
	⊥ltiòn pendin	DENVER, CO OUZIO		H(a) Is this a group re for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{}$	Tax-exe	mpt status: $X = 501(c)(3)$ $= 501(c)()$ (insert no.) $= 4947(a)(1) c$	or 527	1 ' '	list. (see instructions)
		www.firstdescents.org		H(c) Group exemptio	,
K	Form of	organization: X Corporation Trust Association Other	∟ Year		State of legal domicile: CO
Pa		Summary			
ė	1 1	Briefly describe the organization's mission or most significant activities: $\underbrace{ ext{ADDR1}}_{ ext{DDR1}}$	ESS TH	E EMOTIONAL	EFFECTS OF
Activities & Governance	-	CANCER ON YOUNG ADULT CANCER FIGHTERS & S			
ern		Check this box 🕨 📖 if the organization discontinued its operations or dispos		1 1	
છું		Number of voting members of the governing body (Part VI, line 1a)		3	12 11
مخ در		Number of independent voting members of the governing body (Part VI, line 1b)			17
iţi		Fotal number of individuals employed in calendar year 2013 (Part V, line 2a)			250
cţi	72	Fotal number of volunteers (estimate if necessary)			-719 .
Ă		Net unrelated business taxable income from Form 990-T, line 34			-719 .
				Prior Year	Current Year
Ф	8 (Contributions and grants (Part VIII, line 1h)		1,665,389.	1,669,261.
nue		Program service revenue (Part VIII, line 2g)	I	0.	88,173.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		543.	389.
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		342,211.	440,017.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,008,143.	2,197,840.
		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)		672,511.	780,157.
ses	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0,2,511.	780,157.
Expenses	loa i	Professional fundraising fees (Part IX, column (A), line 11e)	42. H	0.	0.
X	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,268,311.	1,283,274.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,940,822.	2,063,431.
		Revenue less expenses. Subtract line 18 from line 12		67,321.	134,409.
or			Ве	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Fotal assets (Part X, line 16)		811,375.	880,781.
t As	21	Fotal liabilities (Part X, line 26)		115,073.	50,070.
ESE ESE	22	Net assets or fund balances. Subtract line 21 from line 20		696,302.	830,711.
	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	lich preparer	nas any knowledge.	
C:		Signature of officer		I Date	
Sig Her		RYAN O'DONOGHUE, COO			
He		Type or print name and title			
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Pai	d	WENDY DEWITT		if self-employ	P01358310
Pre	parer	Firm's name ANTON COLLINS MITCHELL LLP		Firm's EIN	01-0724563
Use	Only	Firm's address 303 EAST 17TH AVENUE, SUITE 600			
		DENVER, CO 80203		Phone no. 30	3-830-1120
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

	rt III Statement of Program Service Accomplishments
· u	
_	
1	Briefly describe the organization's mission: SEE SCHEDULE O
	SEE SCHEDOLE O
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,623,136 • including grants of \$) (Revenue \$ 88,173 •)
	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,
	REGAIN THE CONFIDENCE LOST TO CANCER. FIRST DESCENTS PROVIDED 45
	CANCER DURING 2013.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4c	(Code:) (Expenses \$
	Otherway was in a (Paradhair Oahadala O.)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,623,136.

332002 10-29-13

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	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		- 21	
3	public office? If "Yes," complete Schedule C, Part I	3		Х
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	3 ,			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	ıza		
Ŋ	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? 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 other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? 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,"			
-	complete Schedule G, Part III	19		Х
20a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		_		_

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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			
		23		Х
242	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
2 -1 0	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		Х
				21
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31		31		х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		21
32	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, Part II, III, or IV, and	"		
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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		
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 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

81-0539964 Page **5**

01111 330	(2010)	225021112	~ -	00000	ı ayc
Part V	Statements Regarding	Other IRS Filings and Tax Compliance			

	Check if Schedule O contains a response or note to any line in this Part V			Щ							
			Yes	No							
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable										
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable										
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming										
	(gambling) winnings to prize winners?	1c									
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a		Х								
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?										
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)										
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х								
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	Х								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X							
b	If "Yes," enter the name of the foreign country:										
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X							
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	6a		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).		37								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X	-							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	-							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		X							
	to file Form 8282?	7c		$\overline{}$							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f									
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			-							
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h									
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	/11									
Ü	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time 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:										
а	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b										
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders										
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note. See the instructions for additional information the organization must report on Schedule O.										
b	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										
	Enter the amount of reserves on hand										
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b									
			~~~	(0010)							

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 or note to any line in this Part VI			X								
Sec	tion A. Governing Body and Management											
	<del> </del>		Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year la											
	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											
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?											
3												
	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		X								
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	X									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the											
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X								
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		X								
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,											
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b										
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X									
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37									
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v									
40	in Schedule O how this was done	12c	X									
13	Did the organization have a written whistleblower policy?	13	X									
14 15	Did the organization have a written document retention and destruction policy?	14	Λ									
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?  The organization's CEO Executive Director, or top management official.	15a	Х									
	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	15b	X									
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	JUD										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a											
u	taxable entity during the year?	16a		Х								
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou										
~	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) a	vailab	le									
	for public inspection. Indicate how you made these available. Check all that apply.											
	Own website Another's website X Upon request Other (explain in Schedule O)											
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial									
	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	ion: 🕨										
	RYAN O'DONOGHUE - 303.945.2490											
	767 SANTA FE DRIVE, DENVER, CO 80204											

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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 or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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		(0	<del>)</del>			(D)	(E)	(F)
Name and Title	Average		not c	Posi heck	ition _{more}	than		Reportable	Reportable	Estimated
	hours per	box	oox, unless person			is bot or/trus	h an tee)	compensation	compensation	amount of
	week (list any	<del>-</del>					Ĺ	from the	from related organizations	other compensation
	hours for	rdirec				pa		organization	(W-2/1099-MISC)	from the
	related	stee or	nstee.			ensat		(W-2/1099-MISC)		organization
	organizations	al tru	onal tı		oloyee	comb				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BRAD LUDDEN	60.00									
CEO/DIRECTOR & FOUNDER		Х		Х				89,579.	0.	2,634.
(2) BRENT GOLDSTEIN	4.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3) JOEL APPEL	4.00								_	
DIRECTOR		Х						0.	0.	0.
(4) LARRY SMITH	4.00									
DIRECTOR	1 00	Х						0.	0.	0.
(5) EVA HO	4.00									•
TREASURER	00 00	Х		X				0.	0.	0.
(6) COREY NIELSON	20.00							00 146		F 0 0
DIRECTOR	4 00	Х						29,146.	0.	529.
(7) DAVID LEE	4.00	, .						0.	0.	0
(8) BRAD REISS	4.00	Х						0.	0.	0.
DIRECTOR	4.00	Х						0.	0.	0.
(9) JENNIFER FEIKEN	4.00	^						0.	0.	0.
VICE CHAIR	4.00	Х		х				0.	0.	0.
(10) ROCHELLE SHORETZ	4.00			21				0.	0.	
DIRECTOR	1.00	x						0.	0.	0.
(11) JOSH BEHR	4.00	<del> </del>								
DIRECTOR		х						0.	0.	0.
(12) DEBBIE FORD KING	4.00									
SECRETARY		Х		Х				0.	0.	0.
(13) CHRIS SIZEMORE	40.00									
DIRECTOR OF OPERATIONS		1		Х				54,176.	0.	875.
(14) RYAN O'DONOGHUE	40.00									
CHIEF OPERATING OFFICER				Х				9,167.	0.	0.
-										

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Part VII Section A. Officers, Directors, Tr	ustees, Key Em (B)	pioy	ees	<u>, and</u> (C		igne	st C					(E)	
(A) Name and title	Average			Pos	itior	1		<b>(D)</b> Reportable	<b>(E)</b> Reportable			(F) stimate	d
Name and title	hours per		not c	heck	more	than		compensation	compensation			nount	
	week					or/trus		from	from related			other	O1
	(list any	ctor						the	organization			pensa	tion
	hours for	or director				ted		organization	(W-2/1099-MI	SC)	fr	om the	е
	related	stee o	rustee			oensa		(W-2/1099-MISC)				anizat	
	organizations below	Individual trustee	Institutional trustee		employee	Highest compensated employee						d relat	
	line)	lividu	aftutio	Officer	/ emp	jhest ploye	Former				orga	anizati	ons
	iii ie)	ou I	SE .	#0	Key	E E	요						
		ł											
		ł											
1b Sub-total			<u> </u>		<u> </u>			182,068.		0.		4,0	38
c Total from continuation sheets to Part								0.		0.		-, -	0
d Total (add lines 1b and 1c)								182,068.		0.		4,0	38
Total number of individuals (including but									0.000 of reportab	_			
compensation from the organization						-,			,			1	(
<b>0</b> Dilli												Yes	No
3 Did the organization list any <b>former</b> offic													v
line 1a? If "Yes," complete Schedule J fo											3		X
4 For any individual listed on line 1a, is the	-		-					•	the organization				Х
and related organizations greater than \$											4		$\overline{}$
5 Did any person listed on line 1a receive of rendered to the organization? If "Yes," co	•				•			•			_		Х
Section B. Independent Contractors	ompiete Schedul	e J I	OI SI	JCII	pers	SOIT					5		
Complete this table for your five highest	compensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation f	rom	
the organization. Report compensation f	or the calendar y	ear e	endi	ng v	vith	or w	rithir	n the organization's tax	year.				
<b>(A)</b> Name and busine	see addrose	NT/	ONE	,				<b>(B)</b> Description of s	onvicos		<b>(C</b> Compe		n
Name and busine		IAC	ואנ	<u> </u>			$\dashv$	Description of s	ei vices		ompe	isatio	
							_						
							_						
2 Total number of independent contractor		ot li	mite	d to		se li:	stec	d above) who received m	nore than				
\$100,000 of compensation from the orga	arnzation 📂										Form	000 (	2010

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
		Check ii Concadie C conc	and a response	or riote to urly iii	(A)	(B)	(C)	( <b>D</b> ) Revenue excluded
					Total revenue	Related or	Unrelated	l from fax under
						exempt function revenue	business revenue	sections 512 - 514
gσ	4 -	Fadayatad aayanaisya	la_l			TOVETIAL	Tevende	312 - 314
L al		Federated campaigns						
اعٌ ق		Membership dues		400 435				
ŢŞ,		Fundraising events		480,435.				
<u>a</u>		Related organizations						
Sir		Government grants (contribut						
e H	f	, 0 , 0						
[ 토		similar amounts not included abo	ve <b>1f</b>	1,188,826.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f: \$	275,410.				
<u>ā č</u>	h	Total. Add lines 1a-1f		<b></b>	1,669,261.			
				<b>Business Code</b>				
e	2 a							
اه چَ	b		_					
လ္က ဥ	С							
Program Service Revenue	d							
Pg.	е							
۾	f	All other program service reve	nue	900099	88,173.	88,173.		
		Total. Add lines 2a-2f			88,173.	·		
$\neg$	3	Investment income (including			•			
	•	other similar amounts)			389.			389.
	4	Income from investment of tax						
	5	Royalties	-	-				
	J	rioyanics	(i) Real	(ii) Personal				
	6 2	Gross rents	(i) Hear	(ii) i ersoriai				
				+				
		Less: rental expenses		<del>                                     </del>				
		Rental income or (loss)						
		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						
		Gain or (loss)						
	d	Net gain or (loss)						
<u>o</u>	8 a	Gross income from fundraising						
en		including \$ 480	<u>,435.</u> of					
Other Revenu		contributions reported on line	1c). See					
7		Part IV, line 18	a	1,017,528.				
풀	b	Less: direct expenses	b	576,792.				
١		Net income or (loss) from fund			440,736.			440,736.
		Gross income from gaming ac						
		Part IV, line 19		.				
	b	Less: direct expenses		1				
		Net income or (loss) from gam		<b></b>				
		Gross sales of inventory, less						
		and allowances		2,737.				
	h	Less: cost of goods sold						
		Net income or (loss) from sale			-719.		-719.	
ŀ		Miscellaneous Revenu		Business Code	2			
ŀ	11 a			Duamicaa Code				
	ıı a b							
	C	All other recessions						
		All other revenue						
		Total Add lines 11a-11d			2,197,840.	88,173.	-719.	441,125.
	12	Total revenue. See instructions.			4,131,040.	00,1/3.	- /19.	441,123.

### 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). X Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States, See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors. 186,106. 136,434. 18,443. trustees, and key employees ..... 31,229. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 481,055. 80,719. Other salaries and wages 352,662. 47,674. Pension plan accruals and contributions (include 21,262. 4,915. section 401(k) and 403(b) employer contributions) 32,095. 5,918. 25,869. 14,585. 8,836. 2,448. Other employee benefits 9 55,032. 47,064. -2,643. 10,611. 10 Fees for services (non-employees): Management 1.830. 30. 1.800. Legal 26,351. 26,351. Accounting Professional fundraising services. See Part IV. line 17 Investment management fees _____ Other. (If line 11g amount exceeds 10% of line 25, 408,519. 373,507. 10,445. 24,567. column (A) amount, list line 11g expenses on Sch O.) 50,417. 37,393. 13,024. Advertising and promotion 12 37,590. 15,870. 10,911. 10,809. 13 Office expenses 19,945. 19,945. Information technology ..... 14 15 Royalties 238,030. 215,031. 7,444. 15,555. 16 Occupancy 123,375. 94,503. 7,231. 21,641. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 11,218. 14,207. 957. 2,032. Conferences, conventions, and meetings 19 20 21 Payments to affiliates 87,091. 63,662. 811. 22,618. 22 Depreciation, depletion, and amortization ..... 14,190. 2,450. 10,867. 873. 23 Other expenses. Itemize expenses not covered 24 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 O.) 83,095. 83,095. PROGRAM MEALS **EOUIPMENT RENTAL** 65,870. 65,870. 25,910. 25,910. RECRUITING 7,919. 7,984. 2,720. SUPPLIES 18,623. 68,231. 34,726. 6,827. 26,678. All other expenses 271,442. 2,063,431. 1,623,136. 168,853. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

# Form 990 (2013) Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			112,438.	1	446,974.
	2	Savings and temporary cash investments			370,888.	2	162,169.
	3	Pledges and grants receivable, net			88,000.	3	0.
	4	Accounts receivable, net			41,190.	4	170,603.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pers	sons (as defined under			
		section 4958(f)(1)), persons described in section	14958(c	(3)(B), and contributing			
		employers and sponsoring organizations of sections	tion 501	(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use			4,071.	8	8,872. 66,348.
	9	Prepaid expenses and deferred charges			98,220.	9	66,348.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		39,813. 31,416.			
	b				91,373.	10c	8,397.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	1 = 110
	15	Other assets. See Part IV, line 11			5,195.	15	17,418.
	16	Total assets. Add lines 1 through 15 (must equ			811,375.	16	880,781.
	17	Accounts payable and accrued expenses			115,073.	17	40,070.
	18	Grants payable			0	18	10.000
	19	Deferred revenue			0.	19	10,000.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to current and former					
ij		key employees, highest compensated employee	es, and o	disqualified persons.			
Lia						22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	•			OF.	
	00	Schedule D			115,073.	25 26	50,070.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958			113,073.	26	30,070.
10		complete lines 27 through 29, and lines 33 an		There ZI and			
Č	27				646,302.	27	780,711.
alan	28	Unrestricted net assets			50,000.	28	50,000.
B	29				30,000.	29	30,000.
Ĕ	29	Organizations that do not follow SFAS 117 (A		chock hore		29	
Ä		and complete lines 30 through 34.	30 930	, check here			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or ed				31	
ţ	32	Retained earnings, endowment, accumulated in				32	
Š	33	Total net assets or fund balances			696,302.	33	830,711.
	34	Total liabilities and net assets/fund balances			811,375.	34	880,781.
	1 34	TOTAL HADIIILIES AND HEL ASSELS/IUND DAIANCES			011,0,0	UT	Form <b>990</b> (2013)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities	1 2 3 4 5 6	2,19 2,06 13	7,8 3,4 4,4	40. 31. 09.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	83	0,7	11.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
1 2a	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 Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:		2a	Yes	No
b	Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e basis, e audit,			X
За	If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits oxplain why in School II O and describe any stops taken to undergo such audits.	ired audit	2h		

### **SCHEDULE A**

(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.

Open to Public Inspection

OMB No. 1545-0047

81-0539964

Department of the Treasury Internal Revenue Service

Name of the organization

FIRST DESCENTS

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 

	πι	neasuii	ior Public Char	ity Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.					
The o	organ	ization is not a	private foundation	because it is: (For lines 1	I through ⁻	11, check	only one b	ox.)						
1	Ш	A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)						
2		A school des	cribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach Scl	hedule E.)									
3		A hospital or	a cooperative hospi	tal service organization o	described	in <b>section</b>	170(b)(1)(	A)(iii).						
4		A medical res	search organization of	operated in conjunction	with a hos	pital desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter	the	hospital	's nam	ie,
		city, and state	e:											
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describ	oed i	in		
			(b)(1)(A)(iv). (Comple		•	•								
6				ent or governmental unit	t described	d in <b>sectio</b>	n 170(b)(1	)(A)(v).						
7	X	,	, 0	eives a substantial part o			٠,,	,, ,, ,	r from the	general	pub	olic desc	ribed i	n
			<b>b)(1)(A)(vi).</b> (Comple				9			9	J			
8				ection 170(b)(1)(A)(vi). (	(Complete	Part II.)								
9				eives: (1) more than 33 1			rom contri	butions, m	nembershii	o fees, a	and o	aross red	ceints	from
•		•	•	nctions - subject to certa							•	•	•	
			•	axable income (less sect	•	,	•					•		
			<b>509(a)(2).</b> (Complete	,		,,	011100000	ioquii ou b	y and orga	meation	u	, ound c	, , , , , ,	0.
10				perated exclusively to tes	st for nubli	c safety S	See <b>sectio</b>	n 509(a)(4	ı)					
11		J		perated exclusively for the	•	,		٠,,	•	out the	יווח ב	rnoses c	of one	or
••		•		ations described in section						•	•	•		01
			•	organization and comple		•		.,. 000 <b>000</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>4)(0).</b> On	IOOIX	the box	triat	
		a Type I			/pe III - Fui			d	Type	e III - No	n-fu	nctional	v inte	rated
е		* *	-	t the organization is not	· =	-	-		,,					
·		, ,	,	han one or more publicly		,	,	,		•	•			
f				ten determination from t						/(α)(1) Οι	500	7.11011 000	,(α)( <u>–</u> ).	
Ċ		ū	rganization, check th			•								
g				organization accepted an					owing pers	:?				
9		-		irectly controls, either ale			-				,		Yes	No
				upported organization?								11g(i)	1.00	-110
				described in (i) above?								11g(ii)		
				person described in (i) of								11g(iii)		
h				about the supported org								119()	<u> </u>	
		Trovide the it	onowing information	about the supported of	garnzation	ω,.								
/:\	Nama	of ournarted	/::\	(iii) Type of organization	(iv) Is the o	rnanization	(v) Did voi	notify the	(vi) Is	the	/v::	) Amount	of mo	noton.
(1)		of supported inization	(ii) EIN		in col. (i) lis		organizat		organizátio (i) organiz	n in col.	(411	Sup		iciai y
	o, go	medion		above or IRC section	governing (	document?	(i) of your	support?	U.S.	?		oup	Port	
				(see instructions))	Yes	No	Yes	No	Yes	No				
Гotа	<u>                                       </u>													

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

### 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) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	424,164.	819,863.	1,713,411.	1,665,389.	1,669,261.	6,292,088.
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	424,164.	819,863.	1,713,411.	1,665,389.	1,669,261.	6,292,088.
5							
	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)						927,027.
6	Public support. Subtract line 5 from line 4.						5,365,061.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	424,164.	819,863.	1,713,411.	1,665,389.	1,669,261.	6,292,088.
	Gross income from interest,		-				
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1,389.	761.	345.	543.	389.	3,427.
9	Net income from unrelated business	,					<u> </u>
•	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.)	231,870.	99,774.	206,286.	917,142.		1,455,072.
11	Total support. Add lines 7 through 10	,	,	,	,		7,750,587.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for	•	,			n 501(c)(3)	_
	organization, check this box and <b>stop</b>	ŭ		•	•		
Sec	ction C. Computation of Publ		_				<u>,                                      </u>
14	Public support percentage for 2013 (I	ine 6, column (f) di	vided by line 11, o	olumn (f))		14	69.22 %
	Public support percentage from 2012					15	72.39 %
	33 1/3% support test - 2013. If the o					nore, check this bo	x and
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2012. If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances tes						
~	more, and if the organization meets the	-					
	organization meets the "facts-and-circ		•		•		
18	Private foundation. If the organization						
<u></u>	ato roundation ii ino organizatio	ala not oncon a	25% ON III O 10, 100	ــ, ١٥٥, ١١۵, ١١١		edule 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.)

Section A. Public Support		,				
Calendar year (or fiscal year beginning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support				•	•	
Calendar year (or fiscal year beginning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is regularly carried on						
or loss from the sale of capital assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
check this box and stop here				•		
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2013 (li					15	%
16 Public support percentage from 2012					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from 2					18	<u>%</u>
19a 33 1/3% support tests - 2013. If the	-					
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2012. If the	-					
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his 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.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Name of the organization

Employer identification number

	FIRST DESCENTS	81-0539964
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
, ,	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	al Rule. See instructions.
General Rule		
_	ntion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (mplete Parts I and II.	in money or property) from any one
Special Rules		
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
total contribution	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one cons of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, o of cruelty to children or animals. Complete Parts I, II, and III.	
contributions fo If this box is ch purpose. Do no	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one corruse exclusively for religious, charitable, etc., purposes, but these contributions did not ecked, enter here the total contributions that were received during the year for an exclust complete any of the parts unless the <b>General Rule</b> applies to this organization becautable, etc., contributions of \$5,000 or more during the year	ot total to more than \$1,000.  usively religious, charitable, etc.,  use it received nonexclusively
Caution. An organization	in that is not covered by the General Bule and/or the Special Bules does not file Sched	lule B (Form 990, 990-F7, 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 its Form 990-PF, Part I, line 2, to

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) (2013)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

### FIRST DESCENTS

81-0539964

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GENENTECH  1 DNA WAY  SAN FRANCISCO, CA 94080	\$ 522,998.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NANCY LAZKANI  5910 LEMONA AVENUE  VAN NUYS, CA 91411	\$ 38,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	KATHLEEN MACKENZIE  P.O. BOX 1759  ANNA MARIA, FL 34216	\$ 278,287.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DECKERS OUTDOOR CORPORATION  495-A SOUTH FAIRVIEW AVENUE  GOLETA, CA 93117	\$ 37,537.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	JOEL APPEL  846 SOUTH FRANKLIN STREET  DENVER, CO 80209-4506	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	WACKY WARRIORS  801 NORTH 500 WEST  BOUNTIFUL, UT 84010	\$ 47,725.	Person X Payroll

Name of organization **Employer identification number** 

### FIRST DESCENTS

81-0539964

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
222452 10 24		-	90 990-F7 or 990-PF) /2013

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) 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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047 Open to Public Inspection

Name of the organization **Employer identification number** 81-0539964 FIRST DESCENTS

Pai	rt I	Organizations Maintaining Donor Advised		s or A	Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line (	6. (a) Donor advised funds		(b) Funds and other accounts
	<b>.</b>	<del> </del>	(a) Donor advised funds	(	b) Funds and other accounts
1		number at end of year			
2		gate contributions to (during year)			
3		gate grants from (during year)			
4	-	gate value at end of year			
5		e organization inform all donors and donor advisors in w	_		
		e organization's property, subject to the organization's e			
6		e organization inform all grantees, donors, and donor ad			
		aritable purposes and not for the benefit of the donor or			• — —
D.		missible private benefit?			
Pai		Conservation Easements. Complete if the orga		Part IV,	line 7.
1		se(s) of conservation easements held by the organization	`		
		Preservation of land for public use (e.g., recreation or ed			ly important land area
		Protection of natural habitat	Preservation of a cer	tified hi	istoric structure
		Preservation of open space			
2		lete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a co	onservation easement on the last
	day of	the tax year.			
					Held at the End of the Tax Year
а		number of conservation easements			2a
b		acreage restricted by conservation easements			2b
С		er of conservation easements on a certified historic struc			2c
d		er of conservation easements included in (c) acquired af	,		
		in the National Register			2d
3	Numb	er of conservation easements modified, transferred, release	ased, extinguished, or terminated by th	e orgar	nization during the tax
	year 🕨				
4		er of states where property subject to conservation ease	' <del></del>		
5		the organization have a written policy regarding the perio			
		ons, and enforcement of the conservation easements it h			
6		and volunteer hours devoted to monitoring, inspecting, a			
7		nt of expenses incurred in monitoring, inspecting, and er			
8		each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	)(h)(4)(E	
					Yes No
9		t XIII, describe how the organization reports conservation	•		
		e, if applicable, the text of the footnote to the organization	on's financial statements that describes	the or	ganization's accounting for
D		rvation easements.	Ant Historical Transcourse on C	\ <b>.</b>	Cincilar Assats
Pai	τIII	Organizations Maintaining Collections of		ner	Similar Assets.
		Complete if the organization answered "Yes" to Form 9			
1a		organization elected, as permitted under SFAS 116 (ASC			
		cal treasures, or other similar assets held for public exhib		ance of	public service, provide, in Part XIII,
		xt of the footnote to its financial statements that describe			
b		organization elected, as permitted under SFAS 116 (ASC			
		res, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pu	ıblic se	rvice, provide the following amounts
		g to these items:			
		evenues included in Form 990, Part VIII, line 1			. • \$
	(ii) As	ssets included in Form 990, Part X			. ▶ \$
2		organization received or held works of art, historical treas		al gain,	provide
		llowing amounts required to be reported under SFAS 116			
а		ues included in Form 990, Part VIII, line 1			
b	Asset	s included in Form 990, Part X			. • \$

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Schedule D (Form 990) 2013

	t III Organizations Maintaining C	ollections of A	rt, His	torical Tı	easures,	or Oth	er Simil	ar Asse	e <b>ts</b> (contin	ued)
3	Using the organization's acquisition, accessi-	on, and other record	ds, chec	k any of the	following tha	at are a s	ignificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	ion's exe	mpt purpo	se in Pa	rt XIII.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's c	ollection?			$\square$	Yes	☐ No
Pai	t IV Escrow and Custodial Arran								line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
	, .	·	· ·						Amount	
С	Beginning balance						1c			
d	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo	orm 990. Part X. line	21?						Yes	□ No
	If "Yes," explain the arrangement in Part XIII.									
	t V Endowment Funds. Complete in									
	<u> </u>	(a) Current year		rior year	(c) Two yea			ears back	(e) Four	years back
1a	Beginning of year balance	(, ,	(-,-	, , , , , , , , , , , , , , , , , , ,	(-/ /		(,		1 -7	-
	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end haland	re (line 1	a column (	a)) held as:				1	
a	Board designated or quasi-endowment	•	%	9, 00,011,11	ajj mora ao.					
b	Permanent endowment	%								
	Temporarily restricted endowment									
·	The percentages in lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posse		ation th	at are held a	and administe	ered for t	he organiz	ation		
ou	by:	obion of the organiz	ation th	at are riola t	aria darriiriiote	5100 101 1	no organiz	ation	Г	Yes No
	(i) unrelated organizations									100 110
	(ii) related organizations									
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sche	dule R2					3b	
4	Describe in Part XIII the intended uses of the								.   05	
	t VI Land, Buildings, and Equipm		- SWITTOTTE	idildo.						
	Complete if the organization answere		) Part I\	/ line 11a 9	See Form 990	Part X	line 10			
	Description of property	(a) Cost or o			t or other		ccumulate	,d	(d) Book	value
	bescription of property	basis (investr			(other)		preciation	.	( <b>a</b> ) Door	value
12	Land	<u> </u>	-7		, ,					
b										
	Buildings Leasehold improvements							<del>-  </del> -		
d	Equipment			- 3	9,813.		31,4	16.		3,397.
	Other				- ,		,-	- 1		,
	. Add lines 1a through 1e. (Column (d) must e		X, colur	nn (B). line	10(c).)				{	3,397.

Schedule D (Form 990) 2013

FIRST__1

Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value			nd-of-year market value
-	(b) Book value	(c) Method of	valuation: Cost or er	id-of-year market value
Financial derivatives				
Closely-held equity interests				
Other				
A)				
B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
art VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or er	nd-of-year market valu
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.  Complete if the organization answered "Yes"	to Form 990. Part IV.	ine 11d. See Form 990	). Part X. line 15.	
Complete if the organization answered "Yes" (a) I	to Form 990, Part IV, Description	ine 11d. See Form 990	), Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) I		ine 11d. See Form 990	), Part X, line 15.	(b) Book value
Complete if the organization answered "Yes"  (a) I  (1)  (2)		ine 11d. See Form 990	), Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) I		ine 11d. See Form 990	), Part X, line 15.	(b) Book value
Complete if the organization answered "Yes"  (a) I  (1)  (2)		ine 11d. See Form 990	), Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3)		ine 11d. See Form 990	), Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) I  (1) (2) (3) (4)		ine 11d. See Form 990	), Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) I  (1) (2) (3) (4) (5)		ine 11d. See Form 990	), Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5)		ine 11d. See Form 990	), Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7)		ine 11d. See Form 990	), Part X, line 15.	(b) Book value
Complete if the organization answered "Yes"  (a) I  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		0, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes"  (a) I  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (a) I I I I I I I I I I I I I I I I I I I	Description		), Part X, line 15.	(b) Book value
Complete if the organization answered "Yes"  (a) I  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description			
Complete if the organization answered "Yes"  (a) I  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Ital. (Column (b) must equal Form 990, Part X, col. (B) line or a column (b) must equal Form 990, Part X Other Liabilities.	Description			
Complete if the organization answered "Yes"  (a) I  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes"	Description	ine 11e or 11f. See Fo		
Complete if the organization answered "Yes"  (a) I  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes	Description	ine 11e or 11f. See Fo		
Complete if the organization answered "Yes"  (a) I  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Ital. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description	ine 11e or 11f. See Fo		
Complete if the organization answered "Yes"  (a) I  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)	Description	ine 11e or 11f. See Fo		(b) Book value
Complete if the organization answered "Yes"  (a) I  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)	Description	ine 11e or 11f. See Fo		
Complete if the organization answered "Yes"  (a) I  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)	Description	ine 11e or 11f. See Fo		
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Complete if the organization answered "Yes"  (a) I  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line  art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	Description	ine 11e or 11f. See Fo		
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Complete if the organization answered "Yes"  (a) I  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line  art X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	to Form 990, Part IV,	ine 11e or 11f. See Fo		

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Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	itements With Revei	nue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, lin	e 12a.		
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 XIII.)	2d		
е	• • • • • • • • • • • • • • • • • • • •			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	, , , , , , , , , , , , , , , , , , , ,	4b		
С				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			
Pa	rt XII Reconciliation of Expenses per Audited Financial St	-	nses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, lin			
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	,			
С	Other losses			
d	,	· · · · · · · · · · · · · · · · · · ·		
е	• • • • • • • • • • • • • • • • • • • •			
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		
а	, , , , , , , , , , , , , , , , , , , ,			
b	Other (Describe in Part XIII.)	4b		
			1 4 1	
	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.	8.)	5	
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.	8.) 4; Part IV, lines 1b and 2b;	5	
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	8.) 4; Part IV, lines 1b and 2b;	5	

### **SCHEDULE G**

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form 990

Employer identification number

FIRST D	ESCENTS				81-0539	964		
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a								
(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)								
		Yes	No					
Fatal								
Ist all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt from re	egistration		
3								

332081 09-12-13

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

Schedule G (Form 990 or 990-EZ) 2013

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 gr				pts greater than \$5,000.			
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through			
			FD BALL	FALL AFFAIR		col. <b>(c)</b> )			
æ			(event type)	(event type)	(total number)	(			
Revenue	1	Gross receipts	712,859.	785,104.		1,497,963.			
	2	Less: Contributions	179,100.	301,335.		480,435.			
	3	Gross income (line 1 minus line 2)	533,759.	483,769.		1,017,528.			
	4	Cash prizes		10,950.		10,950.			
"	5	Noncash prizes		229,421.		229,421.			
Direct Expenses	6	Rent/facility costs		49,277.		49,277.			
ect E	7	Food and beverages		92,553.		92,553.			
₫	8	Entertainment		22,840.		22,840.			
	9	Other direct expenses	118,736.	53,015.		171,751.			
		Direct expense summary. Add lines 4 through	. ,		<b>&gt;</b>	576,792.			
Pa	11	Net income summary. Subtract line 10 from I III Gaming. Complete if the organization		. 000 Dart IV line 10 and		440,736.			
ГС		\$15,000 on Form 990-EZ, line 6a.	answered res to rom	1990, Fait IV, line 19, of 1	eported more than				
		ψ13,000 0111 01111 930-L2, line 0a.		(b) Pull tabs/instant		(d) Total gaming (add			
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
eve									
ш	1	Gross revenue							
ses	2	Cash prizes							
Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
	Ť		Yes %	Yes %	Yes %				
	6	Volunteer labor	No —						
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>				
		ter the state(s) in which the organization opera	_						
		the organization licensed to operate gaming ac				Yes No			
L.	11	No," explain:							
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax y	/ear?	Yes No			
b	lf "	Yes," explain:							
	_								
	_								
2200	Schedule G (Form 990 or 990-F7) 2013								

Sch	edule G (Form 990 or 990-EZ) 2013 FIRST DESCENTS 81	-053	9964	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
12	Indicate the percentage of gaming activity operated in:	I		
		425		0/
	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	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party  \$\bigs\\$			
	e If "Yes," enter name and address of the third party:			
٠	on Tes, enternance and address of the tilld party.			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
47				
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		1	
	retain the state gaming license?	🖳	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	)		
	organization's own exempt activities during the tax year 🕨 \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part I 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)		9b, 10	0b, 15b, 

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

**Noncash Contributions** 

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

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Name of the organization

Employer identification number 81-0539964 FIRST DESCENTS

Pai	rt I Types of Property									
		(a)	(b)	(c)			(d)			
	Check if Number of Noncash contribution Method of de applicable contributions or amounts reported on noncash contribu									
		applicable	items contributed			non	casn contribu	tion ai	mount	S
1	Art - Works of art	Х	56			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									
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)	Х	57	167	7,337.	FAIR	MARKET	VA	LUE	
26	Other (HOME GOODS)	Х	79				MARKET			
27	Other (CLOTHING/EQUI)	Х	81				MARKET			
28	Other (ALCOHOL)	Х	1				MARKET			
29	Number of Forms 8283 received by the organi	zation durin	a the tax vear for c	ontributions	T I					
	for which the organization completed Form 82		-		29					
		,,	,	<b>9</b>					Yes	No
30a	During the year, did the organization receive b	v contributio	on anv property rea	oorted in Part I.	lines 1 - 28, 1	hat it mu	st hold for			
	at least three years from the date of the initial									
	the entire holding period?			3				30a		Х
b	If "Yes," describe the arrangement in Part II.							-		
31		policy that r	equires the review	of any non-stan	dard contrib	utions?		31		Х
	<ul> <li>Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?</li> <li>Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash</li> </ul>							<u> </u>		
- <b>-u</b>	contributions?							32a		х
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 co	umn (a) is ch	necked.				
	describe in Part II.	22/0//// (0) /	5. 2. 1, po 5. propo	,	(a) 10 01	,				
ППΛ	For Panerwork Reduction Act Notice see	the Instruc	tions for Form 00				Schedule M (	Earm	000) (	(2012)

Schedule M (Form 990) (2013) FIRST DESCENTS	81-0539964	Page 2
<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 30 is reporting in Part I, column (b), the number of contributions, the number of items received, or a conthis part for any additional information.	3, and whether the organization of both. Also com	ation plete
PART I, OTHER TYPES OF PROPERTY:		
DINING EXPERIENCES		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTIONS = 34		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 8681.		
(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE		
OTHER		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTIONS = 1		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3744.		
(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE		

### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 OMB No. 1545-0047 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:

EXPLANATION: 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 12C:

EXPLANATION: DIRECTORS AND OFFICERS MUST DISCLOSE ALL MATERIAL FACTS CONCERNING AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST AS SOON AS IT IS DISCLOSURE SHALL BE DIRECTED TO THE BOARD OF DIRECTORS VIA THE DISCOVERED. CHAIRPERSON, CHIEF EXECUTIVE OFFICER OR THE SECRETARY. IF IT APPEARS THAT A CONFLICT OF INTEREST EXISTS, THE BOARD OF DIRECTORS OR THE CHAIR OF THE RELEVANT COMMITTEE THEREOF SHALL APPOINT A NON-INTEREST PERSON OR A COMMITTEE OF THE BOARD OF DIRECTORS TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. IF THE BOARD OF DIRECTORS HAS REASONABLE CAUSE TO BELIEVE THAT A DIRECTOR OR OFFICER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL INFORM SUCH PERSON OF BASIS FOR SUCH BELIEF AND AFFORD SUCH PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF AFTER HEARING THE RESPONSE OF THE DIRECTOR OR OFFICER, AND MAKING FURTHER INVESTIGATION, THE BOARD OF DIRECTORS DETERMINES THAT THE DIRECTOR OR OFFICER HAS FAILED TO DISCLOSE AN

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization FIRST DESCENTS	Employer identification number 81-0539964
ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE A	PPROPRIATE REMEDIAL
ACTION.	
FORM 990, PART VI, SECTION B, LINE 15:	_
EXPLANATION: THE ORGANIZATION CONDUCTED AN ANALYSIS OF NO	ONPROFIT PAY BY
REGION, JOB FUNCTION, ETC. IN ORDER TO DETERMINE SUITABLE	E COMPENSATION FOR
ITS CEO, COO, DIRECTORS AND ALL STAFF. THE PROPOSED COM	PENSATION WAS
PRESENTED TO THE BOARD FOR APPROVAL. THIS PROCESS WAS LA	AST CONDUCTED IN
DECEMBER 2013.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENT	NTS AVAILABLE TO
THE PUBLIC BY REQUEST AT ITS OFFICE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PAYROLL PROCESSING:	
PROGRAM SERVICE EXPENSES	1,976.
MANAGEMENT AND GENERAL EXPENSES	268.
FUNDRAISING EXPENSES	452.
TOTAL EXPENSES	2,696.
CONTRACT STAFF:	
PROGRAM SERVICE EXPENSES	371,531.
MANAGEMENT AND GENERAL EXPENSES	10,177.
FUNDRAISING EXPENSES	24,115.
TOTAL EXPENSES	405,823.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	408,519.

FIRST__1

Form	990-T	E	xempt Organization Bus			ax Returr	ו ו	OMB No. 1545-0687
		For cal	· · · ·		, and ending			2013
Intern	tment of the Treasury al Revenue Service		Open to Public Inspection for 501(c)(3) Organizations Only					
A L	Check box if address changed	ivalite of organization ( offeck box it flattle changed and see instructions.)						oyer identification number loyees' trust, see actions.)
	xempt under section	Print	FIRST DESCENTS					1-0539964
X	] 501( <b>c</b> )( <b>3</b> )	or Type	Number, street, and room or suite no. If a P.O. box					ated business activity codes nstructions.)
	408(e) 220(e) 408A 530(a)		3001 BRIGHTON BLVD, NO City or town, state or province, country, and ZIP o				-	
			DENVER, CO 80216	i ioreigi	n postal code		452	000
C Bo	ok value of all assets end of year $811,375$ .		exemption number (See instructions.)	<b>&gt;</b>	FO1(a) trust	40.1(a) trust		Other truet
			corganization type ► X 501(c) corporation ary unrelated business activity. ► MERCHAN		501(c) trust	401(a) trust	L	Other trust
			oration a subsidiary in an affiliated group or a parer			<b>•</b>	Ye	es X No
		-	ifying number of the parent corporation.		ianai y coma onca group i			
_			RYAN O'DONOGHUE		Telepho	ne number 🕨 3	03.	945.2490
Pa	rt I Unrelate	d Trac	de or Business Income		(A) Income	(B) Expenses	3	(C) Net
	Gross receipts or sale		<u>2,737.</u>					
	Less returns and allo		<b>c</b> Balance	1c	2,737.			
2			A, line 7)	2	3,456.			
3	Gross profit. Subtrac			3	-719.			
			h Form 8949 and Schedule D) art II, line 17) (attach Form 4797)	4a 4b				
			sts	40 4c				
5			ips and S corporations (attach statement)	5				
6	Rent income (Schedu			6				
7	•	ced incor	ne (Schedule E)	7				
8			and rents from controlled organizations (Sch. F)	8				
9	Investment income o	f a sectio	on 501(c)(7), (9), or (17) organization (Schedule G)	9				
10	Exploited exempt act	ivity inco	me (Schedule I)	10				
11	Advertising income (	Schedule	: J)	11				
12			s; attach schedule.)	12				
13			gh 12	13	-719.			-719.
Pa			ot Taken Elsewhere (See instructions fourtions, deductions must be directly connected			income.)		
14			rectors, and trustees (Schedule K)				14	
15							15	
16							16	
17							17	
18 19							18	
20	Charitable contribut	ions (Se	e instructions for limitation rules.)				20	
21	Depreciation (attach	Form 4!	562)		21			
22	Less depreciation of	aimed o	n Schedule A and elsewhere on return		22a		22b	
23							23	
24			mpensation plans				24	
25	Employee benefit pr	ograms					25	
26	Excess exempt expe	enses (So	chedule I)				26	
27	Excess readership of	osts (Sc	hedule J)				27	
28	Other deductions (a	ttach sch	nedule)				28	
29			es 14 through 28				29	-719.
30			ncome before net operating loss deduction. Subtract				30	-/19.
31 32	Unrelated business	icuucliof tavahla ii	(limited to the amount on line 30)ncome before specific deduction. Subtract line 31 fr	om lina			31	-719.
33			/\$1,000, but see instructions for exceptions.)				33	1,000.
34			income. Subtract line 33 from line 32. If line 33 is				30	
32370	line 32			-	•		34	-719.

323701 12-12-13 LHA For Paperwork Reduction Act Notice, see instructions.

Part II	I Tax Computation										
35	Organizations Taxable as Corpora	tions. See instr	uctions for tax co	omputa	tion.						
	Controlled group members (section	ns 1561 and 156	33) check here 🕨	▶ _	See instructions	and:					
а	Enter your share of the \$50,000, \$2	25,000, and \$9,9	925,000 taxable i	income	brackets (in that or	der):					
	(1) \$	(2)  \$			(3)  \$						
	Enter organization's share of: (1) A		k (not more than	\$11,7			<del></del> i				
	(2) Additional 3% tax (not more the										
r	Income tax on the amount on line 3	14			Ψ			► 35c			0.
	Trusts Taxable at Trust Rates. See							000			
00	Tax rate schedule or							▶ 36			
97								37			
	Proxy tax. See instructions										
38	Alternative minimum tax							38			_
	Total. Add lines 37 and 38 to line 3	5C Or 36, WNICH	ever applies					39			0.
	/ Tax and Payments				_,						
	Foreign tax credit (corporations atta										
	Other credits (see instructions)					. 40b		_			
	General business credit. Attach For										
	Credit for prior year minimum tax (										
е	Total credits. Add lines 40a throug	h 40d						40e			
41	Subtract line 40e from line 39							41			0.
42	Other taxes. Check if from: Fo	orm 4255 🔲	Form 8611	] Forn	n 8697 🔲 Form 8	8866 🗀	Other (attach schedul	e) <b>42</b>			
43	Total tax. Add lines 41 and 42							43			0.
	Payments: A 2012 overpayment cr										
b	2013 estimated tax payments					44b					
	Tax deposited with Form 8868										
	Foreign organizations: Tax paid or										
	e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (Attach Form 8941)  44e  44f										
	g Other credits and payments: Form 2439										
•	Form 4136		ther			► 44g					
45	Total payments. Add lines 44a thro							45			
46	Estimated tax penalty (see instructi	ons) Check if F	nrm 2220 is atta	ched	<b>\</b>			46			
	<b>Tax due.</b> If line 45 is less than the t							_			0.
	Overpayment. If line 45 is larger th							48			0.
	Enter the amount of line 48 you wa						Refunded	49			<u> </u>
Part V						tion (se		10	1		
	ny time during the 2013 calendar ye							account (	(hank	Yes	No
	rities, or other) in a foreign country				•		•		(Dank,	103	140
											х
2 Durin	ounts. If YES, enter the name of the g the tax year, did the organization received, see instructions for other forms the organization.	e a distribution fro	m, or was it the gran	ntor of, o	r transferor to, a foreign	trust?					X
	r the amount of tax-exempt interest ule A - Cost of Goods S					' <b>7</b>					
		1	ethod of invent	_				6	1		
	ntory at beginning of year	2		1			line C				
	hases	3		4	Cost of goods sold.			-			
	of labor	<u> </u>		•			Part I, line 2	7			
	ional section 263A costs (att. schedule)	4a		1	Do the rules of secti	•	•			Yes	No
	r costs (attach schedule)	4b		1		•	d for resale) apply to				
5 Tota	I. Add lines 1 through 4b	5								<u> </u>	
Sign	Under penalties of perjury, I declare the correct, and complete. Declaration of	preparer (other tha	n taxpayer) is based	ng acco	mpanying schedules an nformation of which pre	parer has ar	is, and to the best of my larger hand by the second second to the best of my larger hand and the second sec	knowleage	and belief, it is	s true,	
Here			1		<b>\</b> 000			· 1	RS discuss thi		with
11616	Signature of officer		Date		COO Title				rer shown belo	` —	٦
	<u> </u>		·				1		ns)? [X] <b>Y</b> (	es	No
	Print/Type preparer's name		Preparer's sign	nature	[ [	Date	Check L	if PT	IN		
Paid							self- employ		.040=-	24.	
Prepa	rer WENDY DEWITT	~~							01358		
Use O	INIV Firm's name ► ANTON						Firm's EIN	<b>&gt;</b> (	1-072	456	3
	303			NUE	, SUITE 6	00		222	000		
	Firm's address <b>DEN</b>	VER. CC	80203				Phone no.	303-	-830-1	120	

323711 12-12-13

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STATE COPY

TAXABLE YEAR **2013** 

### California Exempt Organization Annual Information Return

328941 11-14-13 FORM

199

Calendar Yea	r 2010	B or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)							
Corporation/C			orporation	number					
FIRST	DE	SCENTS							
Address (suite	e, room	or PMB no.) FEIN							
3001 E	BRI	GHTON BLVD, NO. 623 81-	0539	9964					
City		State ZIP Code							
DENVER	1	CO 80216							
A First Ret		Yes X No J If exempt under R&TC Section 23701d, h.	as the or	ganization					
		rmation Return Yes X No during the year: (1) participated in any po							
C IRC Sec	tion 49	147(a)(1) trust Yes X No or (2) attempted to influence legislation or	any ball	lot measure,					
		on Return? or (3) made an election under R&TC Sect							
			(relating to lobbying by public charities)? • Yes X No						
		d/Reorganized Enter date: (mm/dd/yyyyy) • If "Yes," complete and attach form FTB 35							
_	_	ing method: K Is the organization exempt under R&TC S							
(1)									
F Federal	_								
		OT (2) • 990 PF (3) • Sch H (990) L If organization is exempt under R&TC Sec							
		filing for the subordinates/affiliates? • Yes X No exclusively religious, educational, or chari	•						
		a roster. See instructions supported primarily (50% or more) by pu ation in a group exemption? Yes X No check box. No filing fee is required.							
		ation in a group exemption? Yes X No check box. No filing fee is required.  M Is the organization a Limited Liability Com							
11 163,	wiiati	N Did the organization file Form 100 or Form							
I Did the	rnani	ration have any changes in its activities, governing report taxable income?							
	•	icles of incorporation, or bylaws that have  0 Is the organization under audit by the IRS							
		ted to the Franchise Tax Board? • Yes X No IRS audited in a prior year?							
		n, and attach copies of revised documents.							
		ete Part I unless not required to file this form. See General Instructions B and C.							
	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,020,654.00					
	2	Gross dues and assessments from members and affiliates	2	00					
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	1,669,261.00					
Receipts	4	Total gross receipts for filing requirement test. Add line 1 through line 3.							
and		This line must be completed. If the result is less than \$50,000, see General Instruction B	4	2,689,915.00					
Revenues	5	Cost of goods sold $STMT 2 \bullet 5 3,456 \cdot 6$	00						
	6		00	2 456					
	7	Total costs. Add line 5 and line 6		3,456.00					
	8	Total gross income. Subtract line 7 from line 4		2,686,459.00					
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	2,553,132.00					
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		133,327.00					
	11	Filing fee \$10 or \$25. See General Instruction F		10.00					
Filing	12	Total payments Penalties and Interest. See General Instruction J	·	00					
Fee	14	Penalties and Interest. See General Instruction J Use tax. See General Instruction K	14	00					
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result		10.00					
		repenalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be- true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any known							
Sign		▮ Title ▮ Date	reage.	■ Telephone					
Here	Signa of off	ature COO		'					
		Date Check if		● PTIN					
	Prepa signa	self-employed	ightharpoons	₽01358310					
Paid	Firm'	s name		● FEIN					
Preparer's	(or yo	ANION CODDING MITCHED DDI		01-0724563					
Use Only		oyed) 303 EAST 17TH AVENUE, SUITE 600		Telephone					
		DENVER, CO 80203		303-830-1120					
	May	the FTB discuss this return with the preparer shown above? See instructions	X Yes	No No					

### FIRST DESCENTS

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

328951	11-14-13

		1	Gross sales or receipts from all b	ousine	ss activities. See instru	ctions		•	1	1	L,020,265. ₀₀
		2	Interest					•	2		389.00
			Dividends						3		00
Receipt	ts								4		00
from		5	Gross royalties					•	5		00
Other		6	Gross amount received from sale	e of as	sets (See Instructions)			•	6		00
Sources	s	7	Other income					•	7		00
		8	Total gross sales or receipts from			-			8	1	L,020,654. ₀₀
			Contributions, gifts, grants, and						9		00
		10	Disbursements to or for member	rs				•	10		00
		11	Compensation of officers, direct	ors, an	d trustees		SEE STA	TEMENT 3 •	11		186,106.00
		12	Other salaries and wages					•	12		481,055.00
Expens	es	13	Interest					•	13		00
and			Taxes						14		55,032.00
Disburs	e-	15	Rents					•	15		238,030.00
ments		16	Depreciation and depletion (See	instru	ctions)			•	16	<u> </u>	00
			Other Expenses and Disburseme						17		L,592,909. ₀₀
			Total expenses and disbursement	nts. Ad					18		2,553,132.00
Sche	dule	9 <b>L</b>	Balance Sheets		Beginning of	taxab			d of ta	xable	<u> </u>
Assets					(a)		(b)	(c)			(d)
1 Cas							483,326.			•	609,143.
			receivable				41,190.			•	170,603.
			ceivable				4 001			•	0.070
							4,071.			•	8,872.
			state government obligations							•	
			in other bonds							•	
			in stock							•	
8 Mo										•	
9 Oth					100 150			20 01	2	•	
10 a L	Jepre	ciab	le assets	/	128,150.		01 272	39,81 ( 31,416	13.		0 207
			mulated depreciation	(	36,777.)		91,373.	31,410	• /		8,397.
						-	101 /15			•	66 240
							191,415. 811,375.			•	66,348. 863,363.
							811,3/3.				003,303.
			et worth				115,073.				40,070.
			yable				115,075.			•	40,070.
			s, gifts, or grants payable							•	
			otes payable							•	
17 IVIU	riyay	es p	ayable							•	10,000.
10 Out	ital a	took	es STMT 5 or principle fund							•	10,000.
										<u>•</u>	
			tal surplus. Attach reconciliation nings or income fund				696,302.			÷	830,711.
			es and net worth				811,375.			_	880,781.
			I-1 Reconciliation of income	ner ho	oks with income ner r	eturn eturn	011,575.				
SCHE	uuit	۱۷۱ ت	Do not complete this sche	•	•		e 13. column (d). is les	s than \$50,000.			
1 Not	inco	me r	per books		• 133,3						
			ne tax		• 133,3	4/•	not included in th			•	
			pital losses over capital gains		•		8 Deductions in thi				
			ecorded on books this year		•			ome this year			
			corded on books this year not				9 Total. Add line 7	11: 0		<b> </b>	
							10 Net income per re				
			this return ne 1 through line 5		133,3	27	Subtract line 9 fro				133,327.
<u>U</u> 101	ai. At	ıu III	io i uliougii iiile 3		133,3	4/•	Juditali IIIE 9 III	ט סוווו וווע			

FORM 199	CASH CONTRIBUTIONS OF \$5000 OR MORI INCLUDED ON PART I, LINE 3	E ST	STATEMENT 1		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT		
GENENTECH	1 DNA WAY SAN FRANCISCO, CA 94080	12/01/13	522,998.		
NANCY LAZKANI	5910 LEMONA AVENUE VAN NUYS, CA 91411	12/01/13	38,000.		
KATHLEEN MACKENZIE	P.O. BOX 1759 ANNA MARIA, FL 34216	12/01/13	278,287.		
DECKERS OUTDOOR CORPORATION	495-A SOUTH FAIRVIEW AVENUE GOLETA, CA 93117	12/01/13	37,537.		
JOEL APPEL	846 SOUTH FRANKLIN STREET DENVER, CO 80209-4506	12/01/13	40,744.		
WACKY WARRIORS	801 NORTH 500 WEST BOUNTIFUL, UT 84010	12/01/13	47,725.		
TOTAL INCLUDED ON LIN	<b>Ξ</b> 3		965,291.		

FORM	199		OF GOODS SOLD ON PART I, LINE 5	S'	PATEMENT 2
COST	OF GOODS SOLD				
1. I	NVENTORY AT BEGINNIN	G OF YEAR			4,071
3. C 4. M	ERCHANDISE PURCHASED OST OF LABOR MATERIALS AND SUPPLIE	 IS		8,257	
	THER COSTS				12,328
7. I	NVENTORY AT END OF Y	EAR			8,872
8. C	OST OF GOODS SOLD (I	INE 6 LES	S LINE 7)		3,456

FORM 199 COMPENSATION	OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 3
NAME AND ADDRESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
BRAD LUDDEN 3001 BRIGHTON BLVD, NO. 6 DENVER, CO 80216	523	CEO/DIRECTOR & FOUNDER 60.00	0.
BRENT GOLDSTEIN 3001 BRIGHTON BLVD, NO. 6 DENVER, CO 80216	523	CHAIRMAN 4.00	0.
JOEL APPEL 3001 BRIGHTON BLVD, NO. 6 DENVER, CO 80216	523	DIRECTOR 4.00	0.
LARRY SMITH 3001 BRIGHTON BLVD, NO. 6 DENVER, CO 80216	523	DIRECTOR 4.00	0.
EVA HO 3001 BRIGHTON BLVD, NO. 6 DENVER, CO 80216	523	TREASURER 4.00	0.
COREY NIELSON 3001 BRIGHTON BLVD, NO. 6 DENVER, CO 80216	523	DIRECTOR 20.00	0.
DAVID LEE 3001 BRIGHTON BLVD, NO. 6 DENVER, CO 80216	523	DIRECTOR 4.00	0.
BRAD REISS 3001 BRIGHTON BLVD, NO. 6 DENVER, CO 80216	523	DIRECTOR 4.00	0.
JENNIFER FEIKEN 3001 BRIGHTON BLVD, NO. 6 DENVER, CO 80216	523	VICE CHAIR 4.00	0.
ROCHELLE SHORETZ 3001 BRIGHTON BLVD, NO. 6 DENVER, CO 80216	523	DIRECTOR 4.00	0.
JOSH BEHR 3001 BRIGHTON BLVD, NO. 6 DENVER, CO 80216	523	DIRECTOR 4.00	0.

FIRST DESCENTS						81-0539964	4
DEBBIE FORD KING 3001 BRIGHTON BLVD, NO. 623 DENVER, CO 80216		SECRETARY 4	.00			0.	•
CHRIS SIZEMORE 3001 BRIGHTON BLVD, NO. 623 DENVER, CO 80216		DIRECTOR 40	OF OPEI	RATI	ONS	0.	•
RYAN O'DONOGHUE 3001 BRIGHTON BLVD, NO. 623 DENVER, CO 80216		CHIEF OPE	RATING .00	OFF	ICER	0.	•
TOTAL TO FORM 199, PART II, LINE	11					0.	- • =
FORM 199	OTHER	EXPENSES				STATEMENT 4	= 4 -
DESCRIPTION						AMOUNT	
PROGRAM MEALS EQUIPMENT RENTAL RECRUITING SUPPLIES DIRECT EXPENSES OF FUNDRAISING EXPENSION PLAN CONTRIBUTIONS OTHER EMPLOYEE BENEFITS LEGAL FEES ACCOUNTING FEES OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTION OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL CONFERENCES AND CONVENTIONS INSURANCE ALL OTHER EXPENSES  TOTAL TO FORM 199, PART II, LINE						83,095, 65,870, 25,910, 18,623, 576,792, 32,095, 25,869, 1,830, 26,351, 408,519, 50,417, 37,590, 19,945, 123,375, 14,207, 14,190, 68,231,	
FORM 199 07	THER L	IABILITIES	<del></del>			STATEMENT 5	= 5 -
DESCRIPTION			BEG.	OF	YEAR	END OF YEAR	
DEFERRED REVENUE					0.	10,000.	•

TOTAL TO FORM 199, SCHEDULE L, LINE 18

10,000.

0.

FORM 199	FUND BALANCES		STATEMENT 6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS TEMPORARILY RESTRICTED ASSETS		646,302. 50,000.	780,711. 50,000.
TOTAL TO FORM 199, SCHEDULE L, L	INE 21	696,302.	830,711.

TAXABLE YEAR
2013

California Exempt Organization Business Income Tax Return

328961 11-14-13 FORM

109

Calendar Ye	ar 20	13 or fiscal year beginning (mm/dd/yyyy)		, and endi	ng (mm/dd/yyyy)			
	_	nization Name ESCENTS				Ca	aliforn	ia corporation number
3001		oom, or PMB no.) GHTON BLVD, NO. 623		,		FE	IN 81	-0539964
City	Ь			State	ZIP Code			
DENVE:		led? Yes X No	11 1-45-	CO	80216 ion a non-exempt chari	h = l = 1 = . A =		
<ul><li>B Is this ar</li><li>R&amp;TC Se</li><li>C Is the or</li></ul>	n educ ection ganiza	led? Yes X No cation IRA within the meaning of 23712? Yes X No ation under audit by the IRS or has d in a prior year? Yes X No	descr I Is this Revita	ribed in IR s organiza alization Z	C Section 4947(a)(1)? . tion claiming any Enterp one (LARZ), Local Agen geted Tax Area (TTA), o	orise Zo	one (E itary B	• Yes X No Z), Los Angeles ase Recovery Area
		Dissolved			benefits?			
	-	ged/Reorganized (attach explanation)			tion a qualified pension,			
Enter da	te (mı	•	bonu	s plan as o	described in IRC Section	1 401(a	a)?	• Yes <b>X</b> No
E Amende	d Reti	urn Yes X No			ness Activity (UBA) Cod			
		ethod Used: (1) acash (2) X Accrual (3) other e or business MERCHANDISE SALES	1		al? RS Schedule H (Form 9			• Yes X No
	1	Unrelated business taxable income from Side 2, Part II, line 30				•	1	-719. ₀₀
Taxable		Multiply line 1 by the average apportionment percentage						
Corpora- tion		Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. S				•	2	00
	3	Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and						
		Schedule R was not completed, enter the amount from line 1				•	3	-719. ₀₀
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30					4	00
ITUSE	5						5	-719. ₀₀
	6	Enterprise zone, LAMBRA, LARZ, TTA, or Pierce's disease losses	6	00				
								00
_		Add line 6 and line 7						00
Tax Compu-	9	Net unrelated business taxable income. Subtract line 8 from line 5						-719. ₀₀
tation	10	Tax8 . 8 4 % x line 9. See General Information J						00
		a New jobs credit, amount generated. • a)					11b	00
		c Tax credits from Schedule B. See instructions		<del>-</del> 		•	11c	00
		d Total Credits. Add line 11b and 11c					11d	00
Tatal	12	Balance. Subtract line 11d from line 10. If line 11d is greater than lin	ne 10, ente	er -0		•	12	00
Total Tax	13	Alternative minimum tax. See General Information 0				•	13	00
	14	Total tax. Add line 12 and line 13				•	14	0.00
	15	Overpayment from a prior year allowed as a credit		. • 15		00		
	16	2013 estimated tax payments. See instructions		. • 16		00		
Payments	17	2013 withholding (Form 592-B and/or 593.) See instructions $\dots\dots$		. • 17		00		
	18	Amount paid with extension (form FTB 3539)		. ● 18		00		
	19	Total payments and credits. Add line 15 through line 18					19	00
T	20	Tax due. Subtract line 19 from line 14. Pay entire amount with return					20	00
Refund	21	Overpayment. Subtract line 14 from line 19		21	00			
	22							00
(Direct Deposit of	23							00
Refund) or Amount	24	Refund. If the sum of line 22 and line 23 is less than line 21, then su				•	24	00
		a Fill in the account information to have the refund directly deposite		-				
Due			nber		● 24c			
						•	25	00
	26	Check if estimate penalty computed using Exception B or 0						
	27	Total amount due. Add line 20, line 22, line 23, and line 25, then sul	otract line	21 from th	ne result	<u>©</u>	27	00

FIRST DESCENTS

#### **Unrelated Business Taxable Income**

Da.::	LI	a business Turkusia income			
		nrelated Trade or Business Income			0 727
		receipts or gross sales 2,737. b Less returns and allowances c Balance		1c	2,737.00
		goods sold and/or operations (Schedule A, line 7)		2	3,456.00
<b>3</b> G	aross p	rofit. Subtract line 2 from line 1c	. •	3	-719. ₀₀
4 a	<b>Capit</b>	al gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)	. •	4a	00
b	Net g	ain (loss) from Part II, Schedule D-1	. •	4b	00
C	Capit	al loss deduction for trusts	. •	4c	00
5 li	ncome	(or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions.			
Α	Attach S	Schedule K-1 (565, 568, or 100S) or similar schedule	. •	5	00
6 F	Rental i	ncome (Schedule C)	. •	6	00
7 L	Jnrelat	ed debt-financed income (Schedule D)		7	00
8 li	nvestn	nent income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)	•	8	00
		, Annuities, Royalties and Rents from controlled organizations (Schedule F)		9	00
		ed exempt activity income (Schedule G)		10	00
11 A	Adverti:	sing income (Schedule H, Part III, Column A)	•	11	00
		icome. Attach schedule		12	00
		orelated trade or business income. Add line 3 through line 12	•	13	-719. ₀₀
Par	t II	Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated	busin		
		nsation of officers, directors, and trustees from Schedule I		14	00
		s and wages		15	00
		and wages		16	00
				17	
		ots		18	00
				19	00
		utions		20	00
		utions Calculations and Acceptations Calculate IV/Trusts form FTD 20055)		20	00
		eciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)  depreciation claimed on Schedule A  21b	00	0.4	
				21	00
	Depletion			22	00
		ibutions to deferred compensation plans		23a	00
		oyee benefit programs		23b	00
<b>24</b> (	)ther d	eductions	. •	24	00
25 ⊺	otal de	eductions. Add line 14 through line 24		25	00
		ed business taxable income before allowable excess advertising costs. Subtract line 25 from line 13		26	-719 · 00
<b>27</b> E	xcess	advertising costs (Schedule H, Part III, Column B)	. •	27	00
<b>28</b> L	Inrelat	ed business taxable income before specific deduction. Subtract line 27 from line 26	. •	28	-719. ₀₀
		deduction		29	1,000.00
<b>30</b> l	Inrelat	ed business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28		30	-719. ₀₀
Sign		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	of my k	nowled	dge and belief, it is true, correct,
Here		and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
		Signature Title Date		_ •	Telephone
		of officer ► COO			
Da:4		Preparer's Date Check if self	_	T	PTIN
Paid Prena	arer's	signature   employed	ightharpoons	⊒₽	01358310
Use (		Firm's name (or yours,		□	FEIN
		if self-employed)   ANTON COLLINS MITCHELL LLP		0	1-0724563
		and address 303 EAST 17TH AVENUE, SUITE 600		-  •	Telephone
		DENVER, CO 80203			03-830-1120
		May the FTB discuss this return with the preparer shown above? See instructions			X Yes No

Schedule A Cost of Goods Sold and/or Opera	ations.			_		
Method of inventory valuation (specify)		COS	г			
1 Inventory at beginning of year					1	4,071.00
2 Purchases					2	8,257.00
3 Cost of labor					3	00
4 a Additional IRC Section 263A costs. Attach scho	edule				4a	00
b. Other are to Attend and advis				_	4b	00
5 Total. Add line 1 through line 4b					5	12,328.00
6 Inventory at end of year					6	8,872.00
7 Cost of goods sold and/or operations. Subtract lii	ne 6 from line 5. Enter here and or	Side 2 Part I line			7	3,456.00
Do the rules of IRC Section 263A (with respect to						Yes X No
Schedule B Tax Credits. Do not claim the Nev		r roodio, apprij to tili	o organ		·· <u></u>	
1 Enter credit name	code ●	• 1		00		
2 Enter credit name	code •	- ··· • 2		00		
3 Enter credit name	code ●	- ··· •   2   3		00		
4 Total. Add line 1 through line 3. If claiming more				00	П	
except New Jobs Credit, on line 4. Enter here and					,	00
Schedule K Add-On Taxes or Recapture of					-	00
Interest computation under the look-back method		to Attach form ETD	2021		1	
2 Interest on tax attributable to installment: <b>a</b> Sal					2a	00
	thod for non-dealer installment ob				2b	00
3 IRC Section 197(f)(9)(B)(ii) election to recognize					3	00
4 Credit recapture. Credit name					4	00
·	o 1				5	00
5 Total. Combine the amounts on line 1 through lines Schedule R Apportionment Formula Worksh					ן ס	00
				a calca factor formula		
Part A. Standard Method - Single-Sales Factor Form	iuia. Complete uns part omy il ule	(a) Total within a		(b) Total within Ca		(0)
		outside Califo		(b) Total Within Ga	IIIUIIIIa	(C) Percent within California [(b) ÷ (a)] x 100
1 Total Sales		•		•		
2 Apportionment percentage. Divide total sales co	lumn (b) by total sales column (a)					
and multiply the result by 100. Enter the result he	re and on Form 109, Side 1, line 2	2.				•
Part B. Three Factor Formula. Complete this part onl	y if the corporation uses the three	-factor formula.				
		(a) Total within a outside Califo		(b) Total within Ca	lifornia	(C) Percent within California [(b) ÷ (a)] x 100
1 Property factor:		•		•		•
2 Payroll factor: Wages and other compensation of				•		•
3 Sales factor: Gross sales and/or receipts less reti		•		•		•
4 Total percentage: Add the percentages in column						
5 Average apportionment percentage: Divide the f	, ,					
result here and on Form 109, Side 1, line 2. See in						
	rty and Personal Property Leased	with Real Property				
For rental income from debt-financed property, use Schedule D				ons. See instructions for e	exception	ns.
1 Description of property				ent received or accrued	3 Per	centage of rent attributable to sonal property
			+		+ -	
			+		+	9/
			+		+	%
4 Complete if any item in column 3 is more than 50%, or for an if the rent is determined on the basis of profit or income	y item	5 Complete if any its	em in co	lumn 3 is more than 10%	but not	more than 50%
		-				
(a) Deductions directly connected	(b) Income includible, column	<ul> <li>(a) Gross income rep</li> </ul>	ortable.	(b) Deductions directly con	nected	(c) Net income includible.

in the rent to determined on the basic of pront of moonie				
(a) Deductions directly connected	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3	(b) Deductions directly connected with personal property	(c) Net income includible, column 5(a) less column 5(b
Add columns 4(b) and column 5(c). Enter here and on Side 2	Part I, line 6			

FIRST DESCENTS ___ 81-05399

Schedule D Unrelated	Debt-Finance	d Income										
1 Description of debt-financed prope	erty				2 Gross income	from or	3 Deduction	ns directly c	onnected v	vith or allocab	le to debt-fin	anced property
					allocable to de property	bt-finance	(a) Straigh	nt-line dep	reciation	(b	) Other de	ductions
4 Amount of average acquisition indebtedness on or allocable to debt-financed property     5 Average adjusted basis of or allocable to debt-financed property			6 Debt bas percenta column 4 column 5	ge, ŀ÷	e, reportable, co		columi	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6				ne ncludible, · less column 8
				%								
				%								
				%								
Total. Enter here and on Side 2,	Part I line 7											
					23701i, or Sect	on 2370	1n Organiza	tion				
1 Description		2 Amount	<u></u> ,		tions directly		vestment inco in 2 less colun		Set-aside	es	l o ir	Balance of investment ncome, column 4 less olumn 5
Total. Enter here and on Side 2,	Part I, line 8			l		l						
Enter gross income from memb												
					Organizations							
,					Exempt Contro	lled Orga	anizations					
1 Name of controlled organizations			<b>2</b> Employer Identification Number		3 Net unrelated income (loss)		Total of specified payments made		<b>5</b> Part of column (4) that is included in the controlling organization's gross income			Deductions directly connected with income in column (5)
1												
2												
3												
Nonexempt Controlled Organiz	ations											
7 Taxable Income					8 Net unrelated income (loss)		9 Total of specified payments made		tha the org	rt of column at is include e controlling ganization's oss income	ed in	Deductions directly connected with income in column (10)
1												
2											_	
3												
4 Add columns 5 and 10												
5 Add columns 6 and 11												
6 Subtract line 5 from line 4. E												
				vertisina	Income							
1 Description of exploited activity (attach 2 Gross unrelated)		Gross unrelated usiness incom-	3 Expenses connecte production	s directly ed with	Net income fro unrelated trade or business, column 2 less column 3	fror	oss income m activity that not unrelated siness income	6 Expen attribu colum	utable to expense, co		e, column olumn 5 more than	8 Net income includible, column 4 less column 7 but not less than zero
			-									
			-									
						-						
	ı		1		I	1		ı		I		ı

Total. Enter here and on Side 2, Part I, line 10 .....

### FIRST DESCENTS Schedule H Advertising Income and Excess Advertising Costs

Pa	art I Income from Periodicals Repor	ted on	a Consolida	ted B	asis										
1 Name of periodical		2 Gross advertising income		g Jirect advertising costs			4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.			income		6 Readership costs		co sh co gre the co co En	column 5 is greater than lumn 6, enter the income own in column 4, in Part III, lumn A(b). If column 6 is sater than column 5, subtract e sum of column 6 and lumn 3 from the sum of lumn 5 and column 2. ter amount in Part III, lumn A(b). If the amount ess than zero, enter -0
Tot															
Pa	art II Income from Periodicals Repo	rted o	n a Separate	Bas	is										
_											<u> </u>				
	art III Column A - Net Advertising In						Par			Excess Adve	tising	Cos			
(a)	Enter "consolidated periodical" and/or names of non-consolidated periodicals	(1	o) Enter total and column 4 or Part II, cols.	7, and	l amounts I		(a) En	ter "consolidat mes of non-co	ed period nsolidated	lical" and/or d periodicals			(b) Enter total and amou	amou nts list	nt from Part I, column 4, ed in Part II, column 4
	er total here and on Side 2, Part I, line 11						Enter	total here an	d on Sid	de 2, Part II, li	ne 27				
	chedule Compensation of Office	ers, Di			tees	3 Title				4 Danie - 44		<b>E</b> 0.			0.5
	ame of Officer		2 SSN or I	IIN		3 1106	; 			4 Percent of to devoted to business	ime	att	ompensation tributable to related busir	ness	6 Expense account allowances
											%				
											%				
											%				
											%				
											%				
	al. Enter here and on Side 2, Part II, line														
_	chedule J Depreciation (Corporat	tions a			only. Trus	sts use	form F	,							
	Group and guideline class or lescription of property	2	Date acquired (MM/DD/YYYY	)	3 Cost o	r other b	asis	4 Depreciati allowed or in prior yea	allowable	5 Method computing deprecia	ng		Life or rate	7	Depreciation for this year
1	Total additional first-year depreciation (	do not	include in ite	ems b	elow)										
2	Other depreciation: Buildings														
	Furniture and fixtures														
	Transportation equipment														
	Machinery and other equipment											$\perp$		_	
	Other (specify)														
	Other depreciation											$\perp$		$\perp$	
	Total													⊥	
5	Amount of depreciation claimed elsewh	ere on	return											L	
6	Balance. Subtract line 5 from line 4. Ent	er her	and on Side	2, P	art II, line	21a								L	

### Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations - Corporations

3805Q

Attach to	Form 100, Form 10	0W, Form 100S,	or Form 109.				
Corporatio	n name						California corporation number
FIRS	T DESCENT	'S					
					C Corporation 💿 🔙 S	Corporation	FEIN
			ed Liability Company (ele				81-0539964
_	poration previously t	filed California tax	k returns under another o	corporate name, enter th	ne corporation name and C	California corporation	on number:
● If the east	manatian ia inaludas	lin a sambinad		instructions Co.	and Information C. Comb	sined Departing	
	•		does not have a current y	·	ieral Information C, Comb	illed Reporting.	
			OW, line 19; Form 100S,		ne 2		
		•				1	719.00
<b>2</b> 201	3 disaster loss includ	led in line 1. Ente	r as a positive number				00
3 Sub	tract line 2 from line	1. If zero or less,	enter -0- and see instruc	ctions			719.00
			by a new business includ			00	
			by an eligible small busin			00	
	Add line 4a and line 4 eral NOL. Subtract lir						719.00
						⁵ –	719.00
					ears 2011 and/or 2012, co		7 2 3 4 00
	-	-	pleting Part I, lines 7-9 b	-	,		
7 201	3 NOL carryback use	d to offset 2011 i	net income. Enter the am	ount from Part III, line	3, column (f)	7 _	00
8 201	3 NOL carryback use	d to offset 2012 i	net income. Enter the am	ount from Part III, line	3, column (h)	8	00
<b>9</b> 201	3 NOL carryover to 2	014. Add line 7 a	nd line 8, then subtract t	he result from line 6. Se	e instructions.	9 _	719.00
Election	to waive carryback						
	anck the boy if the co	rnoration alacte	to rolinguish the entire of	arryback pariod with rec	noot to 2012 NOL under II	OC Section 179(h)(	3). By making the election, the
		-	•			, , ,	rrevocable. See instructions.
	-	-	-	-	iplete Part III, NOL carryba		Tovodabio. Odo motraditorio.
			ryover limitations. See I				
1 Net	income (loss) - Enter	the amount fron	n Form 100, line 19; Forn	n 100W, line 19; Form	100S, line 16 less line 17	(g) Available ba	lance
(but	not less than -0-); o	r Form 109, line 2	2				0.
Prior Ye					T		
(a)	(b) Code - See	(C)	(d)	(e)	(f)		(h)
Year of loss	instructions	Type of NOL - See below *	Initial loss	Carryover from 2012	Amount used in 2013		Carryover to 2014 col. (e) - col. (f)
		Occ Below					
2				<b>●</b>			•
				•			•
				•			•
				•			•
Current '	 Year NOLs			<u> </u>	1		
3 2013		DIS					col. (d) - col. (f)
0 2010		Dio					
4 2013		GEN	719.				719.
2013							
2013							
2013 Type of		New Business (N	B), Eligible Small Busine	ss (ESB), or Disaster (E	ls).		

022

7521134

FIRST__1

Part III	NOL carr	yback							
<b>1</b> 201	1 Net inco	me - Ente	er the amount from 2	2011 Form 100, line 2	23; Form 100W, line	23; Form 100S			
line	21 (but no	ot less tha	an -0-); or taxable inc	come from Form 109	, line 9				0.
<b>2</b> 201	2 Net inco	me - Ente	er the amount from 2	2012 Form 100, line 2					
line	21 (but no	ot less tha	an -0-); or taxable inc	come from Form 109	, line 9				0.
(a)	(b)	(c)	(d)	(e)	20	11	20	12	(j)
Year of	Code - See	Type of NOL-	Initial	Carryback limitations	(f)	(g)	(h)	(i)	Carryover to 2014
Loss	Instruct- ions	See below*	loss	50% of col. (d)	Carryback used - See instructions	After carryback col. (e) minus col. (f)	Carryback used - See instructions	After carryback col. (g) minus col. (h)	col. (d) - (col. (f) + col. (h))
3 2013		GEN	719	360	0	360	0	360	719
2013									
2013									
2013									
2013									
		,	,,	IB), or Eligible Small	, ,				
		•		to the portion of an N	IOL attributable to a	qualified disaster.			
Part IV	2013 NO	_ deducti	on						
2 Ente	r the total	amount	· ·	esents disaster loss o	carryover deduction h	nere and on Form 10	· ·		00
		,	•	Form 109 filers ente here and on Form 10			S,	2	00
line	18; or For	<b>◎</b> 3	3						

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT	Chec	Check if:								
	X	X Change of address								
FIRST DESCENTS Name of Organization	□	Amended report								
3001 BRIGHTON BLVD, NO. 623 Address (Number and Street)	Corpo	rate or Organization No.								
DENVER , CO 80216 Federal Employer I.D. No. 81-0539964										
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)  Make Check Payable to Attorney General's Registry of Charitable Trusts										
Gross Annual Revenue Fee Gross Annual Revenue	Fee	Gross Annual I	Revenue	Fee	<u>e</u>					
Less than \$25,000 0 Between \$100,001 and Between \$25,000 and \$100,000 \$25 Between \$250,001 and	0,001 and \$10 million 00,001 and \$50 million 50 million	\$15 \$22 \$30	25							
PART A - ACTIVITIES		•								
For your most recent full accounting period (beginning $01/01/2013$ ending $12/31/2013$ ) list: Gross annual revenue \$2, 197, 840. Total assets \$ 880, 781.										
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE	PERIOD OF THIS	REPORT								
Note: If you answer "yes" to any of the questions below, you must a and details for each "yes" response. Please review RRF-1 ins	attach a separate	sheet providing an e	explanation							
			the organization	Yes	No					
<ol> <li>During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?</li> </ol>										
2. During this reporting period, was there any theft, embezzlement, div or funds?	ersion or misuse	of the organization's c	haritable property		х					
3. During this reporting period, did non-program expenditures exceed	50% of gross reve	enues?			Х					
<ol> <li>During this reporting period, were any organization funds used to pa with the Internal Revenue Service, attach a copy.</li> </ol>	ay any penalty, fin	e or judgment? If you	filed a Form 4720		х					
<ol><li>During this reporting period, were the services of a commercial function of the services of a commercial function.</li><li>If "yes," provide an attachment listing the name, address, and teleptoness.</li></ol>			ble purposes used?		х					
<ol> <li>During this reporting period, did the organization receive any govern name of the agency, mailing address, contact person, and telephon</li> </ol>	•	f so, provide an attacl	nment listing the		Х					
<ol> <li>During this reporting period, did the organization hold a raffle for che the number of raffles and the date(s) they occurred.</li> </ol>	aritable purposes'	? If "yes," provide an a	ttachment indicating		Х					
<ol> <li>Does the organization conduct a vehicle donation program? If "yes, operated by the charity or whether the organization contracts with a</li> </ol>					Х					
9. Did your organization have prepared an audited financial statement principles for this reporting period?	in accordance wit	th generally accepted	accounting		х					
Organization's area code and telephone number 303-945-2490										
Organization's e-mail address										
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.										
RYAN O'DONOGHUE		COO								
Signature of authorized officer Printed Name		Title	Date							

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www irs gov/form990 and ending

Open to Public Inspection

A I	For the	2013 calendar year, or tax year beginning and	ending	_				
В	Check if applicable	C Name of organization		D Employer identific	cation number			
X	Addres	FIRST DESCENTS						
F	□Name □change □Initial				539964			
Ļ	return		Room/suite	E Telephone numbe	E Telephone number			
F	ated Amend		623		945-2490			
H	return □Applica	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 2,778,088.				
	⊥ltiòn pendin	DENVER, CO OUZIO		H(a) Is this a group re for subordinates				
		SAME AS C ABOVE		H(b) Are all subordinates in				
$\overline{}$	Tax-exe	mpt status: $X = 501(c)(3)$ $= 501(c)()$ (insert no.) $= 4947(a)(1) c$	or 527	1 ' '	list. (see instructions)			
		www.firstdescents.org		H(c) Group exemptio	,			
K	Form of	organization: X Corporation Trust Association Other	<b>∟</b> Year		State of legal domicile: CO			
Pa		Summary						
ė	1 1	Briefly describe the organization's mission or most significant activities: $\underbrace{ ext{ADDR1}}_{ ext{DDR1}}$	ESS TH	E EMOTIONAL	EFFECTS OF			
Activities & Governance		CANCER ON YOUNG ADULT CANCER FIGHTERS & S						
ern		Check this box 🕨 📖 if the organization discontinued its operations or dispos		1 1				
છું		Number of voting members of the governing body (Part VI, line 1a)		3	12 11			
م س		Number of independent voting members of the governing body (Part VI, line 1b)			17			
ij		Fotal number of individuals employed in calendar year 2013 (Part V, line 2a)			250			
cţi	72	Fotal number of volunteers (estimate if necessary)			-719 <b>.</b>			
Ă		Net unrelated business taxable income from Form 990-T, line 34			-719 <b>.</b>			
				Prior Year	Current Year			
Ф	8 (	Contributions and grants (Part VIII, line 1h)		1,665,389.	1,669,261.			
nue		Program service revenue (Part VIII, line 2g)	<b>I</b>	0.	88,173.			
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		543.	389.			
_	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		342,211.	440,017.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,008,143.	2,197,840			
		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)		672,511.	780,157.			
ses	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0,2,511.	780,157.			
Expenses	loa i	Professional fundraising fees (Part IX, column (A), line 11e)	42. H	0.	0.			
X	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<del></del>	1,268,311.	1,283,274.			
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,940,822.	2,063,431.			
		Revenue less expenses. Subtract line 18 from line 12		67,321.	134,409.			
or			Ве	ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Fotal assets (Part X, line 16)		811,375.	880,781.			
t As	21	Fotal liabilities (Part X, line 26)		115,073.	50,070.			
ESE ESE	22	Net assets or fund balances. Subtract line 21 from line 20		696,302.	830,711.			
	art II	Signature Block						
		ties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is			
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	lich preparer	nas any knowledge.				
C:		Signature of officer		I Date				
Sig Her		RYAN O'DONOGHUE, COO						
He		Type or print name and title						
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN			
Pai	d	WENDY DEWITT	P01358310					
Pre	parer	Firm's name ANTON COLLINS MITCHELL LLP		self-employ	01-0724563			
Use	Only	Firm's address 303 EAST 17TH AVENUE, SUITE 600						
		DENVER, CO 80203		Phone no. 30	3-830-1120			
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

	(code: ) (=xpoinces +	moraumg grame or	) (	
4d	Other program services (Describe in S	chedule O.)		
	(Expenses \$	including grants of \$	) (Revenue \$	)
4e	Total program service expenses	1,623,136.		
3200 0-29	2 -13			Form <b>990</b> (2013)
11	000 750503 ETDCM	2012 04030 1	TDCM DECCENMC	<b>БТРС</b> Ф 1

### Form 990 (2013) 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		Х
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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			٠,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ' '		
ıza	Schedule D, Parts XI and XII	12a		Х
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 and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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	441		х
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15		15		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
••	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,"			
	complete Schedule G, Part III	19		Х
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		

### Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government 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 or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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 Schedule J	23		Х
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 25a	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	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			7.7
	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):	00		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		- 22
C	I' I I I I I I I I I I I I I I I I I I	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Х
22	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		21
32	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, Part II, III, or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, 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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	1101017 W 1 01111 000 IIIO10 die regalied to derripiete derieddie 0			

## Form 990 (2013) FIRST DESCENTS Part V Statements Regarding Other IRS Filings and Tax Compliance

Pee   No   No   Pee   No   No   Pee   Pee   No   Pee		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W2G included in line 1a. Enter 6- if not applicable						Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gampling) winnings to prize winners?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b X  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3b Did the organization have unrelated business gross income of \$1,000 or more during the exalendar year, did the organization that entires it, or a signature or other authority over, a financial account in a foreign country. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," to line 5a or 5b, did the organization file Form 886817  6a Does the organization have amusal gross necepits that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as charitable contributions?  5c If "Yes," to line so or 5b, did the organization file Form 886817  6b Did the organization related with every solicitation an expose statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible acciding the year  8b If Yes, "do the organization notify the door or line value of the goods or services provided?  7c Organizations that may receive deductible contributions under section 170(c).  8b If Yes, "to line organization notify the door or line value of the goods or services provided?  7c Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?	1a		1a				
gamblingly winnings to prize winners?  a Fitter 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  b I hat least on is a reported on line 2a, did the organization file all required federal employment tax returns?  2b X  Note, If the sum of lines 1 and 2a is greater than 250, you may be required to e-fife (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Larry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a A at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If "Yes," either the name of the foreign country. ►  See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes," either the name of the foreign country. ►  5c If "Yes," either the sorpanization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," either the sorpanization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions?  6c If "Yes," indicate the number of Forms 2822 filed during the year the property for which it was required to the payor?  7c Organizations that may receive deductible contributions under section 170(c).  8	b						
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file (see instructions)  3a IX    Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file (see instructions)  3a IX    Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file (see instructions)  3a IX    If Yes, 't has it filed a Form 990-T for this year? If YNo,' to time 3b, provide an explanation in Schedule O	С						
tiled for the calendary year ending with or within the year covered by this return		(gambling) winnings to prize winners?			1c		
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If 1º Yes, "has it filed a Form 990 To this year? If "No." to line 3b, provide an explanation in Schedule O  3a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the take year?  5b If Yes," to line 5a or 5b, did the organization have that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5c If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  6c If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c If Yes," to line 5a or 5b, did the organization file Form 8886-T?  6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6c If Yes," did the organization noticulde with every solicitations under section 170(c).  6d If Yes," did the organization noticulde with every solicitations under section 170(c).  6d If Yes," did the organization receive apprentin excess of \$75 made party as a contribution of prossibility of the organization receive any time \$1.000 the companization receive any time \$1.000 the companization receive any time \$1.000 the organization receive any time \$1.000 the organization receive any time \$1.000 the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization in the prossibility of the organization receive any time \$1.000 the organization received and maintaine	2a						
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross narrow of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account in a foreign country (such as a bank account, securities account in a foreign country (such as a bank account, securities account, or other financial accountry) 4a X 5b If "Yes," enter the name of the foreign country. ► 5c Interest of the organization and the foreign country. ► 5c Interest of the organization and party to a prohibited tax shelter transaction at any time during the tax year? 5b Us the organization aparty to a prohibited tax shelter transaction? 5c If "Yes," in line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," thin 5a or 5b, did the organization in line Form 88867? 6a Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twen to tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). 6c If "Yes," indicate the number of Forms 8282 filed during the year 6c Did the organization nority the donor of the value of the goods or services provided? 7b X 7c If "Yes," indicate the number of Forms 8282 filed during the year 7c If If "Yes," indicate the number of Forms 8282 filed during the year 8c Did the organization received a contribution of curis, business, or other vehicles, did the organization file Form 8898 as required? 7c If If "Yes," indicate the number of Forms 8282 filed during the year 9 Sponsoring organization received an contr		filed for the calendar year ending with or within the year covered by this return	2a	17			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b If Yes, 'has it flied a Form 990T for this year? If 'No, '' to Iran 8, provide an explanation in Schedule O  4b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts.  5c If 'Yes, 'to line the time ame of the foreign country.' ►  5c en instructions for fling requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts.  5c Was the organization on party to a prohibited tax shelter transaction at any time during the tax year?  5c If 'Yes, 'to line 5a or 5b, did the organization fle Form 8896-17?  6c If 'Yes, 'to line 5a or 5b, did the organization fle Form 8896-17?  6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chariable contributions?  6d If 'Yes, 'to line the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If 'Yes, 'to the organization sells, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  8d If 'Yes, 'did the organization sells, exchange, or otherwise dispose of tangible personal property for which it was required?  9d If 'Yes, 'did the organization received a contribution of cas, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  9d If 'Yes, 'did the organization maintaining door a divised funds an ascellance of indirectly, on a personal benefit contract?  9d If the organization make any taxable distribution to adonor, donor advised funds.  9d If If the organization make any taxable distributions under section 4969?  9d Ordanization	b				2b	X	
b if "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly.  4b If "Yes," enter the name of the foreign country. ►  5e instructions for filing requirements for Form TD = 90.22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  5b If "Yes," to line 5a or 5b, did the organization file Form 8886-1?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles?  7 Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  8 Organizations that may receive deductible contributions under section 170(c).  9 If "Yes," indicate the number of Forms 8882 filed during theyear pay premiums on a personal benefit contract?  7 To X  4 If Yes," indicate the number of Forms 8882 filed during the year  9 If Yes, "indicate the number of Forms 8882 filed during theyear pay premiums on a personal benefit contract?  7 To Y  10 If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 To Y  10 If the organization meceived any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 To Y  10 If the organization meceived any funds, directly or indirectly, or a personal benef		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)				
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (souch as a bank account, securities account, or other financial account)?  **A by the firest the name of the foreign country: ▶**  **Sea instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  **Sea Was the organization requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  **Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?**  **Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?**  **Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?**  **Did to any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?**  **Did to any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?**  **Did the organization to that we are not tax deductible as charitable contributions?**  **Did the organization to that with every solicitation an express statement that such contributions or gifts were not tax deductible?**  **To organizations that may receive deductible contributions under section 170(c).**  **Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?*  **Did the organization receive any funds, directly or indirectly, or paymenting the party or which it was required to file Form 8282?*  **Did the organization exceive any funds, directly or indirectly, or a personal benefit contract?**  **To I bid the organization received a contribution of qualified intellectual property, did the organization. Bid the supporting organization section and party as paints any directly, or a personal benefit contract?**  **To I bid the org		- · · · · · · · · · · · · · · · · · · ·			3a		
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Gross income from members or shareholders  b Gross income from ther sources (Do not net amounts due or paid to other sources against  amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b 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  c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  It a Section 501(c)(a) qualified a Form 720 to report these payments? If "No," provide an explanation in Schedule O.							
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organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13c  13b  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  14a  15c  16		<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b			13c				
							X
F NNN /0010	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	O			000	(00 :5:

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 or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	action in develoning Doug and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la   12			110
	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				
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				
	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:			
	The governing body?	8a	Х	
	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	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	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			77
	taxable entity during the year?	16a		Х
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			
200	exempt status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 990 is required to be filed NONE			
17 40			l-	
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) a	ivaliab	ie	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain in Schedule O)	d f:		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	u finar	icial	
20	statements available to the public during the tax year.	tion: ►		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza RYAN O'DONOGHUE - 303.945.2490	lion: 🏴	_	
	767 SANTA FE DRIVE, DENVER, CO 80204			
	, o, Simili II Shirill Sulliving GO GOZOT			

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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 or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

<b>(A)</b> Name and Title	(B) Average hours per week	box, unless person is both an officer and a director/trustee)		( <b>D</b> ) Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other				
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BRAD LUDDEN CEO/DIRECTOR & FOUNDER	60.00	х		х				89,579.	0.	2,634.
(2) BRENT GOLDSTEIN	4.00					$\vdash$	$\vdash$	03,313.	•	2,0340
CHAIRMAN	1,00	x		х				0.	0.	0.
(3) JOEL APPEL	4.00						H		•	
DIRECTOR		х						0.	0.	0.
(4) LARRY SMITH	4.00									
DIRECTOR		Х						0.	0.	0.
(5) EVA HO	4.00									
TREASURER		Х		Х				0.	0.	0.
(6) COREY NIELSON	20.00									
DIRECTOR	1 00	Х						29,146.	0.	529.
(7) DAVID LEE	4.00									•
DIRECTOR	4 00	Х				_		0.	0.	0.
(8) BRAD REISS	4.00	,,								0
DIRECTOR	4.00	Х				_		0.	0.	0.
(9) JENNIFER FEIKEN	4.00	х		х				0.	0.	0.
VICE CHAIR (10) ROCHELLE SHORETZ	4.00	Δ		Λ		<u> </u>		0.	0.	<u> </u>
DIRECTOR	4.00	х						0.	0.	0.
(11) JOSH BEHR	4.00	Λ						1	0.	
DIRECTOR	4.00	x						0.	0.	0.
(12) DEBBIE FORD KING	4.00									
SECRETARY		х		х				0.	0.	0.
(13) CHRIS SIZEMORE	40.00									
DIRECTOR OF OPERATIONS				х				54,176.	0.	875.
(14) RYAN O'DONOGHUE	40.00									
CHIEF OPERATING OFFICER				Х				9,167.	0.	0.
						$\vdash$	$\vdash$			

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Part VII   Section A. Officers, Directors, Tru (A)	(B)	<u>,</u>		, <u>"</u>	C)	J. 10		(D)	(E)			(F)	
Name and title	Average			Pos	itior	1		Reportable	Reportable		Fe	ربر timate	λd
Name and title	hours per		not c	heck	more	than		compensation	compensation	า		nount (	
	week					or/trus		from	from related			other	
	(list any	ctor						the	organizations	;	com	pensa	tion
	hours for	or director				ted		organization	(W-2/1099-MIS	C)	fr	om the	Э
	related	stee (	ruste			beusa		(W-2/1099-MISC)				anizati	
	organizations below	nal tru	onal t		employee	ee ee						d relate	
	line)	Individual trustee	Institutional trustee	Officer	y em	Highest compensated employee	Former				orga	ınizatio	วทร
		드	드	10	Key	± 5	윤						
		_											—
		1											
		_											—
		_											
		1											
1b Sub-total								182,068.		0.	,	4,0	<del>38</del>
c Total from continuation sheets to Part \								0.		0.		_ , -	0
d Total (add lines 1b and 1c)								182,068.		0.		4,0	38
2 Total number of individuals (including but									,000 of reportable				
compensation from the organization												Yes	No
3 Did the organization list any former office	r director or tri	iste	≏ ke	v er	mnlc	wee	or	highest compensated e	mnlovee on			163	140
line 1a? If "Yes," complete Schedule J for								mgnest compensated c			3		Х
4 For any individual listed on line 1a, is the s													_
and related organizations greater than \$1									the organization		4		Х
5 Did any person listed on line 1a receive or									idual for services		-		
rendered to the organization? If "Yes," col	-				-			-			5		Х
Section B. Independent Contractors	,			•									
1 Complete this table for your five highest of	-	-								pens	ation f	rom	
the organization. Report compensation fo	r the calendar y	ear (	endi	ng v	vith	or w	rithir T		year.		10		
<b>(A)</b> Name and busines	s address	NC	ONE	2				<b>(B)</b> Description of s	ervices	C	(C Compe		n
		-110	7111	_			_						_
							_						
2 Total number of independent contractors		ot li	mite	d to		se li:	stec	d above) who received m	nore than				
\$100,000 of compensation from the organ	iization >										Form 9	990 <i>(</i>	2016

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Part VIII Statement of Revenue				
Check if Schedule O contains a response or note to any lin	ne in this Part VIII			
	<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax under sections 512 - 514

_		Officer if Correctate C corre	ано а гооронос	or note to arry in	(A)	(5)	(0)	(5)
					<b>(A)</b> Total revenue	( <b>B)</b> Related or exempt function revenue	( <b>C)</b> Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
(2 (A)			1. 1			TOVOTIGO	Toveride	312 - 314
불합		Federated campaigns						
흥리		Membership dues						
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	1c	480,435.				
투희	d	Related organizations	1d					
ž, <u>E</u>	е	Government grants (contribut	ions) <b>1e</b>					
ip		All other contributions, gifts, gran						
돌림		similar amounts not included above	ve   1f	1,188,826.				
들이	a	Noncash contributions included in lines		275,410.				
호텔	_	Total. Add lines 1a-1f			1,669,261.			
<del>"</del>		Total: Add lines 1a-11		Business Code				
_	0 -			Business Code				
ا قِ	2 a							
le je	b							
Program Service Revenue	С	·						
Re Ja	d							
<u>5</u> _	е	·						
۱ ۵	f	All other program service reve	nue	900099	88,173.	88,173.		
	g	Total. Add lines 2a-2f			88,173.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)			389.			389.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	ı a		(i) Securities	(ii) Oti lei				
		assets other than inventory						
	D	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		. <u></u>				
e l	8 a	Gross income from fundraising	•					
enne		including \$ 480	<u>,435.</u> of					
è		contributions reported on line	,					
P		Part IV, line 18	a					
Other Rev	b	Less: direct expenses	k	576,792.				
١	С	Net income or (loss) from fund	Iraising events	<u></u>	440,736.			440,736.
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	a	1				
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances		2,737.				
	b	Less: cost of goods sold		2 456				
		Net income or (loss) from sale			-719.		-719.	
		Miscellaneous Revenu		Business Code				
ł	11 a							
	b							
	C							
		All other revenue  Total. Add lines 11a-11d						
		Total revenue. See instructions.			2,197,840.	88,173.	-719.	441,125.
	12	i otat tovoliue. Oce ilibil uciiOlib.			2,10,040.	00,1/3.	,19.	±=±,±2J.

### 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).

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  Check if Schedule O contains a response or note to any line in this Part IX								
		nse or note to any line in (A)	this Part IX	(C)				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	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,	106 106	126 121	10 442	21 220			
	trustees, and key employees	186,106.	136,434.	18,443.	31,229			
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and							
_	persons described in section 4958(c)(3)(B)	481,055.	352 662	47,674.	80,719.			
7	Other salaries and wages	±01,U33.	352,662.	41,014.	00,/19			
8	Pension plan accruals and contributions (include	32,095.	21,262.	4,915.	5 010			
_	section 401(k) and 403(b) employer contributions)	25,869.	14,585.	8,836.	5,918, 2,448,			
9	Other employee benefits	55,032.	47,064.	-2,643.	10,611.			
10	Payroll taxes	33,034.	47,004.	-4,043.	10,011			
11	Fees for services (non-employees):							
a	Management	1,830.	30.	1,800.				
b	•	26,351.	30.	26,351.				
C	Accounting	20,331.		20,331.				
d	Lobbying Professional fundraising services. See Part IV, line 17							
e	Investment management fees							
f g								
g	column (A) amount, list line 11g expenses on Sch 0.)	408,519.	373,507.	10,445.	24,567			
12	Advertising and promotion	50,417.	37,393.	10,113.	13,024			
13	Office expenses	37,590.	15,870.	10,911.	10,809			
14	Information technology	19,945.	19,945.					
15	Royalties							
16	Occupancy	238,030.	215,031.	7,444.	15,555			
17	Travel	123,375.	94,503.	7,231.	21,641			
18	Payments of travel or entertainment expenses		2 2 7 2 2 2 3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
10	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	14,207.	11,218.	957.	2,032			
20	Interest	, = 3 : 3	, ;		, , , , , ,			
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	87,091.	63,662.	811.	22,618.			
23	Insurance	14,190.	2,450.	10,867.	873			
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	PROGRAM MEALS	83,095.	83,095.					
b	EQUIPMENT RENTAL	65,870.	65,870.					
С	RECRUITING	25,910.	25,910.					
d	SUPPLIES	18,623.	7,919.	7,984.	2,720			
е	All other expenses	68,231.	34,726.	6,827.	26,678			
	Total functional expenses. Add lines 1 through 24e	2,063,431.	1,623,136.	168,853.	271,442			
25								
	<b>Joint costs</b> . Complete this line only if the organization							
25								
25	Joint costs. Complete this line only if the organization							

81-0539964 Page **11** 

### Form 990 (2013) Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			112,438.	1	446,974.
	2	Savings and temporary cash investments			370,888.	2	162,169.
	3	Pledges and grants receivable, net			88,000.	3	0.
	4	Accounts receivable, net			41,190.	4	170,603.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens.	ated en	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section	n 4958(d	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr)	. Compl	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		F		7	
Ä	8	Inventories for sale or use			4,071.	8	8,872.
	9	B '1			98,220.	9	66,348.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	39,813.			
	b		10b	31,416.	91,373.	10c	8,397.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		5,195.	15	17,418.	
	16	Total assets. Add lines 1 through 15 (must equ		811,375.	16	880,781.	
	17	Accounts payable and accrued expenses			115,073.	17	40,070.
	18	Grants payable				18	
	19	Deferred revenue			0.	19	10,000.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and forme	r officer	s, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and	disqualified persons.			
iab		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	ıyables	to related third			
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X of			
		Schedule D			445 050	25	F0 0F0
	26	Total liabilities. Add lines 17 through 25			115,073.	26	50,070.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🔼 and			
ses		complete lines 27 through 29, and lines 33 ar			646 200		E00 E11
anc	27	Unrestricted net assets			646,302.	27	780,711.
Fund Balances	28	Temporarily restricted net assets			50,000.	28	50,000.
pu	29					29	
Ē		Organizations that do not follow SFAS 117 (A	SC 958	3), check here			
s or	l	and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			606 300	32	020 711
_	33	Total net assets or fund balances			696,302.	33	830,711.
	34	Total liabilities and net assets/fund balances			811,375.	34	880,781.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,19	7,8	<u>40.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,06	<u>3,4</u>	<u>31.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			09.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	69	6,3	02.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	83	0,7	11.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		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	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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?		. 2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
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 Audit			
	Act and OMB Circular A-133?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		1

### **SCHEDULE A**

(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.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** 81-0539964 FIRST DESCENTS Reason for Public Charity Status (All organizations must complete this part.) See instructions.

he organ	ization is not a	a private foundation	because it is: (For lines 1	I through ⁻	11, check	only one b	ox.)						
1 🖳	A church, cor	nvention of churche	s, or association of churc	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)						
2 🖳	A school des	cribed in <b>section 17</b>	70(b)(1)(A)(ii). (Attach Sc	hedule E.)									
3	A hospital or	a cooperative hosp	ital service organization o	described	in <b>section</b>	170(b)(1)	(A)(iii).						
4	A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter	the I	hospital	's nam	ıе,
	city, and state	e:											
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describ	oed i	n		
	section 170	(b)(1)(A)(iv). (Compl	ete Part II.)										
6	A federal, sta	ite, or local governm	ent or governmental unit	t described	d in <b>sectio</b>	n 170(b)(1	I)(A)(v).						
7 X			eives a substantial part					or from the	general	pub	lic desc	ribed	in
	-	b)(1)(A)(vi). (Comple	·	• • •		Ŭ			Ü	•			
8			section 170(b)(1)(A)(vi). (	Complete	Part II.)								
9	•		ceives: (1) more than 33 1		-	rom contri	butions. m	nembershi	p fees. a	ınd c	aross red	ceipts	from
			nctions - subject to certa										
		=	axable income (less sect	=		-					-		
		<b>509(a)(2).</b> (Complete			,			, 3				,	
10			perated exclusively to te	st for publi	ic safety. S	See <b>sectio</b>	n 509(a)(4	1).					
11			perated exclusively for th						v out the	e pur	rposes c	of one	or
	-	-	ations described in section						-	-			
		•	organization and comple		•		,	•	, ,				
	a Type I			/pe III - Fui			d	avT 🔲 l	e III - No	n-fur	nctional	lv inte	arated
е 🗌			at the organization is not		-	-		• •					-
			han one or more publicly										
f			tten determination from t						( )( )			( )( )	
			his box										
g			organization accepted ar					owina pers	sons?				•
Ū	•		lirectly controls, either al			•		• .		<i>'</i> .		Yes	No
			upported organization?								11g(i)		
			n described in (i) above?								11g(ii)		
			ι person described in (i) α								11g(iii)		
h			about the supported org								<u> </u>		
		Ü			. ,								
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did you	ı notify the	( <b>vi)</b> Is organizațio	the	(vii	) Amount	of mo	netary
` '	anization	(, =	(described on lines 1-9	in col. (i) lis				organizatio (i) organiz	ed in the	[ ` '	•	port	
				governing (	document?	(i) of your	support?	U.S.	.?				
			(see instructions))	Yes	No	Yes	No	Yes	No	1			
										L			
										L			
										L			
													<u></u>
otal													
HA For F	Paperwork Re	duction Act Notice	. see the Instructions for	or				Schedul	e A (For	m 99	90 or 99	0-EZ	2013

Form 990 or 990-EZ.

332021 09-25-13

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

(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.)

Sed	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	424,164.	819,863.	1,713,411.	1,665,389.	1,669,261.	6,292,088.		
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	424,164.	819,863.	1,713,411.	1,665,389.	1,669,261.	6,292,088.		
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)						927,027.		
6	Public support. Subtract line 5 from line 4.						5,365,061.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
7	Amounts from line 4	424,164.	819,863.	1,713,411.	1,665,389.	1,669,261.	6,292,088.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources	1,389.	761.	345.	543.	389.	3,427.		
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.)	231,870.	99,774.	206,286.	917,142.		1,455,072.		
11	Total support. Add lines 7 through 10						7,750,587.		
	Gross receipts from related activities,	etc. (see instruction	ons)			12			
13	First five years. If the Form 990 is for	the organization'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							
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2013 (	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	69.22 %		
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	72.39 %		
16a	33 1/3% support test - 2013. If the o	organization did no	t check the box or	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				►X		
b	33 1/3% support test - 2012. If the o								
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□		
17a	10% -facts-and-circumstances tes								
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	ere. Explain in Pai	rt IV how the organ	ization		
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
b	b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
	more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the								
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a publi	cly supported orga	anization	<b>&gt;</b>		
18	Private foundation. If the organization								
			,				~" 000 E7\ 0040		

Schedule A (Form 990 or 990-EZ) 2013

### 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

Sec	ction A. Public Support	elow, please com	piete Part II.)				
_	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
	Gifts, grants, contributions, and	(4) 2000	(2) 2313	(0) 2311	(4) 23 12	(6) 2010	(i) rotal
	membership fees received. (Do not	İ					
	include any "unusual grants.")	ı					
2	Gross receipts from admissions,						
	merchandise sold or services per-	ı					
	formed, or facilities furnished in	ı					
	any activity that is related to the organization's tax-exempt purpose	ı					
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-	ı					
	iness under section 513	ı					
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to	ı					
	or expended on its behalf	ı					
5	The value of services or facilities						
J	furnished by a governmental unit to	ı					
	the organization without charge	ı					
6	Total. Add lines 1 through 5				+	1	
	Amounts included on lines 1, 2, and						
16	3 received from disqualified persons	ı					
r	Amounts included on lines 2 and 3 received						
_	from other than disqualified persons that	ı					
	exceed the greater of \$5,000 or 1% of the	ı					
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
-	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
	Amounts from line 6	(a) 2009	(6) 2010	(6) 2011	(u) 2012	(e) 2013	(i) iotai
	Gross income from interest,						
	dividends, payments received on	ı					
	securities loans, rents, royalties and income from similar sources	ı					
	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ı					
	acquired ofter June 20, 1075	ı					
	Add lines 10a and 10b  Net income from unrelated business				1	1	
•	activities not included in line 10b,	ı					
	whether or not the business is	ı					
12	regularly carried on Other income. Do not include gain				+	+	
-	or loss from the sale of capital	ı					
12	assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		
14	First five years. If the Form 990 is for	•			•	. , . ,	. —
Sa	check this box and stop here ction C. Computation of Publi						<u></u>
	Public support percentage for 2013 (l			oolumn (fl)		15	%
	Public support percentage from 2012					16	
	ction D. Computation of Inves					10	70
	•					17	
	Investment income percentage for 20					18	<u>%</u>
	Investment income percentage from 2 a 33 1/3% support tests - 2013. If the						
198							
1.	more than 33 1/3%, check this box at						
r	33 1/3% support tests - 2012. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n dia not check a	box on line 14, 19	a, or 190, check t	mis box and see in	ISTRUCTIONS	<b>P</b>

332023 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

Schedule A	(Form 990 or 990-EZ) 2013 FIRST DESCENTS	81-0539964 Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a	or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	
-		
-		
-		

#### 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.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Name of the organization

Employer identification number

	FIRST DESCENTS	81-0539964						
Organization type (chec	k one):							
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> 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							
, ,	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	al Rule. See instructions.						
General Rule								
_	ntion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (mplete Parts I and II.	in money or property) from any one						
Special Rules								
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
total contribution	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one cons of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, o of cruelty to children or animals. Complete Parts I, II, and III.							
contributions fo If this box is ch purpose. Do no	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one corruse exclusively for religious, charitable, etc., purposes, but these contributions did not ecked, enter here the total contributions that were received during the year for an exclust complete any of the parts unless the <b>General Rule</b> applies to this organization becausable, etc., contributions of \$5,000 or more during the year	ot total to more than \$1,000.  usively religious, charitable, etc.,  use it received nonexclusively						
Caution. An organization	in that is not covered by the General Bule and/or the Special Bules does not file Sched	lule B (Form 990, 990-F7, 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 its Form 990-PF, Part I, line 2, to

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) (2013)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

### FIRST DESCENTS

81-0539964

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GENENTECH  1 DNA WAY  SAN FRANCISCO, CA 94080	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NANCY LAZKANI  5910 LEMONA AVENUE  VAN NUYS, CA 91411	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	KATHLEEN MACKENZIE  P.O. BOX 1759  ANNA MARIA, FL 34216	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DECKERS OUTDOOR CORPORATION  495-A SOUTH FAIRVIEW AVENUE  GOLETA, CA 93117	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	JOEL APPEL  846 SOUTH FRANKLIN STREET  DENVER, CO 80209-4506	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	WACKY WARRIORS  801 NORTH 500 WEST  BOUNTIFUL, UT 84010	\$\$.	Person X Payroll

FIRST DESCENTS

81-0539964

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Employer identification number

<b>ort III</b> E y ti	xclusively reli <b>gious, charitable, etc., indi</b> ear. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc.	vidual contributions to section 501(c)(/), the following line entry. For organizations co.c., contributions of <b>\$1,000 or less</b> for the y	(8), or (10) organizations that total more than \$1,000 for the properties of the pro
) No.	lse duplicate copies of Part III if addition	nal space is needed.	<u> </u>
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
n) 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, a	nd ZIP + 4	Relationship of transferor to transferee
n) No. From	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No.			
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
			-

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

#### **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.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www irs gov/form990.

OMB No. 1545-0047
2013
Open to Public

Inspection

Name of the organization **Employer identification number** FIRST DESCENTS 81-0539964 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990. Part IV. line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 vear -Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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Schedule D (Form 990) 2013

FIRST	DESCENTS	3
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Pai	rt III   Organizations Maintaining C	ollections of A	rt. Hist	orical Tr	easures.	or Othe				ued)
	, , , , , , , , , , , , , , , , , , , ,									
3	(check all that apply):									
а	Public exhibition	d	. 🗀	oan or ove	hange progr	ame				
b	Scholarly research	e			mange progr					
C	Preservation for future generations	e	;	Julei						
4	Provide a description of the organization's co	lloctions and ovnlai	n how th	ov further t	ho organizati	ion's ovo	mnt nurnos	o in Par	+ VIII	
5	During the year, did the organization solicit or							emrai	t Alli.	
3	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	rt IV Escrow and Custodial Arrang									NO
	reported an amount on Form 990, Par		ete ii tile	organizatio	ni answered	163 10	1 01111 330, 1	art iv,	iii 16 3, 01	
12	Is the organization an agent, trustee, custodi		diany for	contribution	ne or other as	eete not	included			
ıu	on Form 990, Part X?								Yes	□ No
h	If "Yes," explain the arrangement in Part XIII								_ 1C3	NO
b	ii res, explain the arrangement iiri art xiii a	and complete the to	mowning t	abie.					Amount	
С	Reginning halance						1c		Amount	
	Beginning balance Additions during the year									
u	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo	orm 000 Part Y line	212						Yes	□ No
	If "Yes," explain the arrangement in Part XIII.									
	rt V Endowment Funds. Complete if									
		(a) Current year		rior year	(c) Two yea			ars back	(a) Four	vears hack
<b>1</b> a	Beginning of year balance	` '	(2)1	nor your	(0) 1110 302	. o suon	( <b>u</b> )		(6) - 5	, , , , , , , , , , , , , , , , , , , ,
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
۰ و	Other expenditures for facilities									
ŭ	and programs									
f	Administrative expenses									
g g	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end balanc	ce (line 1	a column (	a)) held as:				ı	
– a		one your one building	%	g, oolaliii (	a,, 1101a ao.					
b	Permanent endowment	%	<b>—</b> ~							
	Temporarily restricted endowment									
•	The percentages in lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posse	•	ation tha	it are held a	and administe	ered for t	he organiza	tion		
	by:								,	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the									
Pa	rt VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" to Form 990	), Part IV	, line 11a. S	See Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or o basis (investr			t or other (other)		ccumulated preciation		(d) Book	value
	Land	-								
b	Buildings									
	Leasehold improvements									
d	Equipment			3	9,813.		31,41	6.	8	3,397.
	Other				-		-			-
	I. Add lines 1a through 1e. (Column (d) must ed		X, colun	nn (B), line i	10(c).)		l		8	3,397.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.			-	a course rages
Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11b. See Form 990	, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	to Form 000 Dort IV	line 11d Con Farms 000	Dart V line 15	
Complete if the organization answered "Yes"	Description	, line 11a. See Form 990	, Part A, line 15.	(b) Book value
	Description			(b) Dook value
(1)				
(2)				
(3)				
<u>(4)</u> (5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	o 15 )			
Part X Other Liabilities.	C 10./			l
Complete if the organization answered "Yes"	to Form 990 Part IV	line 11e or 11f See For	m 990 Part X line 25	
1. (a) Description of liability	10 1 01111 000, 1 411 14,	(b) Book value	111 000, 1 are x, iiii 20	·•
(1) Federal income taxes		(-,		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25 )			
2. Liability for uncertain tax positions. In Part XIII, provide	•	ote to the organization's	financial statements	that reports the
organization's liability for uncertain tax positions under		-		
Signification o habitity for an obstain tax positions unde				nedule D (Form 990) 201

81-0539964 Page 4

Pa	rt XI Reconciliation of Revenue per Audited Financial S	Statements With Reveni	ue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV	, line 12a.		
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				
С				
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		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 XIII.)	4b		
С				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Pa	rt XII Reconciliation of Expenses per Audited Financial	-	ses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV			
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				
b	, , ,			
С	***************************************			
d	7	· · · · · · · · · · · · · · · · · · ·		
е	Add lines 2a through 2d			
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		
а	, , , , , , , , , , , , , , , , , , , ,			
b	Other (Describe in Part XIII.)	4b		
		· · · · · · · · · · · · · · · · · · ·		
	Add lines <b>4a</b> and <b>4b</b>			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.	e 18.)	5	V4
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	XI,
<b>5</b> <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information.  ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	XI,

#### **SCHEDULE G**

Department of the Treasury

(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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.

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

Name of the organization FIRST DESCENTS							964	
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
1 Indicate whether the organization rais a	sed funds through any of the following solicitates of Solicitates or oral agreement with any individual art VII) or entity in connection with prividuals or entities (fundraisers) purs	ion of ion of fundra (includ	non-ga gover dising of ding of dional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	Yes Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization	
		Yes	No					
			<b>&gt;</b>		1 14 1-			
3 List all states in which the organizatio or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	ı it is	exempt from re	egistration	

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

Schedule G (Form 990 or 990-EZ) 2013

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.

		of fundraising event contributions and gro			·	ots greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
				FALL AFFAIR		col. <b>(c)</b> )
ē			(event type)	(event type)	(total number)	( "
Revenue			710 050	705 104		1 407 063
Вè	1	Gross receipts	712,859.	785,104.		1,497,963.
			179,100.	301 335		180 135
	2	Less: Contributions	119,100.	301,335.		480,435.
	3	Gross income (line 1 minus line 2)	533,759.	483,769.		1,017,528.
	Ť	aross mosmo (mie i minas mio z)				
	4	Cash prizes		10,950.		10,950.
	5	Noncash prizes		229,421.		229,421.
ses				40 055		40.055
Direct Expenses	6	Rent/facility costs		49,277.		49,277.
Ω̈́	_	Food and become		92,553.		92,553.
irec	7	Food and beverages		92,333.		92,333.
	8	Entertainment		22,840.		22,840.
	9	Other direct expenses	118,736.	53,015.		171,751.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		<b></b>	576,792.
	11	Net income summary. Subtract line 10 from li				440,736.
Pa	ırt I	<b>III Gaming.</b> Complete if the organization a	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
æ			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue				billgo/progressive billgo		col. (a) through col. (c))
Вè						
	1	Gross revenue				
"	9	Cash prizes				
ses	-	5.15.1 p. 25.5				
Expenses	3	Noncash prizes				
Ĥ						
Direct	4	Rent/facility costs				
	5	Other direct expenses			T T	
		W	Yes %	Yes %	Yes %	
	6	Volunteer labor	└── No	│└── No	└── No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		•	
	'	bireet expense summary. Add intes 2 timodgi	10 II1 coldifiir (d)	•••••		
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	•	,	,		·	
9	Ent	ter the state(s) in which the organization opera	tes gaming activities:			
а	ls t	he organization licensed to operate gaming ac	tivities in each of these	states?		Yes No
b	If "	No," explain:				
40	<del></del>	and the constitution of th		and the second second second	0	
		ere any of the organization's gaming licenses re	·			Yes No
i.	, 11	Yes," explain:				
	_					

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Schedule G (Form 990 or 990-EZ) 2013

Sch	nedule G (Form 990 or 990-EZ) 2013 FIRST DESCENTS	81-0!	539	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			.,	<b></b>
	to administer charitable gaming?	1		Yes 	└── No
	Indicate the percentage of gaming activity operated in:		40		0.4
	a The organization's facility				<u>%</u>
	b An outside facility		13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ras:			
	Name				
	Address				
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	└─ No
k	b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amo	ount			
	of gaming revenue retained by the third party > \$				
C	c If "Yes," enter name and address of the third party:				
	Name				
	Address ▶				
16	Gaming manager information:				
	Name				
	Gaming manager compensation > \$				
	Describition of a mission musciple of the control o				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	☐ No
k	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent				
	organization's own exempt activities during the tax year ▶ \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and	Part III, lin	es 9,	9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruc-			,	
_					

### **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.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FIRST DESCENTS

Employer identification number 81-0539964

Pai	t I Types of Property									
		(a)	(b)	(c)			(d)			
		Check if	Number of contributions or	Noncash cont amounts repo			Method of det cash contribut			_
		applicable	items contributed			none	cash contribut	ion ar	nount	S
1	Art - Works of art	Х	56			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									
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	57				MARKET			
26	Other ( HOME GOODS )	X	79				MARKET			
27	Other $\blacktriangleright$ ( $\overline{\text{CLOTHING/EQUI}}$ )	X	81				MARKET			
28	Other (ALCOHOL)	X	1		,735.	FAIR	MARKET	VA.	LUE	
29	Number of Forms 8283 received by the organi		•							
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement	29					
									Yes	No
30a	During the year, did the organization receive b									
	at least three years from the date of the initial		•	•						37
	the entire holding period?							30a		<u> </u>
	If "Yes," describe the arrangement in Part II.									37
31	Does the organization have a gift acceptance					-		31		_X_
32a	Does the organization hire or use third parties		•							v
	contributions?							32a		X
	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 colu	mn (a) is ch	necked,				
	describe in Part II.									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2013)

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of be this part for any additional information.	er the organization oth. Also complete
PART I, OTHER TYPES OF PROPERTY:	
DINING EXPERIENCES	
(A) CHECK IF APPLICABLE = X	
(B) NUMBER OF CONTRIBUTIONS = 34	
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 8681.	
(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE	
OTHER	
(A) CHECK IF APPLICABLE = X	
(B) NUMBER OF CONTRIBUTIONS = 1	
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3744.	
(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE	
332142 09-03-13 Sched	ule M (Form 990) (2013)

### **SCHEDULE 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

**Employer identification number** 81-0539964 FIRST DESCENTS

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:

EXPLANATION: 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 12C:

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

EXPLANATION: DIRECTORS AND OFFICERS MUST DISCLOSE ALL MATERIAL FACTS CONCERNING AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST AS SOON AS IT IS DISCLOSURE SHALL BE DIRECTED TO THE BOARD OF DIRECTORS VIA THE DISCOVERED. CHAIRPERSON, CHIEF EXECUTIVE OFFICER OR THE SECRETARY. IF IT APPEARS THAT A CONFLICT OF INTEREST EXISTS, THE BOARD OF DIRECTORS OR THE CHAIR OF THE RELEVANT COMMITTEE THEREOF SHALL APPOINT A NON-INTEREST PERSON OR A COMMITTEE OF THE BOARD OF DIRECTORS TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. IF THE BOARD OF DIRECTORS HAS REASONABLE CAUSE TO BELIEVE THAT A DIRECTOR OR OFFICER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL INFORM SUCH PERSON OF BASIS FOR SUCH BELIEF AND AFFORD SUCH PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF AFTER HEARING THE RESPONSE OF THE DIRECTOR OR OFFICER, AND MAKING FURTHER INVESTIGATION, THE BOARD OF DIRECTORS DETERMINES THAT THE DIRECTOR OR OFFICER HAS FAILED TO DISCLOSE AN

332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)	Page <b>2</b>
Name of the organization FIRST DESCENTS	Employer identification number 81-0539964
ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE A	PPROPRIATE REMEDIAL
ACTION.	
FORM 990, PART VI, SECTION B, LINE 15:	
EXPLANATION: THE ORGANIZATION CONDUCTED AN ANALYSIS OF NO	ONPROFIT PAY BY
REGION, JOB FUNCTION, ETC. IN ORDER TO DETERMINE SUITABLE	E COMPENSATION FOR
ITS CEO, COO, DIRECTORS AND ALL STAFF. THE PROPOSED COME	PENSATION WAS
PRESENTED TO THE BOARD FOR APPROVAL. THIS PROCESS WAS LA	AST CONDUCTED IN
DECEMBER 2013.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMEN	NTS AVAILABLE TO
THE PUBLIC BY REQUEST AT ITS OFFICE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PAYROLL PROCESSING:	
PROGRAM SERVICE EXPENSES	1,976.
MANAGEMENT AND GENERAL EXPENSES	268.
FUNDRAISING EXPENSES	452.
TOTAL EXPENSES	2,696.
CONTRACT STAFF:	
PROGRAM SERVICE EXPENSES	371,531.
MANAGEMENT AND GENERAL EXPENSES	10,177.
FUNDRAISING EXPENSES	24,115.
TOTAL EXPENSES	405,823.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	408,519.