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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

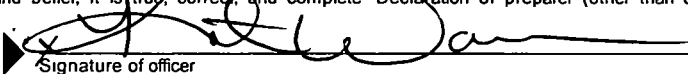
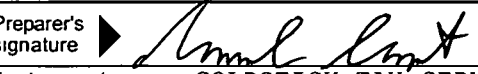
2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization KURT WARNER FIRST THINGS FIRST FOUNDATION		D Employer identification number 43-1921463
		Doing Business As		E Telephone number (602) 385-0840
		Number and street (or P O box if mail is not delivered to street address) Room/suite ONE N. FIRST STREET, SUITE 730	G Gross receipts \$ 973,764.	
		City or town, state or country, and ZIP + 4 PHOENIX, AZ 85004-2357		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
F Name and address of principal officer		I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.KURTWARNER.ORG				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 2001		M State of legal domicile AZ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE PART III - LINE 1 FOR ORGANIZATION'S MISSION		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	4
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	2
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	456,794.	619,324.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	141,460.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 20c, and 17g)	-14,783.	15,957.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	406,647.	844,834.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	109,344.	566,951.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses, Part IX, column (D), line 25) ▶ 53,704.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	157,428.	179,467.
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	266,772.	746,418.
19 Revenue less expenses - Subtract line 18 from line 12	139,875.	98,416.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	1,318,894.	1,395,817.
	22 Net assets or fund balances - Subtract line 21 from line 20	21,493.	0.
		1,297,401.	1,395,817.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer 	Date 8-13-10	
	Type or print name and title KURT WARNER PRESIDENT, DIRECTOR		
Paid Preparer's Use Only	Preparer's signature 	Date 8/12/10	Check if self-employed <input checked="" type="checkbox"/>
	Preparer's identifying number (see instructions) P00169852		Preparer's name (or yours if self-employed), address, and ZIP + 4 GOLDSTICK TAX SERVICE, L.L.C. 325 N. LASALLE #650 CHICAGO, IL 60654
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN 36-4480763	Phone no 312-664-7700
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.*

Form 990 (2009)

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

ATTACHMENT 7

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses \$ 0. including grants of \$ 17,100.) (Revenue \$ 418.)

MISSION: POSSIBLE! SCHOLARSHIPS WILL EASE THE FINANCIAL BURDEN FOR HIGH SCHOOL AND COLLEGE AGE GROUPS (14-22 YEARS OLD) PARTICIPATING IN MISSION TRIPS TO BENEFIT ORGANIZATIONS SERVING COMMUNITIES ACROSS THE UNITED STATES. SERVICE BASED MISSION ENLIGHTEN PARTICIPANTS TO THE WORK OF JESUS AND STRENGTHEN THEIR FAITH WHILE MAKING A POSITIVE IMPACT ON THE COMMUNITIES SERVED. IN 2009, THE FOUNDATION AWARDED 15 MISSION: POSSIBLE! SCHOLARSHIPS RANGING FROM \$500 TO \$4,000 PER ORGANIZATION.

4b (Code:) (Expenses \$ 1,478. including grants of \$ 15,686) (Revenue \$ 470)

FUNDAMENTALS TICKET PROGRAM - FOR THE 2009 FOOTBALL SEASON, MEN, WOMEN AND CHILDREN OF NUMEROUS ORGANIZATIONS WERE THE SPECIAL GUESTS OF THE FIRST THINGS FIRST FOUNDATION AT ARIZONA CARDINALS HOME AND AWAY FOOTBALL GAMES (20 TICKETS FOR 8 HOME GAMES AND 6 TICKETS FOR 6 AWAY GAMES). A LIST OF THE ORGANIZATIONS THAT RECEIVED TICKETS IS INCLUDED IN THE DETAIL OF GRANTS PAID.

4c (Code:) (Expenses \$ 51,470. including grants of \$) (Revenue \$ 565.)

DISNEY WORLD PROGRAM - THE FOUNDATION TEAMED WITH DISNEY WORLD AND AMERICAN AIRLINES IN COLLABORATION WITH GIVE KIDS THE WORLD MAKE-A-WISH FOUNDATION TO TREAT FAMILIES WITH LIFE-THREATING ILLNESSES AND THEIR FAMILIES TO A WEEK LONG VACATION AT DISNEY WORLD IN 2009. KURT AND BRENDA WARNER HOSTED THE TRIP AND WILL CONTINUE TO HOST EVERY YEAR. THE PROGRAM SERVICE EXPENSE INCLUDES TICKETS TO AN ARIZONA CARDINALS HOME GAME FOR PARTICIPANTS IN THE DISNEYWORLD PROGRAM.

4d Other program services. (Describe in Schedule O.) ATTACHMENT 8

(Expenses \$ 55,869. including grants of \$ 534,165.) (Revenue \$ 132,642.)

4e Total program service expenses ► 108,817.

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	X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• 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.		
• 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.		
• 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.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• 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? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	X
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	X
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
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	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	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
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	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		X
24 a 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		X
24 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24 c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a 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? <i>If "Yes," complete Schedule L, Part I.</i>		X
25 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? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		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):		
28 a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28 b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28 c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. 1a 2		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
c 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 0		
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 this return. (see instructions) 2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b		
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 the instructions for exceptions and 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
c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c		
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? 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).		
a 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? 7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h		
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? 8		X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966? 9a		X
b Did the organization make a distribution to a donor, donor advisor, or related person? 9b		X
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		

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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.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a 4	
b Enter the number of voting members that are independent	1b 2	
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 X	
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	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b	
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	9a	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	
13 Does the organization have a written whistleblower policy?	13	X
14 Does 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?		
a The organization's CEO, Executive Director, or top management official	15a	
b Other officers or key employees of the organization	15b	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **AZ,**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MARCI MORAN 1 N 1ST ST PHOENIX, AZ 85004-2357**
602-385-0840

Part VIII Statement of Revenue

43-1921463

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	223,560			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	395,764			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		619,324.			
Program Service Revenue			Business Code				
	2a	WARNERS WARM UP		4,656.	4,656		
	b	BALL DRIVE		5,369.	5,369		
	c	HOME FOR THE HOLIDAYS (WITH HABITAT FOR		140	140.		
	d	MISSION POSSIBLE SCHOLARSHIP PROGRAM		418	418		
	e	WARNERS CORNER		670	670.		
	f	All other program service revenue		130,207	130,207.		
	g	Total. Add lines 2a-2f		141,460			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).	ATTACHMENT 9	19,026			
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real (ii) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	46,247.			
	b	Less cost or other basis and sales expenses		49,316.			
	c	Gain or (loss)		-3,069.			
	d	Net gain or (loss)		-3,069.			
	8a	Gross income from fundraising events (not including \$ 223,560 of contributions reported on line 1c) See Part IV, line 18	ATCH 10	139,540.			
	b	Less direct expenses		71,026.			
	c	Net income or (loss) from fundraising events	ATCH. 11	68,514.			
	9a	Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses					
	c	Net income or (loss) from gaming activities		0.			
10a	Gross sales of inventory, less returns and allowances		6,911				
b	Less cost of goods sold		8,588.				
c	Net income or (loss) from sales of inventory.	ATCH. 13	-1,677.				
Miscellaneous Revenue		Business Code					
11a	CORPORATE PARTNER FUNDRAISING		1,178	1,178			
b	E-BAY AUCTION PROCEEDS		78	78			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		1,256				
12	Total Revenue. See instructions		844,834	142,716.			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	557,905.	557,905.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	9,046.	9,046.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	0.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	5,153.		5,153.	
g Other	0.			
12 Advertising and promotion	0.			
13 Office expenses	1,405.		1,405.	
14 Information technology	29,005.			29,005.
15 Royalties	0.			
16 Occupancy	2,615.		2,615.	
17 Travel	6,585.			6,585.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization . . .	1,159.		1,159.	
23 Insurance <u>ATCH 14</u>	4,691.		4,691.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a <u>BANK & CREDIT CARD CHARGES</u>	5,764.			5,764.
b <u>FUNDAMENTALS TICKET PROG EXP</u>	1,478.	1,478.		
c <u>HOLIDAY GIVING PROGRAM</u>	965.	965.		
d <u>FAMILY GRIEVANCE SUPPORT PRO</u>	5,435.	5,435.		
e <u>DISNEY WORLD PROGRAM</u>	51,470.	51,470.		
f All other expenses	63,742.	49,469.	1,923.	12,350.
25 Total functional expenses. Add lines 1 through 24f	746,418.	675,768.	16,946.	53,704.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	73,924.	1	114,406.
	2 Savings and temporary cash investments	76,478.	2	302,078.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,076.	8	5,876.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 17,350.		
	b Less: accumulated depreciation	10b 14,470.	4,039.	10c 2,880.
	11 Investments - publicly traded securities	1,160,373.	11	970,577.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,318,894.	16	1,395,817.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	21,493.	25	0.
	26 Total liabilities. Add lines 17 through 25	21,493.	26	0.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,297,401.	27	1,395,817.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,297,401.	33	1,395,817.
34 Total liabilities and net assets/fund balances	1,318,894.	34	1,395,817.	

Form 990 (2009)

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
b Were the organization's financial statements audited by an independent accountant?		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2009)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	ATCH 1	ATCH 2	ATCH 3	ATCH 4	ATCH 5	
	171,760	292,567	299,035	456,794	619,324	1,839,480
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	4,475	7,799	5,101	5,769	6,911	30,055
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	176,235	300,366	304,136	462,563	626,235	1,869,535
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	84,150	117,695	246,000	126,000		573,845
c Add lines 7a and 7b.	84,150	117,695	246,000	126,000		573,845
8 Public support (Subtract line 7c from line 6)						1,295,690

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.	176,235	300,366	304,136	462,563	626,235	1,869,535
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	45,373	49,432	49,432	27,868	19,026	191,131
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	45,373	49,432	49,432	27,868	19,026	191,131
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)	221,608	349,798	353,568	490,431	645,261	2,060,666
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	62.88%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	9.28%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.00%

- 19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ☒
- b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART III - ORGANIZATIONS RECEIVING ANY UNUSUAL GRANTS FOR 2005

<u>NAME OF CONTRIBUTOR</u>	<u>DATE</u>	<u>AMOUNT</u>	<u>EXPLANATION</u>
KURT & BRENDA WARNER	VAR	50,000.	5TH YR FUNDING - PROGRAMS
TOTAL		<u>50,000.</u>	

ATTACHMENT 2

SCHEDULE A, PART III - ORGANIZATIONS RECEIVING ANY UNUSUAL GRANTS FOR 2006

<u>NAME OF CONTRIBUTOR</u>	<u>DATE</u>	<u>AMOUNT</u>	<u>EXPLANATION</u>
KURT & BRENDA WARNER	VAR	70,000.	6TH YR FUNDING - PROGRAMS
TOTAL		<u>70,000.</u>	

ATTACHMENT 3

SCHEDULE A, PART III - ORGANIZATIONS RECEIVING ANY UNUSUAL GRANTS FOR 2007

<u>NAME OF CONTRIBUTOR</u>	<u>DATE</u>	<u>AMOUNT</u>	<u>EXPLANATION</u>
KURT & BRENDA WARNER	VAR	90,000.	7TH YEAR-PROGRAM FUNDING
TOTAL		<u>90,000.</u>	

ATTACHMENT 4

SCHEDULE A, PART III - ORGANIZATIONS RECEIVING ANY UNUSUAL GRANTS FOR 2008

<u>NAME OF CONTRIBUTOR</u>	<u>DATE</u>	<u>AMOUNT</u>	<u>EXPLANATION</u>
KURT & BRENDA WARNER		26,000.	
KURT & BRENDA WARNER		100,000.	
TOTAL		<u>126,000.</u>	

ATTACHMENT 5

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructionsATTACHMENT 5 (CONT'D)SCHEDULE A, PART III - ORGANIZATIONS RECEIVING ANY UNUSUAL GRANTS FOR 2009

<u>NAME OF CONTRIBUTOR</u>	<u>DATE</u>	<u>AMOUNT</u>	<u>EXPLANATION</u>
KURT & BRENDA WARNER	10/26/2009	130,000.	IOWA FLOOD RELIEF
TOTAL		<u>130,000.</u>	

SCHEDULE D
(Form 1041)

Capital Gains and Losses

OMB No 1545-0092

Department of the Treasury
Internal Revenue Service

► **Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).**

2009

Name of estate or trust

KURT WARNER FIRST THINGS FIRST FOUNDATION

Employer identification number

43-1921463

Note: Form 5227 filers need to complete *only* Parts I and II.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	-744 .
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2008 Capital Loss Carryover Worksheet	4	()
5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back ►	5	-744 .

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	-2,325 .
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9 Capital gain distributions	9	
10 Gain from Form 4797, Part I	10	
11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2008 Capital Loss Carryover Worksheet	11	()
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back ►	12	-2,325 .

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2009

Part III Summary of Parts I and II**Caution: Read the instructions before completing this part.**

	(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
13 Net short-term gain or (loss)	13		-744.
14 Net long-term gain or (loss):			
a Total for year	14a		-2,325.
b Unrecaptured section 1250 gain (see line 18 of the wrksh)	14b		
c 28% rate gain	14c		
15 Total net gain or (loss). Combine lines 13 and 14a	15		-3,069.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation

16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:	16	(3,000.)
a The loss on line 15, column (3) or b \$3,000		

Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 7 of the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the worksheet on page 8 of the instructions if:

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

17 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17		
18 Enter the smaller of line 14a or 15 in column (2) but not less than zero	18		
19 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19		
20 Add lines 18 and 19	20		
21 If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	21		
22 Subtract line 21 from line 20. If zero or less, enter -0-	22		
23 Subtract line 22 from line 17. If zero or less, enter -0-	23		
24 Enter the smaller of the amount on line 17 or \$2,300	24		
25 Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 and 26; go to line 27 and check the "No" box. <input type="checkbox"/> No. Enter the amount from line 23.	25		
26 Subtract line 25 from line 24.	26		
27 Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 27 thru 30, go to line 31 <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	27		
28 Enter the amount from line 26 (If line 26 is blank, enter -0-)	28		
29 Subtract line 28 from line 27	29		
30 Multiply line 29 by 15% (.15)	30		
31 Figure the tax on the amount on line 23. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041).	31		
32 Add lines 30 and 31	32		
33 Figure the tax on the amount on line 17. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041).	33		
34 Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)	34		

Schedule D (Form 1041) 2009

Department of the Treasury
Internal Revenue Service

► See instructions for Schedule D (Form 1041).

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

2009

Name of estate or trust

KURT WARNER FIRST THINGS FIRST FOUNDATION

Employer identification number

43-1921463

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

[illegible]

1b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 1b	-744.
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For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2009

Employer identification number

[illegible]

6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b	-2,325.
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Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events (add col (a) through col (c))
		ULT FBALL EXPER (event type)	GOLF CLASSIC (event type)	1 (total number)	
Revenue	1 Gross receipts	242,845.	68,902.	51,353.	363,100.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	242,845.	68,902.	51,353.	363,100.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	7,970.	2,777.		10,747.
	6 Rent/facility costs		6,650.		6,650.
	7 Food and beverages	11,892.	11,338.		23,230.
	8 Entertainment	3,017.			3,017.
	9 Other direct expenses	5,667.	12,635.	11,708.	30,010.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(73,654.)
	11 Net income summary. Combine line 3, column (d), and line 10				289,446.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column d, and line 7				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities:		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain:		
11 Does the organization operate gaming activities with nonmembers?	11	
12 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?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility 13a %		
b	An outside facility 13b %		
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? 15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address of the third party		
	Name ► _____		
	Address ► _____		
16	Gaming manager information:		
	Name ► _____		
	Gaming manager compensation ► \$ _____		
	Description of services provided ► _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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? 17a		
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 ► \$		

Schedule G (Form 990 or 990-EZ) 2009

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

KURT WARNER FIRST THINGS FIRST FOUNDATION

Employer identification number

43-1921463

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	OPERATION FOOD SEARCH							
	6282 OLIVE BLVD ST LOUIS, MO 63130	43-1241854	501 (C) (3)		14,670.	COAT COST (PURCHASED)	NEW WINTER COATS	COATS FOR HOMELESS A
	BASKET OF HOPE (ARIZONA)							
	14000 W HARIM DRIVE TUCSON, AZ 85653	43-1789081	501 (C) (3)	9,324				GENERAL CHARITABLE P
	SUNSHINE ACRES CHILDRENS HOME							
	3405 N HIGLEY RD MESA, AZ 85215	86-0196532	501 (C) (3)		13,395			GAME TICKETS FOR 2 A
	MISCELLANEOUS 501(C)(3) ORGANIZATIONS				12,436			MISCELLANEOUS MERCHA
	NEIGHBORHOOD MINISTRIES							
	1918 WEST VAN BUREN STREET	86-0809052	501 (C) (3)		7,270			20 TICKETS FOR FOUR
	BLOCK BY BLOCK (AFFORDABLE HOUSING NETWORK							
	5400 KIRKWOOD BLVD CEDAR RAPIDS, IA 52404	20-8640691	501 (C) (3)		15,756.			61 XMAS STOCKINGS WI
	MERCY MINISTRIES							
	P O BOX 1282 FENTON, MO 63026	72-0973419	501 (C) (3)		6,981			31 STOCKINGS WITH BO
	OTHER 501(C)(3) ORGANIZATIONS							
	ARCH (AZ RECREATION CENTER FOR THE HANDICAP			5,341				CHRISTMAS GIVING PRO
	1550 WEST COLTER STREET PHOENIX, AZ 85015	86-0310253	501 (C) (3)	20,000.				SUPPORT SUMMER PROGR
	CHAMPIONS FOUNDATION							
	1819 E 72ND STREET TACOMA, WA 98404	20-5558312	501 (C) (3)	10,000				GENERAL CHARITABLE P
	HACIENDA HEALTHCARE							
	1402 E SOUTH MOUNTAIN PHOENIX, AZ 85042	86-0253158	501 (C) (3)	60,000				FINANCE ENCLOSURE OF
	M A D. MINISTRIES							
	4331 N CENTRAL AVE PHOENIX, AZ 85012	86-0898928	501 (C) (3)	10,000.				GENERAL CHARITABLE P

- Enter total number of section 501(c)(3) and government organizations ☐
- Enter total number of other organizations ☐

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

Schedule I (Form 990) 2009

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PAGE 27

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
VARIOUS DISNEY FAMILIES			1,698		
4 UNIVERSITY OF PHOENIX STUDENTS		7,348.			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE US

SCHEDULE I - PART I - QUESTION 2

THE FOUNDATION MONITORS THE MISSION POSSIBLE SCHOLARSHIP PROGRAM

RECIPIENTS BY REQUIRING THEM TO PROVIDE A FOLLOW UP REPORT ON THEIR

MISSION INCLUDING PHOTOS. THE OTHER GRANTS DO NOT HAVE ANY SET

PROCEDURES FOR FOLLOW UP BUT THERE IS DIRECT CONTACT WITH THE GRANT

RECIPIENT ORGANIZATIONS BY FIRST THINGS FIRST FOUNDATION AFTER THE GRANT

AND SOME OF THE GRANT RECIPIENTS PROVIDE LETTERS, PICTURES AND/OR OTHER

COMMUNICATION WITH THE FIRST THINGS FIRST FOUNDATION REGARDING THE USE OF

THE GRANT FUNDS. THE BASKET OF HOPE CHALLENGE GRANT (\$5,000 IN 2009) IS

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Department of the Treasury
Internal Revenue Service

Name of the organization

KURT WARNER FIRST THINGS FIRST FOUNDATION

Employer identification number

43-1921463

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

[illegible]

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

Schedule I-1 (Form 990) 2009

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

KURT WARNER FIRST THINGS FIRST FOUNDATION

Employer identification number

43-1921463

ATTACHMENT 6

RELATED OFFICERS, DIRECTORS

PART VI - SECTION A - QUESTION 2

KURT AND BRENDA WARNER (BOTH ARE OFFICERS AND DIRECTORS) ARE HUSBAND AND
WIFE.

ATTACHMENT 7

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

PROMOTE EDUCATION, PROVIDE TANGIBLE GOODS TO ECONOMICALLY
DISADVANTAGED CHILDREN, FAMILIES AND OTHER PERSONS, COORDINATE WITH
CORPORATE SPONSORS TO PROVIDE UNFORGETTABLE EXPERIENCES FOR CHILDREN
WITH DISEASE (PHYSICAL OR MENTAL), PARTNER WITH HOSPITALS TO ASSIST IN
THE CREATION OF RECREATIONAL AREAS IN HOSPITALS FOR CHILDREN BATTLING
LIFE-THREATENING DISEASES AND PROMOTE CHRISTIAN VALUES.

ATTACHMENT 8

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
THANKSGIVING PROGRAM		2,823.	
WARNERS WARM UP PROGRAM	14,670.	1,752.	4,656.
SPECIAL OLYMPICS PROGRAM		939.	625.
CHRISTMAS GIVING PROGRAM (GIFT CA	42,092.	965.	15,050.
HOMES FOR THE HOLIDAYS PROGRAM (S		5,294.	
HOMES FOR THE HOLIDAYS PROGRAM (A		8,223.	140.

Name of the organization

KURT WARNER FIRST THINGS FIRST FOUNDATION

Employer identification number

43-1921463

ATTACHMENT 8 (CONT'D)

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
TEAM F U.N PROGRAM (N J , IOWA & ARIZONA)		13,658	
CHILDRENS HOSPITAL OUTREACH PROGRAM (BSKT OF HOPE)	4,324	749	196
BALL DRIVE (SPORTS EQUIP FOR SOLDIERS OVERSEAS)		11,462	5,369
MISCELLANEOUS MERCHANDISE DONATIONS	12,436.		
CHEER		1,552.	25
BIBLE GIVEAWAY		1,529.	
LITTLE ANGELS PROGRAM		5,435.	
FLOOD RELIEF PROJECT (HABITAT FOR HUMANITY)	348,071.	51	105,911.
WARNER'S CORNER			670
CHILDREN'S HOSPITAL FUN ZONE		401	
UNIVERSITY OF PHOENIX LAPTOP PROGRAM	7,348	1,036	
ARCH	20,000		
BASKET OF HOPE CHALLENGE GRANT	5,000.		
CHAMPIONS FOUNDATION	10,000		
CYSTIC FIBROSIS FOUNDATION	224		
HACIENDA HEALTHCARE	60,000.		
M.A.D. MINISTRIES	10,000.		
TOTALS	<u>534,165.</u>	<u>55,869</u>	<u>132,642</u>

ATTACHMENT 9

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME - NATL CITY INVESTMENT ACCOUNT	9,691.			

Name of the organization

KURT WARNER FIRST THINGS FIRST FOUNDATION

Employer identification number

43-1921463

ATTACHMENT 9 (CONT'D)

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
DIVIDEND INCOME - NATL CITY INVESTMENT ACCOUNT	8,736.			
INTEREST INCOME - WASHINGTON MUTUAL CKG & MM ACCTS	599			
TOTALS	<u>19,026</u>			

ATTACHMENT 10FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
GOLF CLASSIC - ST LOUIS, MO	20,810.
UFE EVENT - PHOENIX, AZ	192,750.
NIGHT WITH CHAMPIONS	10,000.
TOTAL	<u>223,560.</u>

ATTACHMENT 11FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
GOLF CLASSIC - ST LOUIS, MO	48,092.	33,400.	14,692.
UFE EVENT - PHOENIX, AZ	50,095.	28,545.	21,550.
NIGHT WITH CHAMPIONS	41,353.	9,081.	32,272.
TOTALS	<u>139,540.</u>	<u>71,026.</u>	<u>68,514.</u>

Name of the organization

KURT WARNER FIRST THINGS FIRST FOUNDATION

Employer identification number

43-1921463

ATTACHMENT 12

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
CASH	81,010.	COST
CORPORATE EQUITIES	618,603.	COST
CORPORATE BONDS	270,280.	COST
TAXABLE BOND INT PURCHASED	684.	COST
TOTALS	<u>970,577.</u>	

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

DESCRIPTION	GROSS SALES	BEGINNING INVENTORY	PURCHASES	ATTACHMENT 13		MINUS. ENDING INVENTORY	COST OF GOODS SOLD
				SALARIES AND WAGES	OTHER COSTS		
T-SHIRTS, HATS, VIDEOS, FOOTBALLS, JKTS & JERSEYS	6,911.	4,076.	10,388			5,876	8,588.
TOTALS	<u>6,911</u>	<u>4,076</u>	<u>10,388</u>			<u>5,876</u>	<u>8,588</u>

2009

Description of Property

GENERAL DEPRECIATION

ATTACHMENT 14

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me- thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
COMP EQUIP & FAX	04/11/2001	4,467.	100.000			4,467	4,467	4,467	SL		5,000				-
OFFICE FURNITURE	04/21/2001	3,743.	100.000			3,743	3,743	3,743	SL		5,000				
DESK FOR VOLUNTEER	01/14/2002	130.	100.000			130	130	130	SL		5,000				
SHELVING	10/25/2002	109	100.000			109	109	109	SL		5,000				
FURNITURE	10/25/2002	2,678	100.000			2,678	2,678	2,678	SL		5,000				
WALL CALENDAR	11/26/2002	384	100.000			384	384	384	SL		5,000				
DIGITAL CAMERA	12/07/2004	530	100.000			530	433	530	SL		5,000				97
LAPTOP COMPUTER	05/11/2007	2,439	100.000			2,439	813	1,301	SL		5,000				488
EXTERNAL HARD DRV	05/11/2007	354.	100.000			354	118.	189	SL		5,000				71
PRINTER	06/01/2007	349.	100.000			349.	111.	181	SL		5,000				70
LAPTOP COMPUTER	03/18/2008	2,061.	100.000			2,061	309	721	SL		5,000				412
PRINTER	03/18/2008	107	100.000			107.	16	37	SL		5,000				21
Less: Retired Assets															
Subtotals		17,351				17,351	13,311	14,470							1,159

Listed Property

[illegible]

AMORTIZATION

Asset description	Date placed in service	Cost or basis		Accumulated amortization	Ending accumulated amortization	Code	Life	Current-year amortization
TOTALS								

*Assets Retired

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KURT WARNER FIRST THINGS FIRST FOUNDATION
43-1921463
CAPITAL GAINS & LOSSES
NATIONAL CITY BANK OF THE MIDWEST ACCT #56 S0-9227-00-0
YEAR ENDED DECEMBER 31, 2009

Face Value # of shares		Date Purchased	Cost	Date Sold	Sales Price	Short Term Gain (Loss)	Long Term Gain (Loss)
STOCKS							
180	American Eagle Outfitters	11/27/2007	3,798.90	06/15/2009	2,520.69		(1,278.21)
20	American Eagle Outfitters	03/27/2008	366.11	06/15/2009	280.08		(86.03)
60	Best Buy Inc	11/19/2004	2,441.89	05/08/2009	2,250.10		(191.79)
15	Best Buy Inc	12/30/2004	594.50	05/08/2009	562.53		(31.97)
35	Best Buy Inc	11/09/2006	1,807.15	05/08/2009	1,312.56		(494.59)
194	Capitalsource Inc	09/09/2008	2,349.55	01/28/2009	724.38	(1,625.17)	
326	Capitalsource Inc	09/09/2008	3,948.22	01/27/2009	1,167.95	(2,780.27)	
120	Coach Inc	03/27/2008	3,749.40	06/15/2009	3,141.14		(608.26)
10	Danaher Corp	04/25/2003	336.95	06/15/2009	613.11		276.16
20	Danaher Corp	07/18/2003	688.72	06/15/2009	1,226.22		537.50
80	Gilead Sciences Inc	11/16/2007	3,552.14	02/05/2009	4,099.74		547.60
70	Kohls Corp	11/20/2007	3,382.36	05/08/2009	3,053.58		(328.78)
60	L-3 Communications	02/11/2008	4,440.27	02/05/2009	4,691.50	251.23	
130	Netflix.com	07/21/2008	3,534.09	03/11/2009	4,866.76	1,332.67	
110	Netflix.com	08/18/2008	3,444.10	03/11/2009	4,118.02	673.92	
270	Schering-Plough Corp	02/03/2009	5,021.81	03/16/2009	6,419.91	1,398.10	
100	Wyeth	09/13/2006	4,999.26	02/03/2009	4,332.48		(666.79)
20	Wyeth	08/18/2008	861.40	02/03/2009	866.50	5.10	
			49,316.83		46,247.24	(744.43)	(2,325.17)
			23,599.44	Short-Term	22,855.02	(744.43)	
			25,717.39	Long-Term	23,392.23		(2,325.17)

Depreciation and Amortization
(Including Information on Listed Property)**2009**Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Attachment
Sequence No **67**

Name(s) shown on return

KURT WARNER FIRST THINGS FIRST FOUNDATION

Identifying number

43-1921463

Business or activity to which this form relates

GENERAL DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,159.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	1,159.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?				Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25			
26 Property used more than 50% in a qualified business use											
		%									
		%									
		%									
27 Property used 50% or less in a qualified business use											
		%				S/L -					
		%				S/L -					
		%				S/L -					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29			

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions).					
43 Amortization of costs that began before your 2009 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

GENERAL DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
COMP EQUIP & FAX	04/11/2001	4,467	100.000			4,467.	4,467	4,467	SL		5.000				-
OFFICE FURNITURE	04/21/2001	3,743.	100.000			3,743.	3,743	3,743	SL		5.000				
DESK FOR VOLUNTEER	01/14/2002	130.	100.000			130.	130	130.	SL		5.000				
SHELVING	10/25/2002	109.	100.000			109.	109.	109.	SL		5.000				
FURNITURE	10/25/2002	2,678	100.000			2,678	2,678	2,678.	SL		5.000				
WALL CALENDAR	11/26/2002	384	100.000			384	384	384	SL		5.000				
DIGITAL CAMERA	12/07/2004	530	100.000			530	433	530	SL		5.000				97
LAPTOP COMPUTER	05/11/2007	2,439.	100.000			2,439	813	1,301	SL		5.000				488
EXTERNAL HARD DRV	05/11/2007	354.	100.000			354	118.	189	SL		5.000				71
PRINTER	06/01/2007	349	100.000			349	111	181	SL		5.000				70
LAPTOP COMPUTER	03/18/2008	2,061	100.000			2,061	309	721	SL		5.000				412
PRINTER	03/18/2008	107	100.000			107	16	37	SL		5.000				21
Less Retired Assets															
Subtotals		17,351.				17,351	13,311	14,470							1,159

[illegible][illegible]

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FEDERAL FOOTNOTES

PART III - STATEMENT ABOUT ACTIVITIES - QUESTION 3 THE ORGANIZATION ACCEPTS APPLICATIONS FROM STUDENT GROUPS TO BE CONSIDERED FOR THE KURT WARNER FIRST THINGS FIRST FOUNDATION MISSION POSSIBLE SCHOLARSHIP PROGRAM. EACH ORGANIZATION OF HIGH SCHOOL OR COLLEGE AGE GROUP (14-22 YEARS OLD) RECEIVES AN AMOUNT (BETWEEN \$500 AND \$7,800) TO PARTICIPATE IN MISSION TRIPS TO BENEFIT ORGANIZATIONS SERVING COMMUNITIES ACCROSS THE UNITED STATES. SERVICE BASED MISSION TRIPS ENLIGHTEN PARTICIPANTS TO THE WORK OF JESUS AND STRENGTHEN THEIR FAITH WHILE MAKING A POSITIVE IMPACT ON THE COMMUNITIES SERVED. THE AMOUNT IS PAID TO THE STUDENT ORGANIZATION THAT IS AWARDED THE SCHOLARSHIP. THE APPLICATIONS ARE REVIEWED BY THE SCHOLARSHIP COMMITTEE (CONSISTING OF KURT WARNER, BRENDA WARNER AND MARCI MORAN) AND THE SCHOLARSHIP RECIPIENTS ARE SELECTED BASED UPON THEIR MEETING THE ABOVE REQUIREMENTS.

FEDERAL FOOTNOTES

PART V - OFFICERS AND DIRECTORS (C) - COMPENSATION MARCI MORAN RECEIVES COMPENSATION AS EXECUTIVE DIRECTOR OF THE KURT WARNER FIRST THINGS FIRST FOUNDATION. THE COMPENSATION IS PAID BY KURT WARNER, PERSONALLY. MARCI MORAN PERFORMS SERVICES FOR KURT AND BRENDA WARNER'S APPEARANCE AND PROMOTION BUSINESS IN ADDITION TO PERFORMING SERVICES AS EXECUTIVE DIRECTOR OF THE KURT WARNER FIRST THINGS FIRST FOUNDATION. TO AVOID ANY POSSIBILITY OF THE FOUNDATION PAYING MARCI MORAN FOR SERVICES RENDERED FOR KURT AND BRENDA WARNER'S APPEARANCE AND PROMOTION BUSINESS, MARCI'S COMPENSATION AND BENEFITS (HEALTH INSURANCE AND RETIREMENT PLAN) ARE PAID BY KURT WARNER'S APPEARANCE AND PROMOTION BUSINESS. THE PORTION OF MARCI MORAN'S COMPENSATION REELATED TO SERVICES PERFORMED FOR THE FOUNDATION ARE NOT DEDUCTED ON KURT WARNER'S INDIVIDUAL INCOME TAX RETURN OR ON ANY TAX RETURN.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

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

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

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization KURT WARNER FIRST THINGS FIRST FOUNDATION	Employer identification number 43-1921463
	Number, street, and room or suite no. If a P.O. box, see instructions ONE N. FIRST STREET, SUITE 730	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions PHOENIX, AZ 85004-2357	

Check type of return to be filed (file a separate application for each return):

- | | |
|--|---|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A |

INTL ☐ Form 4720
☐ Form 5227
☐ Form 6069
☐ Form 8870 2010

- The books are in the care of ▶ MARCI MORAN

Telephone No ▶ 602 385-0840

FAX No ▶ 602 385-0841

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2010 to file the exempt organization return for the organization named above. The extension is for the organization's return for.

- ▶ ☒ calendar year 2009 or
 ▶ ☐ tax year beginning _____, _____, and ending _____, _____

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

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

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)