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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

2011**Open to Public
Inspection**

A For the 2011 calendar year, or tax year beginning , and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization First Hand Foundation
Doing Business As
Number and street (or P O box if mail is not delivered to street address) Room/suite
2800 Rockcreek Parkway
City or town, state or country, and ZIP + 4
Kansas City MO 64117

D Employer identification number
43-1725294

E Telephone number
(816) 221-1024

G Gross receipts \$ 6,790,032

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.FIRSTHANDFOUNDATION.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1995

M State of legal domicile MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities FIRST HAND STRIVES TO CHANGE CHILDREN'S LIVES AROUND THE WORLD. ONE CHILD AT A TIME. OUR MISSION TO DIRECTLY IMPACT THE HEALTH STATUS OF A YOUNG LIFE

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 Number of independent voting members of the governing body (Part VI, line 1b) 4

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 34

6 Total number of volunteers (estimate if necessary) 894

7a Total unrelated business revenue from Part VIII, column (C), line 12 0

7b Net unrelated business taxable income from Form 990-T, line 38 0

	Prior Year	Current Year
8 Contributions and grants (Part VII, line 1h)	3,883,365	4,037,597
9 Program service revenue (Part VII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	716,775	363,325
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-91,458	-72,331
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,508,682	4,328,591
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,880,686	3,365,451
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	944,439	882,769
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>166,897</u>		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	561,326	478,302
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,386,451	4,726,522
19 Revenue less expenses Subtract line 18 from line 12	1,122,231	-397,931
20 Total assets (Part X, line 16)	Beginning of Current Year 11,068,401	End of Year 10,670,470
21 Total liabilities (Part X, line 26)	0	0
22 Net assets or fund balances Subtract line 21 from line 20	11,068,401	10,670,470

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] 11/14/12
 Signature of officer Date
RANDY SIMS, SECRETARY
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name <u>Erin S. Morgan</u>	Preparer's signature <u>[Signature]</u>	Date <u>11/13/12</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00710515</u>
Firm's name <u>JMN + Associates, LLC</u>	Firm's EIN <u>57-1224592</u>			
Firm's address <u>400 Glenwood St 100 Overland Park, KS 66202</u>	Phone no <u>913-499-4920</u>			

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

(HTA) Form **990** (2011)

SCANNED DEC 13 2012

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Part III**Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

**1** Briefly describe the organization's mission:

FIRST HAND STRIVES TO CHANGE CHILDREN'S LIVES AROUND THE WORLD, ONE CHILD AT A TIME. OUR MISSION TO DIRECTLY IMPACT THE HEALTH STATUS OF A YOUNG LIFE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes



No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes



No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code) (Expenses \$ 1,846,758 including grants of \$ 1,710,501) (Revenue \$ 0.)

CASE EXPENSES PROGRAM - FIRST HAND HELPS CHILDREN WITH HEALTH RELATED NEEDS WHEN INSURANCE AND OTHER FINANCIAL RESOURCES HAVE BEEN EXHAUSTED. IN 2011, FIRST HAND CHANGED THE LIVES OF 888 CHILDREN AROUND THE WORLD BY PROVIDING FUNDING FOR TRAVEL AND LODGING RELATED TO MEDICAL CARE, BILATERAL HEARING AIDS, COCHLEAR IMPLANTS, CRANIAL HELMETS, TRANSPLANTS, SURGERIES, MEDICATIONS, THERAPIES (SPEECH, OCCUPATIONAL, HIPPO, VISION, AQUATIC, AND PHYSICAL), FORMULA, WHEELCHAIRS, ADAPTIVE EQUIPMENT, VAN LIFTS, DENTAL CARE AND GLASSES. THE AVERAGE GRANT IS \$2048.

4b (Code) (Expenses \$ 1,174,746 including grants of \$ 1,174,746) (Revenue \$ 0.)

MISSION BASED & DISASTER RELIEF GRANTS - FIRST HAND OCCASIONALLY MAKES GRANTS TO OTHER NON-PROFIT ORGANIZATIONS WHOSE WORK IS RELATED TO OUR MISSION OF IMPROVING THE HEALTH OF CHILDREN OR WHEN A NATURAL DISASTER HAS OCCURED.

4c (Code) (Expenses \$ 540,358 including grants of \$ 480,204) (Revenue \$ 339,738.)

FIRST HAND FAMILY - A DONOR ADVISED FUND (DAF) PROGRAM ALLOWING CONTRIBUTORS TO ADVISE GRANTS TO NON-PROFIT ORGANIZATIONS. THE PROGRAM ENCOURAGES PHILANTHROPY AND INDIVIDUAL GIVING.

4d Other program services (Describe in Schedule O)

(Expenses \$ 521,298 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 4,083,160

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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		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		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		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		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		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		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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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		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		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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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	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	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)		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	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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

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 73		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
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		X
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		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
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? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
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 ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
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 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made 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. (816) 221-1024

MARC G. NAUGHTON
2800 ROCKCREEK PARKWAY, KANSAS CITY, MO 64117

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) NEAL L PATTERSON PRESIDENT/DIRECTOR	1.00	X		X				0	0	0
(2) MARC G NAUGHTON VP/TREASURER/DIRECTOR	1.00	X		X				0	0	0
(3) CLIFFORD WILLIG DIRECTOR	1.00	X						0	0	0
(4) JEANNE PATTERSON CHAIRMAN OF THE BOARD	10.00	X						0	0	0
(5) RANDY D SIMS SECRETARY	1.00			X				0	0	0
(6) MELISSA FRERKING EXECUTIVE DIRECTOR	48.00				X	X		0	345,776	25,659
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								0	345,776	25,659
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								0	345,776	25,659

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

- 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*
- 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*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

Part VIII Statement of Revenue

		(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 0			
	b Membership dues	1b 0			
	c Fundraising events	1c 617,546			
	d Related organizations	1d 1,037,826			
	e Government grants (contributions)	1e 0			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,382,225			
	g Noncash contributions included in lines 1a-1f:	\$ 289,049			
	h Total. Add lines 1a-1f	4,037,597			
Program Service Revenue	Business Code				
	2a	0			
	b	0			
	c	0			
	d	0			
	e	0			
	f All other program service revenue	0			
	g Total. Add lines 2a-2f	0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	212,602			212,602
	4 Income from investment of tax-exempt bond proceeds	0			
	5 Royalties	0			
	6a Gross rents	(i) Real (ii) Personal			
	b Less rental expenses				
	c Rental income or (loss)	0 0			
	d Net rental income or (loss)	0			
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less cost or other basis and sales expenses	2,311,750 0			
	c Gain or (loss)	2,161,027 0			
	d Net gain or (loss)	150,723 0			150,723
	8a Gross income from fundraising events (not including \$ 617,546 of contributions reported on line 1c) See Part IV, line 18	a 221,483			
	b Less direct expenses	b 297,894			
	c Net income or (loss) from fundraising events	-76,411			-76,411
	9a Gross income from gaming activities See Part IV, line 19	a 6,600			
	b Less direct expenses	b 2,520			
	c Net income or (loss) from gaming activities	4,080			4,080
	10a Gross sales of inventory, less returns and allowances	a 0			
	b Less cost of goods sold	b 0			
	c Net income or (loss) from sales of inventory	0			
Miscellaneous Revenue		Business Code			
11a	0				
b	0				
c	0				
d All other revenue	0				
e Total. Add lines 11a-11d	0				
12 Total revenue. See instructions	4,328,591	0	0	290,994	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	1,620,704	1,620,704		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	1,339,459	1,339,459		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	405,288	405,288		
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	131,519	13,152	105,215	13,152
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.	630,852	376,276	162,731	91,845
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0			
9	Other employee benefits.	120,398	58,863	44,211	17,324
10	Payroll taxes.	0			
11	Fees for services (non-employees):				
a	Management	0	0	0	0
b	Legal	642	642	0	0
c	Accounting	9,210	0	9,210	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17.	0			0
f	Investment management fees.	34,214	0	34,214	0
g	Other	96,427	96,427	0	0
12	Advertising and promotion.	13,512	60	3,488	9,964
13	Office expenses.	0	0	0	0
14	Information technology.	41,248	0	41,248	0
15	Royalties.	0	0	0	0
16	Occupancy.	0	0	0	0
17	Travel.	39,179	32,417	2,268	4,494
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
19	Conferences, conventions, and meetings.	18,517	3,245	15,272	0
20	Interest.	0	0	0	0
21	Payments to affiliates.	0	0	0	0
22	Depreciation, depletion, and amortization.	0	0	0	0
23	Insurance.	0	0	0	0
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	FOOD & BEVERAGE	44,643	23,097	11,917	9,629
b	PRIZES, GIFTS & INCENTIVES	20,997	5,291	9,166	6,540
c	LOVE BAG SUPPLIES	47,075	47,075	0	0
d	SUPPLIES	30,297	14,980	6,678	8,639
e	All other expenses	82,341	46,184	30,847	5,310
25	Total functional expenses. Add lines 1 through 24e.	4,726,522	4,083,160	476,465	166,897
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	283,311	1	228,373
	2 Savings and temporary cash investments	778,669	2	907,675
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	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)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D	10a 0		
	b Less accumulated depreciation	10b 0	10c	0
	11 Investments—publicly traded securities	10,006,421	11	9,534,422
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,068,401	16	10,670,470	
Liabilities	17 Accounts payable and accrued expenses	0	17	
	18 Grants payable	0	18	
	19 Deferred revenue	0	19	
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	0	27	
	28 Temporarily restricted net assets	0	28	
	29 Permanently restricted net assets	0	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	0	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	
	32 Retained earnings, endowment, accumulated income, or other funds	11,068,401	32	10,670,470
	33 Total net assets or fund balances	11,068,401	33	10,670,470
34 Total liabilities and net assets/fund balances	11,068,401	34	10,670,470	

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	4,328,591
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,726,522
3	Revenue less expenses Subtract line 2 from line 1	3	-397,931
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,068,401
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	10,670,470

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
b Were the organization's financial statements audited by an independent accountant?		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a 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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

First Hand Foundation

Employer identification number

43-1725294

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)		
11g(ii)		
11g(iii)		

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)									0
(B)									0
(C)									0
(D)									0
(E)									0
Total									0

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,544,215	3,534,888	3,628,645	4,076,467	4,265,680	19,049,895
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	3,544,215	3,534,888	3,628,645	4,076,467	4,265,680	19,049,895
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)						4,436,067
6 Public support. Subtract line 5 from line 4						14,613,828

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	3,544,215	3,534,888	3,628,645	4,076,467	4,265,680	19,049,895
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	367,468	280,438	203,370	236,905	212,602	1,300,783
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						20,350,678
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 2011 (line 6, column (f) divided by line 11, column (f))	14	71.81%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	66.12%
16a 33 1/3% support test—2011. 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 checked="" type="checkbox"/>		
b 33 1/3% support test—2010. 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—2011. 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—2010. 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"/>		

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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.)						
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 2011 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2010. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV

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

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

First Hand Foundation

Employer identification number

43-1725294

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	122	0
2 Aggregate contributions to (during year)	339,737	0
3 Aggregate grants from (during year)	480,204	0
4 Aggregate value at end of year	2,068,803	0
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" 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 section 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 ▶ \$

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
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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 the 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 current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment %

b Permanent endowment %

c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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 property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	0	0	0
e Other	0	0	0	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				0

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	0	
(2) Closely-held equity interests	0	
(3) Other	0	
(A)	0	
(B)	0	
(C)	0	
(D)	0	
(E)	0	
(F)	0	
(G)	0	
(H)	0	
(I)	0	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	0	

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)	0	
(2)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	0	

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

(a) Description	(b) Book value
(1)	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	0

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
(11)	0
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	0

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)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

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	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
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	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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	

Part XIV Supplemental Information

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.

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Part XIV Supplemental Information *(continued)*

Area for supplemental information with horizontal dashed lines.

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

First Hand Foundation

Employer identification number

43-1725294

Part I

General Information on Activities Outside the United States. Complete if the organization answered
"Yes" to Form 990, Part IV, line 14b

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

- 3 Activities per Region** (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
East Asia and the Pacific	0	0	GRANTS TO RECIPIENTS		102,002
Europe	0	0	GRANTS TO RECIPIENTS		69,400
North America	0	0	GRANTS TO RECIPIENTS		47,696
Russia and the Newly Independent States	0	0	GRANTS TO RECIPIENTS		2,948
South Asia	0	0	GRANTS TO RECIPIENTS		182,650
Sub-Saharan Africa	0	0	GRANTS TO RECIPIENTS		592
(7)	0	0			0
(8)	0	0			0
(9)	0	0			0
(10)	0	0			0
(11)	0	0			0
(12)	0	0			0
(13)	0	0			0
(14)	0	0			0
(15)	0	0			0
(16)	0	0			0
(17)	0	0			0
3a Sub-total	0	0			405,288
b Total from continuation sheets to Part I	0	0			6,500
c Totals (add lines 3a and 3b)	0	0			411,788

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who 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 of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Europe	GENERAL SUPPORT	19,080	WIRE	0		
(2)			East Asia and the Pacific	GENERAL SUPPORT	16,222	WIRE	0		
(3)					0		0		
(4)					0		0		
(5)					0		0		
(6)					0		0		
(7)					0		0		
(8)					0		0		
(9)					0		0		
(10)					0		0		
(11)					0		0		
(12)					0		0		
(13)					0		0		
(14)					0		0		
(15)					0		0		
(16)					0		0		

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**
- 3 Enter total number of other organizations or entities **1**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) MEDICAL CARE FOR CHILDREN	East Asia and the Pacific	13	85,780	WIRE	0		
(2) MEDICAL CARE FOR CHILDREN	Europe	21	50,320	WIRE	0		
(3) MEDICAL CARE FOR CHILDREN	North America	18	43,283	WIRE	0		
(4) MEDICAL CARE FOR CHILDREN	Russia and the Newly Independent States	1	2,948	WIRE	0		
(5) MEDICAL CARE FOR CHILDREN	South Asia	32	182,650	WIRE	0		
(6) MEDICAL CARE FOR CHILDREN	Sub-Saharan Africa	1	592	WIRE	0		
(7)		0	0		0		
(8)		0	0		0		
(9)		0	0		0		
(10)		0	0		0		
(11)		0	0		0		
(12)		0	0		0		
(13)		0	0		0		
(14)		0	0		0		
(15)		0	0		0		
(16)		0	0		0		
(17)		0	0		0		
(18)		0	0		0		

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U S Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) ☐ Yes ☒ No

Part V

Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

FORM 990, SCHEDULE F, Part I Line 2

THE FOLLOWING PROCEDURES ARE IN PLACE TO MONITOR THE USE OF FUNDING FOR INDIVIDUAL CASE EXPENSES

* A DATABASE IS UTILIZED FOR ALL INFORMATION RELATED TO A GRANT REQUEST

* THE APPLICATION INCLUDES A CONSENT TO RELEASE INFORMATION AND AGREEMENT TO RETURN ANY UNUSED FUNDS IMMEDIATELY

* SUPPORTING DOCUMENTS ARE REQUIRED, SUCH AS LETTERS FROM DOCTORS ON LETTERHEAD DETAILING THEIR DIAGNOSIS, HISTORY AND SPECIFIC REASON FOR FUNDING, LETTER FROM SOCIAL WORKER IF REQUESTING DISPLACEMENT ASSISTANCE, DENIAL FROM INSURANCE COMPANY, AND VERIFICATION OF INCOME

* PHYSICIANS AND HOSPITALS ARE VERIFIED WITH INVESTIGATIONAL RESOURCES

* COMMITTEE MEETING REPORTS ARE USED TO SHOW THE AMOUNT OF APPROVED FUNDING FOR EACH REQUEST

* AMOUNTS ARE PAID DIRECTLY TO PROVIDERS, NOT TO THE GRANT RECIPIENTS

* CASE MANAGERS HAVE FOLLOW-UP CALLS AND E-MAILS ABOUT THE GRANTS TO CONFIRM PROPER USE OF FUNDING

* AN OUTCOME SURVEY IS DONE FOR EACH CHILD THAT RECEIVES FUNDING TO ENSURE THAT BENEFITS ARE RECEIVED

WHEN GRANTS ARE MADE TO EXEMPT ORGANIZATIONS WHO SHARE OUR MISSION OR AT THE REQUEST OF A DONOR ADVISED FUND CONTRIBUTOR, A LETTER IS SENT WITH THE GRANT STATING HOW THE MONEY MUST BE USED

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

2011

**Open to Public
Inspection**

Name of the organization

First Hand Foundation

Employer identification number

43-1725294

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 ☐ Mail solicitations e ☐ Solicitation of non-government grants
b ☐ Internet and email solicitations f ☐ Solicitation of government grants
c ☐ Phone solicitations g ☐ Special fundraising events
d ☐ 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				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total				0	0	0

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

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 <u>MASQUERADE BALL</u> (event type)	(b) Event #2 <u>GOLF TOURNAMENT</u> (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	263,349	575,680	0	839,029
	2 Less Charitable contributions	128,778	488,768	0	617,546
	3 Gross income (line 1 minus line 2)	134,571	86,912	0	221,483
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	9,320	67,717	0	77,037
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	94,241	65,695	0	159,936
	8 Entertainment	17,524	2,900	0	20,424
	9 Other direct expenses	27,501	12,996	0	40,497
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(297,894)
	11 Net income summary. Combine line 3, column (d), and line 10				-76,411

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				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				(0)
	8 Net gaming income summary. Combine line 1, column d, and line 7				0

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 _____

10a 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 ▶ \$ 0 and the amount of gaming revenue retained by the third party ▶ \$ 0
- c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ 0

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 ▶ \$ 0

Part IV **Supplemental Information.** Complete this part to provide the explanations 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
Name of the organization

**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

2011

**Open to Public
Inspection**

Name of the organization

First Hand Foundation

Employer identification number

43-1725294

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

☒ Yes ☐ No

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) AVILA UNIVERSITY 11901 WORNALL RD KANSAS CITY, MO 64113	44-0617326	501 (c)(3)	8,000	0			DAF-GENERAL SUPPORT
(2) BENEDICTINE COLLEGE 1020 N 2ND ST ATCHISON, KS 66002	48-0777079	501 (c)(3)	24,000	0			DAF-GENERAL SUPPORT
(3) C3 MISSION INTERNATIONAL, INC. 3000 NY 50TH ST KANSAS CITY, MO 64113	81-6079539	501 (c)(3)	5,200	0			DAF-GENERAL SUPPORT
(4) CHRIST COMMUNITY EVANGELICAL 14200 KENNETH RD LEAWOOD, KS 66224	48-1058571	501 (c)(3)	8,400	0			DAF-GENERAL SUPPORT
(5) CHRIST LUTHERAN CHURCH 11720 NIEMAN ROAD OVERLAND PARK, KS 66209	48-0915087	501 (c)(3)	6,244	0			DAF-GENERAL SUPPORT
(6) CHURCH OF THE NATIVITY 3800 W 199TH ST LEAWOOD, KS 66209	48-1022818	501 (c)(3)	10,000	0			DAF-GENERAL SUPPORT
(7) COLONIAL PRESBYTERIAN CHURCH 12501 W 137TH ST OVERLAND PARK, KS 66209	44-0595113	501 (c)(3)	10,000	0			DAF-GENERAL SUPPORT
(8) DONNELLY COLLEGE 608 N 18TH ST KANSAS CITY, KS 66102	48-0623882	501 (c)(3)	20,500	0			DAF-GENERAL SUPPORT
(9) FIRST PRESBYTERIAN CHURCH 801 LEAVENWORTH ST MANHATTAN, KS 66502	48-0543739	501 (c)(3)	9,990	0			DAF-GENERAL SUPPORT
(10) GRACE POINTE BAPTIST CHURCH 10415 CHESTNUT DR KANSAS CITY, MO 64113	44-0579853	501 (c)(3)	24,273	0			DAF-GENERAL SUPPORT
(11) HEAL THE KIDS INSTITUTE 2800 ROCKCREEK PKWY KANSAS CITY, MO 64113	27-5105360	501 (c)(3)	1,122,000	0			DAF-GENERAL SUPPORT
(12) HOLY CROSS CATHOLIC CHURCH 8311 W 93RD ST OVERLAND PARK, KS 66113	48-0759321	501 (c)(3)	5,025	0			DAF-GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.			25				
3 Enter total number of other organizations listed in the line 1 table.			0				

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

(HTA)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 MEDICAL EQUIPMENT AND SUPPLIES	277	491,634	0		
2 MEDICAL TREATMENT FOR CHILDREN	145	495,567	0		
3 DISPLACEMENT EXPENSES RELATED TO MEDICAL CARE	396	311,943	0		
4 MEDICATION FOR CHILDREN	12	32,607	0		
5 DENTAL CARE FOR CHILDREN	2	5,693	0		
6 FUNERAL EXPENSES FOR CHILDREN	1	2,015	0		
7	0	0	0		

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

FORM 990, SCHEDULE I, PART 1, LINE 2

SEE SCHEDULE F, PART V FOR DETAILED DESCRIPTION OF OUR PROCESSES FOR MONITORING GRANTS BOTH WITHIN AND OUTSIDE THE US

Continuation Sheet for Schedule I (Form 990)

Page 1 of 1

Employer identification number

43-1725294

Name of the organization

First Hand Foundation

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(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
(13) KANSAS CITY CHURCH OF CHRIST 10250 QUIVIRA LENEXA, KS 66215	43-1364302	501 (c)(3)	5,611	0			DAF-GENERAL SUPPORT
(14) LEES SUMMIT COMMUNITY CHURCH 1440 SW JEFFERSON ST LEES SUMMIT, MO 64068	74-2562271	501 (c)(3)	13,112	0			DAF-GENERAL SUPPORT
(15) LIBERTY UNITED METHODIST CHURCH 1001 SUNSET AVE LIBERTY, MO 64068	44-0647242	501 (c)(3)	32,600	0			DAF-GENERAL SUPPORT
(16) MIAMI CHILDRENS HOSPITAL FOUNDATION 3100 SW 62ND AVE MIAMI, FL 33155	59-1720704	501 (c)(3)	13,500	0			DAF-GENERAL SUPPORT
(17) OVERLAND PARK PRESBYTERIAN 8029 OVERLAND PARK DRIVE OVERLAND PARK, KS 66113	48-0685092	501 (c)(3)	6,000	0			DAF-GENERAL SUPPORT
(18) SOUTHWEST BAPTIST UNIVERSITY 1600 UNIVERSITY AVE BOLIVAR, MO 65613	44-0567385	501 (c)(3)	10,000	0			DAF-GENERAL SUPPORT
(19) ST ANDREW THE APOSTLE CATHOLIC CHURCH 6415 NE ANTIOCH RD GLADSTONE, MO 64119	43-0839942	501 (c)(3)	7,500	0			DAF-GENERAL SUPPORT
(20) ST GABRIEL CHURCH 4737 N CLEVELAND AVE KANSAS CITY, MO 64113	44-0616817	501 (c)(3)	10,500	0			DAF-GENERAL SUPPORT
(21) ST JAMES CATHOLIC CHURCH 309 S STEWARD RD LIBERTY, MO 64068	44-0650513	501 (c)(3)	17,000	0			DAF-GENERAL SUPPORT
(22) ST MARKS CATHOLIC CHURCH 3736 S LEES SUMMIT RD INDEPENDENCE, MO 64113	44-0546494	501 (c)(3)	8,100	0			DAF-GENERAL SUPPORT
(23) ST TERESAS ACADEMY 5600 MAIN ST KANSAS CITY, MO 64113	44-0668524	501 (c)(3)	40,000	0			DAF-GENERAL SUPPORT
(24) THE ELLIS FOUNDATION PO BOX 54 FORT SCOTT, KS 66701	48-1093604	501 (c)(3)	25,250	0			DAF-GENERAL SUPPORT
(25) UNITED PRESBYTERIAN CHURCH 6641 MISSION RD PRAIRIE VILLAGE, KS 66208	48-0559097	501 (c)(3)	15,000	0			DAF-GENERAL SUPPORT
(26)			0	0			
(27)			0	0			
(28)			0	0			
(29)			0	0			

Continuation Sheet for Schedule I (Form 990)

Page 1 of 1

Name of the organization

First Hand Foundation

Employer identification number

43-1725294

Part III Continuation of Grants and Other Assistance to Individuals in the United States

(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
8	0	0	0		
9	0	0	0		
10	0	0	0		
11	0	0	0		
12	0	0	0		
13	0	0	0		
14	0	0	0		
15	0	0	0		
16	0	0	0		
17	0	0	0		
18	0	0	0		
19	0	0	0		
20	0	0	0		
21	0	0	0		
22	0	0	0		
23	0	0	0		
24	0	0	0		
25	0	0	0		
26	0	0	0		

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
First Hand Foundation

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

- Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Employer identification number
43-1725294

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
b Any related organization?
If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
b Any related organization?
If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c	X	
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Melissa Freking	(i) 131,519 (ii) 0	0	214,257	0	25,659	371,435	0
2	(i) 0 (ii) 0	0	0	0	0	0	0
3	(i) 0 (ii) 0	0	0	0	0	0	0
4	(i) 0 (ii) 0	0	0	0	0	0	0
5	(i) 0 (ii) 0	0	0	0	0	0	0
6	(i) 0 (ii) 0	0	0	0	0	0	0
7	(i) 0 (ii) 0	0	0	0	0	0	0
8	(i) 0 (ii) 0	0	0	0	0	0	0
9	(i) 0 (ii) 0	0	0	0	0	0	0
10	(i) 0 (ii) 0	0	0	0	0	0	0
11	(i) 0 (ii) 0	0	0	0	0	0	0
12	(i) 0 (ii) 0	0	0	0	0	0	0
13	(i) 0 (ii) 0	0	0	0	0	0	0
14	(i) 0 (ii) 0	0	0	0	0	0	0
15	(i) 0 (ii) 0	0	0	0	0	0	0
16	(i) 0 (ii) 0	0	0	0	0	0	0

Part III Supplemental Information

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

MELISSA FRERKING EXERCISED CERNER CORPORATION STOCK OPTIONS IN 2011 RESULTING IN INCOME OF \$217,011

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

First Hand Foundation

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30

▶ Attach to Form 990

OMB No 1545-0047

2011

**Open To Public
Inspection**

Employer identification number

43-1725294

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	47	289,049	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()		0	0	
26 Other ▶ ()		0	0	
27 Other ▶ ()		0	0	
28 Other ▶ ()		0	0	

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31	X	
32a		X
33		

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

[illegible]

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2011

**Open to Public
Inspection**

First Hand Foundation

Employer identification number
43-1725294

FORM 990, PART III, LINE 3

EFFECTIVE JULY 1, 2011 THE HEALTHE KIDS PROGRAM AND STAT PROGRAMS ARE NO LONGER PROGRAMS OPERATING
UNDER FIRST HAND FOUNDATION. THE HEALTHE KIDS INSTITUTE, A 501(c)(3) ORGANIZATION, NOW OPERATES
BOTH PROGRAMS

FORM 990, PART III - ADDITIONAL PROGRAM SERVICES

4) HEALTHE KIDS PROGRAM - A COMMUNITY BASED HEALTH SCREENING PROGRAM FOR CHILDREN IN LOCAL
SCHOOLS

5) STAT PROGRAM - OUR HIGH SCHOOL HEALTH EDUCATION PROGRAM THAT PROMOTES HEALTHY LIFESTYLE CHOICES

6) LOVE BAG PROGRAM - VOLUNTEERS CREATE BAGS FILLED WITH PERSONAL ITEMS SUCH AS BLANKETS AND
BOOKS WHICH ARE THEN DISTRIBUTED TO CHILDREN ENTERING THE FOSTER CARE PROGRAM BY LOCAL
SOCIAL SERVICE AGENCIES

7) REACH PROGRAM - FIRST HAND PARTNERS WITH MEDICAL MISSION ORGANIZATIONS TO SEND QUALIFIED
VOLUNTEERS TO PROVIDE MEDICAL CARE IN UNDERDEVELOPED COUNTRIES

8) IMPACT VOLUNTEER PROGRAM - FIRST HAND PROVIDES A SITE WHERE INDIVIDUALS ARE ABLE TO IDENTIFY
VOLUNTEER OPPORTUNITIES WITH LOCAL NON-PROFIT ORGANIZATIONS THAT WORK TO IMPROVE THE LIVES
OF CHILDREN

FORM 990, PART VI, LINE 11a - REVIEW PROCESS

BEFORE FILING, THE 2011 FORM 990 WAS REVIEWED BY OUTSIDE ACCOUNTANTS AND THE BOARD OF DIRECTORS

Name of the organization

Employer identification number

First Hand Foundation

43-1725294

FORM 990, PART VI, LINE 2

NEAL AND JEANNE PATTERSON ARE MARRIED

NEAL PATTERSON, CLIFF ILLIG, MARC NAUGHTON AND RANDY SIMS HAVE BUSINESS RELATIONSHIPS

FORM 990, PART VI, LINE 12C

FIRST HAND HAS A CONFLICT OF INTEREST POLICY. THE BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST
DISCLOSURE STATEMENT ANNUALLY.

FORM 990, PART VI, LINE 15

CERNER CORPORATION'S HUMAN RESOURCES DEPARTMENT REVIEWS COMPARABLE DATA TO DETERMINE THE
APPROPRIATE COMPENSATION FOR FIRST HAND EMPLOYEES.

FORM 990, PART VI, LINE 19

OUR GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE GENERALLY AVAILABLE UPON REQUEST

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions

Name of the organization

First Hand Foundation

Employer identification number

43-1725294

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)			0	0	
(2)			0	0	
(3)			0	0	
(4)			0	0	
(5)			0	0	
(6)			0	0	

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE PATTERSON FOUNDATION 20-7550081 11410 DICKEY LANE, CAPTIVA, FL 33924	GRANTMAKING	FL	501(c)(3)	PF	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

(HTA)

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) PANDI SPORTS, LLC 216750 COUNTRY CLUB LANE	SOCCER TEAM	KS	N/A	N/A	N/A	N/A		X	N/A		X	N/A
(2) ONGOAL, LLC 204864210 W 19TH TERR, SUITE 216	PROFESSIONAL SPORTS	KS	N/A	N/A	N/A	N/A		X	N/A		X	N/A
(3) PANDI TRAILS, LLC 216750 COUNTRY CLUB LANE	REAL ESTATE	MO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
(4) PANDI DEVELOPMENT 16750 COUNTRY CLUB LANE	LAND DEVELOPMENT	MO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
(5) THREE TRAILS REDEV 210 W 19TH TERR, SUITE 216	REAL ESTATE	MO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
(6) BANNISTER PARTNER 210 W 19TH TERR, SUITE 216	REAL ESTATE	MO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
(7) BANNISTER PARTNER 210 W 19TH TERR, SUITE 216	REAL ESTATE	MO	N/A	N/A	N/A	N/A		X	N/A		X	N/A

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) KANSAS STADIUM PARTNERS, INC. 27-1482860210 W 19TH TERR, SUITE 200, KANSAS CITY, MO 64108	REAL ESTATE	KS	N/A	S Corp	N/A	N/A	N/A
(2) TRAILS PROPERTIES II, INC. 26-2866168210 W 19TH TERR, SUITE 200, KANSAS CITY, MO 64108	REAL ESTATE	MO	N/A	S Corp	N/A	N/A	N/A
(3) CERNER CORPORATION 43-11969442800 ROCKCREEK PARKWAY, KANSAS CITY, MO 64117	HEALTHCARE TECH	DE	N/A	C Corp	N/A	N/A	N/A
(4) CERNER PROPERTIES, INC. 43-16751452800 ROCKCREEK PARKWAY, KANSAS CITY, MO 64117	LESSOR OF NONRES	DE	N/A	C Corp	N/A	N/A	N/A
(5) CERNER SINGAPORE, INC. 43-17476082800 ROCKCREEK PARKWAY, KANSAS CITY, MO 64117	COMPUTER SYSTEM	DE	N/A	C Corp	N/A	N/A	N/A
(6) CERNER MULTUM, INC. 84-11939822800 ROCKCREEK PARKWAY, KANSAS CITY, MO 64117	COMPUTER SYSTEM	DE	N/A	C Corp	N/A	N/A	N/A
(7) CERNER HEALTHCARE SOLUTIONS, INC. 43-17323712800 ROCKCREEK PARKWAY, KANSAS CITY, MO 64117	SOFTWARE SALES	DE	N/A	C Corp	N/A	N/A	N/A

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts I-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

k Performance of services or membership or fundraising solicitations for related organization(s)

l Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-f)	(c) Amount involved	(d) Method of determining amount involved
(1) CERNER CORPORATION	c	1,037,826	FMV
(2) CERNER CORPORATION	i	NONE	FMV
(3) CERNER CORPORATION	m	NONE	FMV
(4) CERNER CORPORATION	o	882,769	FMV
(5)		0	
(6)		0	

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1).....						0	0			0			%
(2).....						0	0			0			%
(3).....						0	0			0			%
(4).....						0	0			0			%
(5).....						0	0			0			%
(6).....						0	0			0			%
(7).....						0	0			0			%
(8).....						0	0			0			%
(9).....						0	0			0			%
(10).....						0	0			0			%
(11).....						0	0			0			%
(12).....						0	0			0			%
(13).....						0	0			0			%
(14).....						0	0			0			%
(15).....						0	0			0			%
(16).....						0	0			0			%
						0	0			0			%

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

FORM 990, SCHEDULE R, PART V, QUESTION 1i - PERFORMANCE OF SERVICES

CERNER CORPORATION PROVIDES PAYROLL, LEGAL, TAX AND ACCOUNTING SERVICES TO FIRST HAND FREE OF CHARGE

FORM 990, SCHEDULE R, PART V, QUESTION 1m - SHARING OF FACILITIES

CERNER CORPORATION PROVIDES OFFICE SPACE AND EQUIPMENT FOR FIRST HAND FREE OF CHARGE

FORM 990, SCHEDULE R, PART V, QUESTION 1o - REIMBURSEMENT FOR EXPENSES

THE EMPLOYEES OF FIRST HAND ARE PAID BY CERNER CORPORATION. FIRST HAND REIMBURSES CERNER FOR THE COST OF THE SALARIES AND BENEFITS PROVIDED

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(8) SOCCER VILLAGE, 210 W 19TH TERR, SUITE 200 KANSAS CITY, MO 64108	REAL ESTATE	MO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
(9) KS UNIFIED DEVELOPMENT, 210 W 19TH TERR, SUITE 200 KANSAS CITY, MO 64108	STADIUM OWNERSHIP	KS	N/A	N/A	N/A	N/A		X	N/A		X	N/A
(10) PANDI CAPITAL, LLC, 16750 COUNTRY CLUB LANE OVERLAND PARK, MO 66207	LENDING	MO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
(11) GRAND LAKE HOLDINGS, 16750 COUNTRY CLUB LANE OVERLAND PARK, MO 66207	REAL ESTATE	MO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
(12) -----					0	0			0			%
(13) -----					0	0			0			%
(14) -----					0	0			0			%
(15) -----					0	0			0			%
(16) -----					0	0			0			%
(17) -----					0	0			0			%
(18) -----					0	0			0			%
(19) -----					0	0			0			%
(20) -----					0	0			0			%
(21) -----					0	0			0			%
(22) -----					0	0			0			%
(23) -----					0	0			0			%
(24) -----					0	0			0			%

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(8) CERNER HEALTH CONNECTIONS, INC. 43-1732404 2800 ROCKCREEK PARKWAY, KANSAS CITY, MO 64117	PROFESSIONAL SERVICE	DE	N/A	C Corp	N/A	N/A	N/A
(9) CERNER INTERNATIONAL 43-1586904 2800 ROCKCREEK PARKWAY, KANSAS CITY, MO 64117	COMPUTER SYSTEM	DE	N/A	C Corp	N/A	N/A	N/A
(10) CERNER CANADA LIMITED 43-1802796 2800 ROCKCREEK PARKWAY, KANSAS CITY, MO 64117	SOFTWARE SALES AND	DE	N/A	C Corp	N/A	N/A	N/A
(11) CERNER CAMPUS REDEVELOPMENT CORP. 43-1856706 2800 ROCKCREEK PARKWAY, KANSAS CITY, MO 64117	OTHER REAL ESTATE	MO	N/A	C Corp	N/A	N/A	N/A
(12) CERNER INNOVATION, INC. 20-0753925 2800 ROCKCREEK PARKWAY, KANSAS CITY, MO 64117	INTELLECTUAL PROP	DE	N/A	C Corp	N/A	N/A	N/A
(13) THE HEALTH EXCHANGE, INC. 20-3562626 2800 ROCKCREEK PARKWAY, KANSAS CITY, MO 64117	OTHER INSURANCE	MO	N/A	C Corp	N/A	N/A	N/A
(14) CERNER GALT, INC. 54-1948527 2800 ROCKCREEK PARKWAY, KANSAS CITY, MO 64117	CONSULTING	DE	N/A	C Corp	N/A	N/A	N/A
(15) ROCKCREEK AVIATION, INC. 20-5775430 2800 ROCKCREEK PARKWAY, KANSAS CITY, MO 64117	TRANSPORTATION	DE	N/A	C Corp	N/A	N/A	N/A
(16) CERNER LINGOLOGIX, INC. 43-1969294 2800 ROCKCREEK PARKWAY, KANSAS CITY, MO 64117	CONSULTING	DE	N/A	C Corp	N/A	N/A	N/A
(17) CERNER CAPITAL, INC. 45-3187908 2800 ROCKCREEK PARKWAY, KANSAS CITY, MO 64117	FINANCIAL SERVICES	DE	N/A	C Corp	N/A	N/A	N/A
(18) CERNER MATH, INC. 45-3187267 2800 ROCKCREEK PARKWAY, KANSAS CITY, MO 64117	INTELLECTUAL PROP	DE	N/A	C Corp	N/A	N/A	N/A
(19) CERNER CORPORATION PTY LTD LEVEL 10, 52 ALFRED STREET MILSONS POINT, NSW 2061 Australia	SOFTWARE SALES	Australia	N/A	C Corp	N/A	N/A	N/A
(20) CERNER MIDDLE EAST LIMITED VILLA NO 4 JAWAZAT ST, SONE E-18/02, PLOT 97, ABU DHABI, United Arab Emirates	SOFTWARE SALES	United Arab Emirates	N/A	C Corp	N/A	N/A	N/A
(21) CERNER MIDDLE EAST FZ, LLC OFFICE NO 1, BUILDING 4, DUBAI, United Arab Emirates	SOFTWARE SALES	United Arab Emirates	N/A	C Corp	N/A	N/A	N/A
(22) CERNER CHILE LIMITADA 90-0419152 AVENIDA APOQUINDO N3039 PISO 11, SANTIAGO, Chile	SOFTWARE SALES	Chile	N/A	C Corp	N/A	N/A	N/A
(23) CERNER EGYPT 98-1048640 SMART VILLAGE, BUILDING B2401, CAIRO-ALEXANDRIA DESERT ROAD	HEALTHCARE INFORMATION	Egypt	N/A	C Corp	N/A	N/A	N/A
(24) CERNER HEALTHCARE SOLUTIONS PVT LTD PRESTIGE OBELISK, 3 KASTURBA RD, BANGALORE, 560 001 India	SOFTWARE DEVELOPMENT	India	N/A	C Corp	N/A	N/A	N/A
(25) CERNER INDIA SALES PVT LTD #2 FRONTLINE GRANDEUR 14 WALTON RD, BANGALORE, 560 001 India	SOFTWARE SALES	India	N/A	C Corp	N/A	N/A	N/A

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(26) CERNER INTEGRATE SOLUTIONS LEVEL 36 MENARA CITIBANK, 165 JALAN AMPANG, KUALA LUMPUR, MALAYSIA	SOFTWARE SALES	Malaysia	N/A	C Corp	N/A	N/A	N/A
(27) CERNER MALAYSIA LEVEL 36, MENARA CITIBANK, 165 JALAN AMPANG, KUALA LUMPUR, MALAYSIA	SOFTWARE SALES	Malaysia	N/A	C Corp	N/A	N/A	N/A
(28) CERNER IRELAND LIMITED 98-0561799 4TH FLOOR NEWENHAM HOUSE, DUBLIN, Ireland	SOFTWARE SALES	Ireland	N/A	C Corp	N/A	N/A	N/A
(29) -----							
(30) -----			N/A		N/A	N/A	N/A
(31) -----			N/A		N/A	N/A	N/A
(32) -----					0	0	%
(33) -----					0	0	%
(34) -----					0	0	%
(35) -----					0	0	%
(36) -----					0	0	%
(37) -----					0	0	%
(38) -----					0	0	%
(39) -----					0	0	%
(40) -----					0	0	%
(41) -----					0	0	%
(42) -----					0	0	%
(43) -----					0	0	%

Part III (Sch R (990)) - Identification of Related Organizations Taxable as a Partnership

[illegible]

Part IV (Sch R (990)) - Identification of Related Organizations Taxable as a Corporation or Trust

	Name	Street Address	City	State	Zip Code	Foreign Country	EIN	Primary Activity	Domestic State	Leg if Foreign Country	Direct Controlling Entity	Check if No Direct Controlling Entity	Type of Entity	Share of Total Income	Share of End-of-Year Assets	Percentage Ownership
1	KANSAS STADIUM PARTNERS INC	210 W 19TH TERR SUITE 200	KANSAS CITY	MO	64108		27-1482660	REAL ESTATE	KS		N/A		S Corp	N/A	N/A	N/A
2	TRAILS PROPERTIES II INC	210 W 19TH TERR SUITE 200	KANSAS CITY	MO	64108		26-2866168	REAL ESTATE	MO		N/A		S Corp	N/A	N/A	N/A
3	CERNER CORPORATION	2800 ROCKCREEK PARKWAY	KANSAS CITY	MO	64117		43-1196944	HEALTHCARE TECHNIQUE	MO		N/A		C Corp	N/A	N/A	N/A
4	CERNER PROPERTIES INC	2800 ROCKCREEK PARKWAY	KANSAS CITY	MO	64117		43-1675145	LESSOR OF NONRESIDENT	MO		N/A		C Corp	N/A	N/A	N/A
5	CERNER SINGAPORE INC	2800 ROCKCREEK PARKWAY	KANSAS CITY	MO	64117		43-1747608	COMPUTER SYSTEMS	MO		N/A		C Corp	N/A	N/A	N/A
6	CERNER MULTIM INC	2800 ROCKCREEK PARKWAY	KANSAS CITY	MO	64117		84-1193982	COMPUTER SYSTEMS	MO		N/A		C Corp	N/A	N/A	N/A
7	CERNER HEALTHCARE SOLUTIONS INC	2800 ROCKCREEK PARKWAY	KANSAS CITY	MO	64117		43-1732371	SOFTWARE SALES AND	MO		N/A		C Corp	N/A	N/A	N/A
8	CERNER HEALTHCARE SOLUTIONS INC	2800 ROCKCREEK PARKWAY	KANSAS CITY	MO	64117		43-1586904	PROFESSIONAL SERVICE	MO		N/A		C Corp	N/A	N/A	N/A
9	CERNER INTERNATIONAL	2800 ROCKCREEK PARKWAY	KANSAS CITY	MO	64117		43-1802796	COMPUTER SYSTEMS	MO		N/A		C Corp	N/A	N/A	N/A
10	CERNER CANADA LIMITED	2800 ROCKCREEK PARKWAY	KANSAS CITY	MO	64117		43-1802796	SOFTWARE SALES AND	MO		N/A		C Corp	N/A	N/A	N/A
11	CERNER CANADIAN REDEVELOPMENT CORP	2800 ROCKCREEK PARKWAY	KANSAS CITY	MO	64117		43-1856705	OTHER REAL ESTATE	MO		N/A		C Corp	N/A	N/A	N/A
12	CERNER INNOVATION INC	2800 ROCKCREEK PARKWAY	KANSAS CITY	MO	64117		20-0753925	INTELLIGENT PROPHET	MO		N/A		C Corp	N/A	N/A	N/A
13	THE HEALTH EXCHANGE INC	2800 ROCKCREEK PARKWAY	KANSAS CITY	MO	64117		20-3562626	OTHER INSURANCE	MO		N/A		C Corp	N/A	N/A	N/A
14	CERNER GALT INC	2800 ROCKCREEK PARKWAY	KANSAS CITY	MO	64117		54-1948537	CONSULTING	MO		N/A		C Corp	N/A	N/A	N/A
15	ROCKCREEK AVIATION INC	2800 ROCKCREEK PARKWAY	KANSAS CITY	MO	64117		20-5775430	TRANSPORTATION	MO		N/A		C Corp	N/A	N/A	N/A
16	CERNER LINGUOGLOX INC	2800 ROCKCREEK PARKWAY	KANSAS CITY	MO	64117		43-1869284	CONSULTING	MO		N/A		C Corp	N/A	N/A	N/A
17	CERNER CAPITAL INC	2800 ROCKCREEK PARKWAY	KANSAS CITY	MO	64117		45-3187988	FINANCIAL SERVICES	MO		N/A		C Corp	N/A	N/A	N/A
18	CERNER MATH INC	2800 ROCKCREEK PARKWAY	KANSAS CITY	MO	64117		45-3187267	INTELLIGENT PROPHET	MO		N/A		C Corp	N/A	N/A	N/A
19	CERNER CORPORATION PTY LTD	LEVEL 10 32 ALFRED STREET	ELSONS POINT	NSW 2061		Australia		SOFTWARE SALES					C Corp	N/A	N/A	N/A
20	CERNER MIDDLE EAST LIMITED	MILANG 4 JAWHAT ST SORE E 1602	DUBAI			United Arab Emirates		SOFTWARE SALES					C Corp	N/A	N/A	N/A
21	CERNER MIDDLE EAST PTZ LLC	OFFICE NO 1 BUILDING 4	DUBAI			United Arab Emirates		SOFTWARE SALES					C Corp	N/A	N/A	N/A
22	CERNER CHILE LIMITADA	AVENIDA POQUINCO N2033 PISO 11	SANTIAGO			Chile		SOFTWARE SALES					C Corp	N/A	N/A	N/A
23	CERNER EGYPT	SMART VILLAGE BUILDING 18201 CAROAL	CAIRO			Egypt	90-0418152	HEALTHCARE INFORMATICS					C Corp	N/A	N/A	N/A
24	CERNER HEALTHCARE SOLUTIONS PTY LTD	PRESTIGE OBELISK 3 PASTURE RD	BANGALORE		560 001	India	98-1048640	SOFTWARE DEVELOPMENT					C Corp	N/A	N/A	N/A
25	CERNER INDIA SALES PTY LTD	42 FRONTLINE GRANDCOUR 14 WALTON RD	BANGALORE		560 001	India		SOFTWARE SALES					C Corp	N/A	N/A	N/A
26	CERNER INTEGRATE SOLUTIONS	LEVEL 30 MENARA CITIBANK 185 JALAN AM	KUALA LUMPUR			Malaysia		SOFTWARE SALES					C Corp	N/A	N/A	N/A
27	CERNER MALAYSIA	4TH FLOOR NEWENHAM HOUSE	DUBLIN			Ireland	98-0561789	SOFTWARE SALES					C Corp	N/A	N/A	N/A
28	CERNER IRELAND LIMITED					Ireland		SOFTWARE SALES					C Corp	N/A	N/A	N/A
29																
30																
31																
32																
33																