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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

2010**Open to Public
Inspection****A** For the **2010** calendar year, or tax year beginning , **2010**, 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

C Name of organization**KURT WARNER FIRST THINGS FIRST FOUNDATION**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

ONE N. FIRST STREET, SUITE 730

City or town, state or country, and ZIP + 4

PHOENIX, AZ 85004-2357**F** Name and address of principal officer**D** Employer identification number**43-1921463****E** Telephone number**(602) 385-0840****G** Gross receipts \$ **853,361.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.KURTWARNER.ORG****H(c)** Group exemption number ▶**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **2001** **M** State of legal domicile **AZ****Part I Summary****1** Briefly describe the organization's mission or most significant activities
SEE PART III - LINE 1 FOR ORGANIZATION'S MISSION**2** Check this box ☐ 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** **1.****5** Total number of individuals employed in calendar year 2010 (Part V, line 2a) **5** **3.****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****8** Contributions and grants (Part VIII, line 1h) **Prior Year** **Current Year****9** Program service revenue (Part VIII, line 2g) **619,324.** **551,910.****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) **141,460.** **15,837.****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) **15,957.** **8,341.****12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) **68,093.** **-669.****13** Grants and similar amounts paid (Part IX, column (A), lines 1-3) **844,834.** **575,419.****14** Benefits paid to or for members (Part IX, column (A), line 4) **566,951.** **264,147.****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.** **80,806.****b** Total fundraising expenses (Part IX, column (D), line 25) ▶ **0.** **0.****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) **18,187.****18** Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) **179,467.** **134,516.****19** Revenue less expenses Subtract line 18 from line 12 **746,418.** **479,469.****20** Total assets (Part X, line 16) **98,416.** **95,950.****21** Total liabilities (Part X, line 26) **Beginning of Current Year** **End of Year****22** Net assets or fund balances Subtract line 21 from line 20. **1,395,817.** **1,491,767.****Part II Signature Block**

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

**Sign
Here**

Signature of officer

Date

Type or print name and title

KURTIS E. WARNER, President**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check if
self-
employed ▶ ☒

PTIN

MARK GOLDSTICK**9/14/11****P00169852**Firm's name ▶ **GOLDSTICK TAX SERVICE, L.L.C.**Firm's EIN ▶ **36-4480763**Firm's address ▶ **325 N. LASALLE #650 CHICAGO, IL 60654**Phone no **312-664-7700**May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X**1 Briefly describe the organization's mission
ATTACHMENT 12 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 \$ 48,580. including grants of \$ 48,570.) (Revenue \$ 1,340.)

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
2010, THE FOUNDATION AWARDED 45 MISSION: POSSIBLE! SCHOLARSHIPS
RANGING FROM \$750 TO \$4,000 PER ORGANIZATION.

4b (Code:) (Expenses \$ 66,673. including grants of \$) (Revenue \$ 645.)

DISNEY WORLD PROGRAM - THE FOUNDATION TEAMED WITH DISNEY WORLD AND
FOR THOSE WITHOUT A VOICE IN PARTNERSHIP WITH WISH GRANTING
ORGANIZATIONS TO TREAT CHILDREN FROM ARIZONA, ST. LOUIS AND IOWA
WITH LIFE-THREATENING ILLNESSES AND THEIR FAMILIES TO THE MAGICAL
WORLD OF MICKEY, DONALD AND GOOFY IN ORLANDO, FLORIDA FOR A
WEEKLONG VACATION. THE WEEK IS DIRECTED BY THE WARNER FAMILY
(KURT, BRENDA AND THEIR SEVEN CHILDREN).

4c (Code:) (Expenses \$ 44,529. including grants of \$ 33,724.) (Revenue \$ 379.)

ATTACHMENT 24d Other program services (Describe in Schedule O) **ATTACHMENT 3**
(Expenses \$ 192,063. including grants of \$ 181,853.) (Revenue \$ 19,046.)

4e Total program service expenses ► 351,845.

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? (see instructions)	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	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	
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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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	X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? 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
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	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, Parts I and IV	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	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, 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 (see instructions)	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? 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
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

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>	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	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 line 25.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	X
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>	25b	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>	26	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>	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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c 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? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	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>	32	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>	33	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>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 0		
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 3		
b 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)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 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
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	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 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 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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		
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?	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.	13b		
c Enter the amount of reserves on hand.	13c		
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		

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

Check if Schedule O contains a response to any question in this Part VI ☒ X

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		
1b 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?	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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?		
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		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?		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?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
b 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		X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		
b Other officers or key employees of the organization		
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?		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?		

Section C. Disclosure

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

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 VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KURT WARNER PRESIDENT/DIRECTOR		X		X				0.	0.	
(2) BRENDA WARNER VICE PRES/DIRECTOR		X		X				0.	0.	
(3) MARCI PRITTS SECY/TREAS	40.00	X		X				37,917.	0.	
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										

1b Sub-total	37,917	0	
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	37,917	0	

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

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

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

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

Part VIII Statement of Revenue

				(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	370,802.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	181,108.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		551,910.			
Program Service Revenue	2a	WARNERS WARM UP	Business Code				
	b	HOME FOR THE HOLIDAYS (WITH HABITAT FOR		8,696.	8,696.		
	c	MISSION POSSIBLE SCHOLARSHIP PROGRAM		80.	80.		
	d	WARNERS CORNER		1,340.	1,340.		
	e	FUNDAMENTALS TICKET PROGRAM		3,701.	3,701.		
	f	All other program service revenue		25.	25.		
	g	Total. Add lines 2a-2f		1,995.	1,995.		
	g	Total. Add lines 2a-2f		15,837.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 4		21,453.	21,453.		
	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.			
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory		184,566.			
	b	Less cost or other basis and sales expenses		197,678.			
	c	Gain or (loss)		-13,112.			
	d	Net gain or (loss)		-13,112.			
	8a	Gross income from fundraising events (not including \$ <u>48,367.</u> of contributions reported on line 1c) See Part IV, line 18	ATCH 5				
	b	Less direct expenses		48,367.			
	c	Net income or (loss) from fundraising events	ATCH. 6.		-7,945.		
	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		29,177.				
b	Less cost of goods sold		23,952.				
c	Net income or (loss) from sales of inventory. ATCH. 7.		5,225.				
Miscellaneous Revenue			Business Code				
11a	CORPORATE PARTNER FUNDRAISING		2,001.	2,001.			
b	E-BAY AUCTION PROCEEDS		50.	50.			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		2,051.				
12	Total revenue. See instructions		575,419.	39,341.			

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 . . .	246,341.	246,341.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	17,806.	17,806.		
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	37,917.		37,917.	
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	30,625.		30,625.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	2,056.		2,056.	
9 Other employee benefits	4,965.		4,965.	
10 Payroll taxes	5,243.		5,243.	
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	6,595.		6,595.	
g Other	0.			
12 Advertising and promotion	0.			
13 Office expenses	1,145.		1,145.	
14 Information technology	6,427.		454.	5,973.
15 Royalties	0.			
16 Occupancy	1,363.		1,363.	
17 Travel	1,323.			1,323.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	260.		260.	
21 Payments to affiliates ATCH 8	9,767.		9,767.	
22 Depreciation, depletion, and amortization	1,107.		1,107.	
23 Insurance ATCH 10	5,432.		5,432.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a BANK & CREDIT CARD CHARGES	3,816.		371.	3,445.
b HOLIDAY GIVING PROGRAM	10,806.	10,806.		
c FAMILY GRIEVANCE SUPPORT PRO	896.	896.		
d DISNEY WORLD PROGRAM	66,673.	66,673.		
e WARNERS WARM UP PROGRAM	2,754.	2,754.		
f All other expenses	16,152.	6,569.	2,137.	7,446.
25 Total functional expenses. Add lines 1 through 24f	479,469.	351,845.	109,437.	18,187.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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	114,406.	1	69,612.
	2 Savings and temporary cash investments	302,078.	2	342,646.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	5,876.	8	5,531.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 17,800.		
	b Less: accumulated depreciation	10b 15,577.		
		2,880.	10c	2,223.
	11 Investments - publicly traded securities	970,577.	11	1,071,755.
	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		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,395,817.	16	1,491,767.	
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		25	
	26 Total liabilities. Add lines 17 through 25		26	
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	1,395,817.	27	1,491,767.
	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	1,395,817.	33	1,491,767.
	34 Total liabilities and net assets/fund balances	1,395,817.	34	1,491,767.

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	575,419.
2	Total expenses (must equal Part IX, column (A), line 25)	2	479,469.
3	Revenue less expenses Subtract line 2 from line 1	3	95,950.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,395,817.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,491,767.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

		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
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	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 separate basis, consolidated 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
3b	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** (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

KURT WARNER FIRST THINGS FIRST FOUNDATION

Employer identification number

43-1921463

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 - 2009. 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) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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	
	292,567.	299,035.	456,794.	619,324.	551,910	2,219,630.
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	7,799.	5,101.	5,769.	6,911.	29,177.	54,757.
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	300,366.	304,136.	462,563.	626,235.	581,087.	2,274,387.
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	117,695.	246,000.	126,000.	130,000.	40,000	659,695.
c Add lines 7a and 7b.	117,695.	246,000.	126,000.	130,000.	40,000.	659,695.
8 Public support. (Subtract line 7c from line 6)						1,614,692.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6.	300,366.	304,136.	462,563.	626,235.	581,087.	2,274,387.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	49,432.	49,432.	27,868.	19,026.	21,453.	167,211.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	49,432.	49,432.	27,868.	19,026.	21,453.	167,211.
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)	349,798.	353,568.	490,431.	645,261.	602,540.	2,441,598.
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 2010 (line 8, column (f) divided by line 13, column (f)).	15	66.13%
16 Public support percentage from 2009 Schedule A, Part III, line 15.	16	62.88%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).	17	6.85%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	9.28%

- 19a 33 1/3% support tests - 2010.** 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 - 2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information (See instructions).

ATTACHMENT 1

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 2

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 3

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 4

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		130,000.	
TOTAL		<u>130,000.</u>	

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 5SCHEDULE A, PART III - ORGANIZATIONS RECEIVING ANY UNUSUAL GRANTS FOR 2010

<u>NAME OF CONTRIBUTOR</u>	<u>DATE</u>	<u>AMOUNT</u>	<u>EXPLANATION</u>
KURT & BRENDA WARRNER	10/12/2010	40,000.	FUND ONGOING PROGRAMS
TOTAL		<u>40,000.</u>	

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, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

KURT WARNER FIRST THINGS FIRST FOUNDATION

Employer identification number

43-1921463

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

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

9 In Part XIV, 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 XIV, 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 ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

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

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

Schedule D (Form 990) 2010

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations ☐ Yes ☐ No
 3a(i) ☐ ☐

(ii) related organizations ☐ Yes ☐ No
 3a(ii) ☐ ☐

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No
 3b ☐ ☐

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)). ☐

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

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

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	

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			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	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.			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV Supplemental Information *(continued)*

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**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 ▶ See separate instructions

OMB No 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

KURT WARNER FIRST THINGS FIRST FOUNDATION

Employer identification number

43-1921463

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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AZ, IA, MO,

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		GOLF CLASSIC (event type)	ULTIMATE FB EX (event type)	2. (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	97,382.	244,871.	68,303.	410,556.
	2 Less. Charitable contributions				
	3 Gross income (line 1 minus line 2).	97,382.	244,871.	68,303.	410,556.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		12,405.		12,405.
	6 Rent/facility costs	10,648.			10,648.
	7 Food and beverages		7,160.		7,160.
	8 Entertainment				
	9 Other direct expenses	3,807.	14,223.	4,934.	22,964.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(53,177.)
11 Net income summary. Combine line 3, column (d), and line 10				357,379.	

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.

		(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				

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? ☐ Yes ☐ No

b If "No," explain. _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 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? ☐ 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? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- 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 ▶ _____

☐ 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
- 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 ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**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

2010

**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

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

Part II Grants and Other Assistance to 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. Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	HABITAT FOR HUMANITY INTERNATIONAL (CEDAR V 725 N CENTER POINT ROAD HIAWATHA, IA 52233			100,000.				REBUILD OF CEDAR RAP
(2)	ST JOSEPH FOUNDATION 3110 N CENTRAL AVE SUITE 135			50,000.				WARNER'S CORNER - CR
(3)	SUNSHINE ACRES CHILDREN'S HOME 3405 N HIGLEY RD MESA, AZ 85215				10,342.			82 STOCKINGS WITH \$5
(4)	MISSION OF HOPE 1537 1ST AVENUE SE CEDAR RAPIDS, IA 52402				5,188.			\$3,500 TO UNDERWRITE
(5)	VARIOUS 501(C)(3) ORGANIZATIONS				6,950			COATS DISTRIBUTED BY
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2010)

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. Part III can be duplicated 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
1	4 UNIVERSITY OF PHOENIX STUDENTS			5,512.		
2	CITY OF GRACE CHURCH			300.		
3	VARIOUS INDIVIDUALS			11,994.		
4						
5						
6						
7						

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

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.
Part III can be duplicated 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
1						
2						
3						
4						
5						
6						
7						

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

MONITORED BY THE BASKET OF HOPE NATIONAL ORGANIZATION.

SCHEDULE O
(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.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

KURT WARNER FIRST THINGS FIRST FOUNDATION

Employer identification number

43-1921463

RELATED OFFICERS, DIRECTORS

PART VI - SECTION A - QUESTION 2

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

OTHER PROGRAM SERVICES

PART III LINE 4D - OTHER PROGRAM SERVICES

HOME FOR THE HOLIDAYS

FIRST THINGS FIRST FOUNDATION, TOGETHER WITH AARON'S FURNITURE, U-HAUL
AND OTHER CORPORATE TEAMMATES REWARDS SINGLE MOTHERS OR FATHERS WHO DREAM
OF HOMEOWNERSHIP, MAKE SACRIFICES FOR YEARS TO SAVE FUNDS FOR FUTURE
HOMEOWNERSHIP AND DEVOTE HOURS OF TAKING FINANCE CLASSES AND SOMETIMES
HELP TO BUILD THERE OWN HOME FROM THE GROUND UP WITH TURNING A HOUSE INTO
A HOME WITH NEW FURNISHINGS AS A SURPRISE FOR THESE FIRST-TIME
HOMEOWNERS.

CHEER (CONSCIOUSNESS HELPS ENCOURAGE EQUAL RESPECT) IS A SCHOOL BASED
PROGRAM DESIGNED TO ENCOURAGE INCLUSION AND OPEN THE EYES OF STUDENTS TO
SEE THEIR FELLOW SPECIAL EDUCATION PEERS AS MORE THAN THEIR DISABILITY.
THE WEEK LONG PROGRAM INVITES STUDENT VOLUNTEERS (CHEER LEADERS) TO ADOPT
A DISABILITY FOR A DAY SUCH AS USING A WHEELCHAIR OR WEARING VISUAL
IMPAIRMENT GOGGLES. THE PARTICIPATING SCHOOLS ALSO ORGANIZE EVENTS AND
OFFER INFORMATION THROUGHOUT THE WEEK TO HELP RAISE AWARENESS ABOUT THOSE

Name of the organization

KURT WARNER FIRST THINGS FIRST FOUNDATION

Employer identification number

43-1921463

LIVING WITH DISABILITIES.

WARNERS' WARM-UP IS A PROGRAM HELD ANNUALLY FROM NOVEMBER 1-14 TO COLLECT WINTER COATS IN GREATER ST. LOUIS IN PARTNERSHIP WITH OPERATION FOOD SEARCH, LOCAL POLICE DEPARTMENTS, FEDEX OFFICE, LOOKAFTER HAIR COMPANY, A-MRAZED MOVING SYSTEMS, BI-STATE CREDIT UNIONS, WALGREENS AND LOCAL ST. LOUIS MEDIA. ST. LOUISANS SRE ENCOURAGED TO DONAT NEW OR GENTLY-USED WINTER COATS AT DROP OFF LOCATIONS THROUGHOUT THE ST. LOUIS REGION. OPERATION FOOD SEARCH DISTRIBUTES THE COATS TO THOSE WHO NEED THEM MOST VIA LOCAL HOMELESS SHELTERS, SCHOOLS AND SOCIAL SERVICE CENTERS.

OFFICER/DIRECTOR COMPENSATION

PART VII

THE PAYROLL FOR MARCI PRITTS (AND TWO OTHER FOUNDATION EMPLOYEES), OFFICER AND DIRECTOR OF THE KURT WARNER FIRST THINGS FIRST FOUNDATION, WAS PAID BY KURT WARNER PERSONALLY PRIOR TO JUNE 1, 2011. ONLY THE PAYROLL WHICH WAS RELATED TO APPEARANCES/ENDORSEMENTS WAS DEDUCTED BY KURT WARNER ON HIS INDIVIDUAL INCOME TAX RETURN. EFFECTIVE MAY 1, 2011 THE FOUNDATION BECAME RESPONSIBLE FOR THE PAYROLL OF MARCI PRITTS AND TWO ADDITIONAL FOUNDATION EMPLOYEES. THE PAYROLL FOR THE MONTH OF MAY 2011 WAS PAID BY KURT WARNER PERSONALLY AND HE WAS REIMBURSED FOR THE MAY 2011 PAYROLL RELATING TO FOUNDATION SERVICES. ANY SERVICES RENDERED BY MARCI PRITTS OR THE OTHER EMPLOYEES THAT RELATE TO KURT OR BRENDA WARNER'S ENDORSEMENTS/APPEARANCES OR OTHER PERSONAL MATTERS IS REIMBURSED TO THE FOUNDATION BY KURT AND BRENDA WARNER PERSONALLY ON A MONTHLY BASIS. THE METHOD FOR CALCULATION IS BASED UPON THE NUMBER HOURS OF SERVICES

Name of the organization

KURT WARNER FIRST THINGS FIRST FOUNDATION

Employer identification number

43-1921463

PERFORMED FOR KURT/BRENDA WARNER DIVIDED BY THE TOTAL NUMBER OF HOURS OF SERVICES PERFORMED IN A MONTH. THE REIMBURSEMENT CONTAINS PAYMENT FOR PAYROLL, PAYROLL TAXES AND HEALTH INSURANCE PAID BY THE FOUNDATION. THE ANNUAL COMPENSATION FOR MARCI PRITTS IS CURRENTLY (DURING 2010) \$65,000.

ATTACHMENT 1FORM 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, REWARD SINGLE PARENTS FOR ACHIEVING THE DREAM OF HOMEOWNERSHIP, ENCOURAGE INCLUSION IN SCHOOL FOR SPECIAL EDUCATION STUDENTS, AND PROMOTE CHRISTIAN VALUES. ALL PROJECTS ARE CENTERED ON THE THEME OF PUTTING FAITH AND FAMILY FIRST AND TO IMPROVE THE LIVES OF FAMILIES. THESE PROGRAMS PRIMARILY OCCUR IN GREATER PHOENIX, THE STATE OF IOWA AND GREATER ST. LOUIS.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4C

HOLIDAY OUTREACH PROGRAM - THE #1 GOAL OF THE FIRST THINGS FIRST FOUNDATION IS SHARING BLESSINGS WITH OTHERS.

THANKSGIVING PROGRAM

Name of the organization

KURT WARNER FIRST THINGS FIRST FOUNDATION

Employer identification number

43-1921463

ATTACHMENT 2 (CONT'D)

IN NOVEMBER, FOR THANKSGIVING, THE WARNERS (KURT, BRENDA AND THEIR SEVEN CHILDREN) JOIN THE ARIZONA CARDINALS TO SERVE THANKSGIVING DINNER TO MEN, WOMEN AND CHILDREN OF THE PHOENIX RESCUE MISSION IN ADDITION TO PROVIDING FOOD BOXES & BIBLES FOR FAMILIES IN NEXT STEP HOUSING, \$1,000 TO THE SALVATION ARMY FOR THEIR BIG GUY TURKEY DRIVE (PHOENIX), TURKEYS AND BIBLES TO OPERATION FOOD SEARCH (ST LOUIS) AND \$3,825 (TO UNDERWRITE 940 FROZEN AND HOT MEALS DELIVERED ON THE DAY BEFORE THANKSGIVING) AND BIBLES TO WELSEY LIFE MEALS ON WHEELS (IOWA)

CHRISTMAS AND CHRISTMAS ADOPTION PROGRAM

THE WARNER FAMILY PERSONALLY DELIVERS GIFTS TO A CHILDREN'S CENTER ON CHRISTMAS DAY TO SHARE IN THE JOYS OF THE SEASON. FIRST THINGS FIRST ALSO CONTRIBUTED CHRISTMAS STOCKINGS (WITH BORDERS, OLD NAVY AND WALMART GIFT CARDS, CANDY, SOCKS, SUNGLASSES, CARD GAME, HAIR ACCESSORIES AND A WORKBOOK/COLORING BOOK TO SUNSHINE ACRES CHILDREN'S HOME (ARIZONA) AND COVENANT HOUSE CRISIS SHELTER (ST. LOUIS), \$300 OLD NAVY GIFT CARDS TO A SINGLE MOM WITH 6 CHILDREN

Name of the organization

KURT WARNER FIRST THINGS FIRST FOUNDATION

Employer identification number

43-1921463

ATTACHMENT 2 (CONT'D)

THROUGH THE CITY OF GRACE CHURCH (ARIZONA), A BIG SCREEN TV TO
 COVANANT HOUSE CRISIS SHELTER (ST. LOUIS) AND 200 FOOD BOXES, 58
 NEW COLUMBIA COATS AND NEW YEARS BOOKS TO MISSION OF HOPE (CEDAR
 RAPIDS, IOWA).

ATTACHMENT 3FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
WARNERS WARM UP PROGRAM	6,950.	9,704.	8,696.
SPECIAL OLYMPICS PROGRAM			25.
HOMES FOR THE HOLIDAYS PROGRAM (ST LOUIS)	3,102.	3,620.	2,749.
HOMES FOR THE HOLIDAYS PROGRAM (ARIZONA)	8,892.	9,241.	2,904.
TEAM F.U.N. PROGRAM (N.J., IOWA & ARIZONA)		4,014.	50.
CHILDRENS HOSPITAL OUTREACH PROGRAM (BSKT OF		291.	886.
MISCELLANEOUS MERCHANDISE DONATIONS	1,856.	1,856.	
CHEER		744.	10.
TICKET PROGRAM			25.
LITTLE ANGELS PROGRAM		896.	
FLOOD RELIEF PROJECT (HABITAT FOR HUMANITY)	100,000.	100,280.	
WARNER'S CORNER			3,701.
CHILDREN'S HOSPITAL FUN ZONE (ST JOSEPH HOSP	50,000.	50,000.	
UNIVERSITY OF PHOENIX LAPTOP PROGRAM	5,512.	5,531.	
BIBLE GIVEAWAY		345.	
BASKET OF HOPE CHALLENGE GRANT	5,000.	5,000.	
SUNSHINE ACRES VALLEY YOUTH	541.	541.	
CYSTIC FIBROSIS FOUNDATION			

Name of the organization

KURT WARNER FIRST THINGS FIRST FOUNDATION

Employer identification number

43-1921463

ATTACHMENT 3 (CONT'D)

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
HACIENDA HEALTHCARE			
M.A.D. MINISTRIES			
TOTALS	<u>181,853.</u>	<u>192,063.</u>	<u>19,046.</u>

ATTACHMENT 4FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>(A) TOTAL REVENUE</u>	<u>(B) RELATED OR EXEMPT REVENUE</u>	<u>(C) UNRELATED BUSINESS REV.</u>	<u>(D) EXCLUDED REVENUE</u>
INTEREST INCOME - NATL CITY INVESTMEN	12,721.	12,721.		
DIVIDEND INCOME - NATL CITY INVESTMEN	8,164.	8,164.		
INTEREST INCOME - WASHINGTON MUTUAL C	568.	568.		
TOTALS	<u>21,453.</u>	<u>21,453.</u>		

ATTACHMENT 5FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
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Name of the organization

KURT WARNER FIRST THINGS FIRST FOUNDATION

Employer identification number

43-1921463

ATTACHMENT 6

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
GOLF CLASSIC - ST LOUIS, MO	8,268.	16,185.	-7,917.
UFE EVENT - PHOENIX, AZ	14,391.	33,788.	-19,397.
NIGHT WITH CHAMPIONS	12,159.	1,405.	10,754.
THIRD PARTY-FUND RAISERS	13,549.	0.	13,549.
RATTLERS PROMOTION		0.	0.
BARNSTORMERS LUNCHEON		4,934.	-4,934.
TOTALS	<u>48,367.</u>	<u>56,312.</u>	<u>-7,945.</u>

ATTACHMENT 7

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

GROSS SALES LESS RETURNS AND ALLOWANCES	29,177.
INVENTORY AT BEGINNING OF YEAR	5,876.
PURCHASES	17,847.
SALARIES AND WAGES	
OTHER COSTS	5,760.
SUBTOTAL	<u>29,483.</u>
MINUS ENDING INVENTORY	5,531.
COST OF GOODS SOLD	<u>23,952.</u>

Name of the organization

KURT WARNER FIRST THINGS FIRST FOUNDATION

Employer identification number

43-1921463

ATTACHMENT 8FORM 990, PART IX - PAYMENTS TO AFFILIATES

DESCRIPTION	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT FUNDRAISING AND GENERAL EXPENSES	(D)
SALARY REIMBURSEMENT TO KURT WARNER	9,767.		9,767.	
TOTALS	<u>9,767.</u>		<u>9,767.</u>	

ATTACHMENT 9FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
CASH	47,221.	COST
CORPORATE EQUITIES	675,248.	COST
CORPORATE BONDS	349,258.	COST
TAXABLE BOND INT PURCHASED	0.	COST
FOREIGN TAX WITHHELD	28.	COST
TOTALS	<u>1,071,755.</u>	

2010

ATTACHMENT 10

[illegible][illegible]

*Assets Retired
JSA
0X9024 1 000

SCHEDULE D
(Form 1041)Department of the Treasury
Internal Revenue Service**Capital Gains and Losses**► **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).**

OMB No 1545-0092

2010

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 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	1,435.
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 2009 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	1,435.

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 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	-14,547.
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 2009 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	-14,547.

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

Schedule D (Form 1041) 2010

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

		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)	13		1,435.
14	Net long-term gain or (loss):			
a	Total for year	14a		-14,547.
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		-13,112.

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 2010 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 2010 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) 2010

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.

2010

Name of estate or trust

Employer identification number

KURT WARNER FIRST THINGS FIRST FOUNDATION

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	1,435.
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For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2010

Employer identification number

[illegible]

6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b	-14,547.
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KURT WARNER FIRST THINGS FIRST FOUNDATION**43-1921463****CAPITAL GAINS & LOSSES****NATIONAL CITY BANK OF THE MIDWEST ACCT #21757218379025****YEAR ENDED DECEMBER 31, 2010**

Face Value # of shares		Date Purchased	Cost	Date Sold	Sales Price	Short Term Gain (Loss)	Long Term Gain (Loss)
STOCKS							
8	Attofagasta PLC	08/16/2010	253.36	11/10/2010	360.18	106.82	
26	BAE Systems PLC	08/16/2010	496.60	10/12/2010	579.49	82.89	
37	BAE Systems PLC	08/16/2010	706.70	10/20/2010	814.73	108.03	
98 rts	Bank of China	08/19/2010	0.00	12/13/2010	49.23	49.23	
22	BHP Billiton	08/16/2010	1,581.14	11/10/2010	1,973.67	392.53	
52	Changyou.com	08/16/2010	1,411.80	11/26/2010	1,574.46	162.66	
39	Eldorado Gold Corp	08/19/2010	697.32	11/15/2010	675.89	(21.43)	
11	HSBC Holdings PLC	08/16/2010	562.21	09/24/2010	580.95	18.74	
79	Net Servicos D Com	08/16/2010	1,014.36	10/15/2010	1,087.37	73.01	
24	Petroleo Brasileiro SA	08/16/2010	867.35	11/02/2010	828.30	(39.05)	
2	Potash Corp	08/16/2010	224.56	08/17/2010	279.20	54.64	
34	Sterlite Industries	08/16/2010	458.32	11/26/2010	483.28	24.96	
26	Ultrapar Participac	08/16/2010	1,413.62	11/24/2010	1,569.21	155.59	
			9,687.34		10,855.96	1,168.62	0.00

KURT WARNER FIRST THINGS FIRST FOUNDATION
43-1921463
CAPITAL GAINS & LOSSES
NATIONAL CITY BANK OF THE MIDWEST ACCT #21750798379025
YEAR ENDED DECEMBER 31, 2010

Face Value		Date		Date	Sales	Short Term	Long Term
# of shares		Purchased	Cost	Sold	Price	Gain (Loss)	Gain (Loss)
STOCKS							
60	Danaher Corp	07/18/2003	1,033.09	06/15/2010	2,410.76		1,377.67
60	Danaher Corp	04/01/2005	1,609.20	06/15/2010	2,410.76		801.56
60	Danaher Corp	03/02/2007	2,130.26	06/15/2010	2,410.76		280.50
40	Danaher Corp	05/03/2007	1,460.80	06/15/2010	1,607.17		146.37
20	Danaher Corp	02/25/2008	753.83	06/15/2010	803.59		49.76
260	Danaher Corp	08/18/2008	10,925.20	06/15/2010	10,446.62		(478.58)
90	EBay Inc	06/13/2005	3,349.88	06/15/2010	1,986.27		(1,363.61)
100	EBay Inc	06/20/2005	3,677.20	06/15/2010	2,206.96		(1,470.24)
80	EBay Inc	09/15/2005	3,022.57	06/15/2010	1,765.57		(1,257.00)
250	EBay Inc	08/18/2008	6,469.00	06/15/2010	5,517.40		(951.60)
70	Ensco Intl Inc	04/30/2007	4,057.28	04/21/2010	3,385.84		(671.44)
60	Ensco Intl Inc	05/03/2007	3,471.62	04/21/2010	2,902.15		(569.47)
70	Ensco Intl Inc	08/24/2007	4,020.78	04/21/2010	3,385.84		(634.94)
170	Ensco Intl Inc	08/18/2008	11,124.80	04/21/2010	8,222.76		(2,902.04)
70	Esterline Technologies Corp	04/25/2006	3,091.98	06/15/2010	3,556.69		464.71
70	Esterline Technologies Corp	08/18/2008	3,749.20	06/15/2010	3,556.69		(192.52)
150	Fastenal Co	06/15/2009	5,009.76	06/15/2010	7,847.86		2,838.10
170	Goodrich Corp	10/28/2008	5,511.62	06/15/2010	11,834.40		6,322.78
20	Goodrich Corp	10/31/2008	737.39	06/15/2010	1,392.28		654.89
100	Ingersoll-Rand	05/05/2004	3,298.00	06/15/2010	3,886.93		588.93
40	Ingersoll-Rand	04/01/2005	1,620.09	06/15/2010	1,554.77		(65.32)
50	Ingersoll-Rand	12/16/2005	1,034.25	06/15/2010	1,943.47		909.22
30	Ingersoll-Rand	12/16/2005	620.55	06/15/2010	1,166.08		545.53
110	Ingersoll-Rand	08/18/2008	5,985.00	06/15/2010	4,275.63		(1,709.37)
25	Johnson & Johnson	01/03/2003	1,420.25	07/16/2010	1,498.72		78.47
25	Johnson & Johnson	07/18/2003	1,300.48	07/16/2010	1,498.72		198.24
30	Johnson & Johnson	06/12/2006	1,846.50	07/16/2010	1,798.47		(48.03)
60	Johnson & Johnson	03/27/2008	3,890.10	07/16/2010	3,596.94		(293.16)
130	Johnson & Johnson	08/18/2008	9,257.27	07/16/2010	7,793.37		(1,463.90)
30	L-3 Communications	02/11/2005	2,220.14	06/15/2010	2,433.76		213.62
120	L-3 Communications	08/18/2008	12,732.00	06/15/2010	9,735.04		(2,996.96)
75	Legg Mason Inc	10/10/2006	7,870.94	06/15/2010	2,393.76		(5,477.18)
20	Legg Mason Inc	06/04/2007	2,006.28	06/15/2010	638.34		(1,367.94)
60	Legg Mason Inc	01/17/2008	4,154.96	06/15/2010	1,915.01		(2,239.95)
140	Legg Mason Inc	08/18/2008	5,905.20	06/15/2010	4,468.36		(1,436.84)
50	Legg Mason Inc	10/31/2008	1,020.76	06/15/2010	1,595.84		575.08
200	Merck & Co Inc	06/15/2010	7,038.00	07/16/2010	7,303.87	265.87	
140	Norfolk Southern	03/20/2009	4,355.40	06/15/2010	7,980.46		3,625.06
20	Pfizer Inc (formerly Pharmacia)	01/03/2003	620.29	07/16/2010	296.39		(323.89)
50	Pfizer Inc	05/05/2004	1,827.50	07/16/2010	740.99		(1,086.51)
70	Pfizer Inc	03/28/2005	1,849.81	07/16/2010	1,037.38		(812.43)
120	Pfizer Inc	03/27/2008	2,491.80	07/16/2010	1,778.37		(713.43)
240	Pfizer Inc	08/18/2008	4,774.99	07/16/2010	3,556.74		(1,218.25)
70	Precision Castparts Corp	01/26/2009	4,489.28	06/15/2010	7,762.86		3,273.58
170	Shaw Group Inc	04/23/2009	4,726.77	06/15/2010	5,985.59		1,258.82
110	Terex Corp	04/01/2008	7,211.72	06/15/2010	2,268.35		(4,943.37)
100	Terex Corp	08/18/2008	5,055.00	06/15/2010	2,062.13		(2,992.87)
150	Terex Corp	04/30/2009	2,161.74	06/15/2010	3,093.20		931.46
			187,990.53		173,709.90	265.87	(14,546.50)
	Short-Term		7,038.00		7,303.87	265.87	
	Long-Term		180,952.53		166,406.03		(14,546.50)

Depreciation and Amortization

(Including Information on Listed Property)

2010

Attachment
Sequence No 67Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

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 instructions)	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 2009 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 2011 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	1,107.

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 2010	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 2010 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 2010 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	1,107.
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, 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 2010 tax year (see instructions)					
43 Amortization of costs that began before your 2010 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

GENERAL DEPRECIATION

DEPRECIATION

[illegible]

Assets Retired	USA

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

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

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

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

Part I only ☐

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	KURT WARNER FIRST THINGS FIRST FOUNDATION	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	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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

- The books are in the care of ► **MARCI MORAN**

RECEIVED
27418Telephone 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 is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► ☒ calendar year 2010 or

► ☐ tax year beginning _____, 20____, and ending _____, 20____

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

☐ Change in accounting period

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

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 Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II. Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	KURT WARNER FIRST THINGS FIRST FOUNDATION	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		

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

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ☒ **MARCI MORAN**

Telephone No

FAX No

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until

5 For calendar year , or other tax year beginning , 20 , and ending , 20

6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

8a 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	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature

Title

Date

Form 8868 (Rev 1-2011)