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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 private foundations)**

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

▶ Information about Form 990 and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

**2013**

**Open to Public Inspection**

**A** For the 2013 calendar year, or tax year beginning 7/1/2013 , and ending 6/30/2014

**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): 2800 RockCreek Parkway | Room/suite

City or town: Kansas City | State: MO | ZIP code: 64117

Foreign country name | Foreign province/state/county | Foreign postal code

**D** Employer identification number: 43-1725294

**E** Telephone number: 816-221-1024

**G** Gross receipts $ 19,353,030

**F** Name and address of principal officer: Allan Kells 2800 RockCreek Parkway, Kansas City, MO 64117

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No

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

**I** Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no ) [ ] 4947(a)(1) or [ ] 527

**J** Website: ▶ www.firsthandfoundation org

H(c) Group exemption number ▶

**K** Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

**L** Year of formation 1995

**M** State of legal domicile MO

## Part I Summary

**Activities & Governance**

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 | 3 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 0 |
| 5 | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | 5 | 0 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 466 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 4,756,776 | 5,291,283 |
| | 9 | Program service revenue (Part VIII, line 2g) | 0 | 0 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 730,654 | 2,150,216 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -104,390 | -143,781 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 5,383,040 | 7,297,718 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 3,094,787 | 4,104,087 |
| | 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) | 862,729 | 1,074,295 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 317,406 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 314,404 | 277,094 |
| | 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 4,271,920 | 5,455,476 |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | 1,111,120 | 1,842,242 |

| | | | Beginning of Current Year | End of Year |
|---|---|---|---|---|
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 21,282,205 | 23,787,338 |
| | 21 | Total liabilities (Part X, line 26) | 86,849 | 594,487 |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 21,195,356 | 23,192,851 |

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## Part II Signature Block

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

**Sign Here**

Signature of officer: Allan Kells, Treasurer | Date 1/20/15

Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check [ ] if self-employed | PTIN |
|---|---|---|---|---|
| STEPHANIE M KIRK | Stephanie M Kirk | 1/15/15 | | P01336551 |

Firm's name ▶ JMN & ASSOCIATES, LLC | Firm's EIN ▶ 57-1224592

Firm's address ▶ 10400 GLENWOOD, SUITE 100 OVERLAND PARK, KS 66202 | Phone no 913-499-4920

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

SCANNED FEB 05 2015

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

HTA

Form **990** (2013)

917-20

17

**Part III** **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . [X]

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 [X] 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 [X] 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 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 $ 2,534,348 including grants of $ 2,349,543 ) (Revenue $ )
Individual Case Grants-First Hand helps children with health related needs when insurance and other financial resources have been exhausted. During the period of July 1, 2013, through June 30, 2014, First Hand changed the lives of 1,204 children around the world by providing funding for clinical necessities (such as surgery, medication and therapy), medical equipment and travel related to care The average grant for this time was $1,910.

4b (Code ) (Expenses $ 1,375,133 including grants of $ 1,375,133 ) (Revenue $ )
Mission-Based Grants-First Hand makes grants to other not-for-profit organizations whose work is related to our mission of directly impacting the status of a young life

4c (Code ) (Expenses $ 418,914 including grants of $ 379,411 ) (Revenue $ )
First Hand Family-A donor-advised fund program that allows contributors to advise grants to not-for-profit organizations The program encourages philanthropy and individual giving In FY 2013-2014, 437 grants were provided through this program

4d Other program services (Describe in Schedule O )
(Expenses $ 137,981 including grants of $ 0 ) (Revenue $ 0 )

4e Total program service expenses ▶ 4,466,376

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | X | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | 11a | | X |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* | 11b | | X |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII.* | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | X | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV.* | 15 | X | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV* | 16 | X | |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)* | 17 | | X |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | X | |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

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

| | | | Yes | No |
|---|---|---|---|---|
| 21 | Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | 21 | X | |
| 22 | Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a* | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). | | | |
| a | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | 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? *If "Yes," complete Schedule R, Part VI* | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O | 38 | X | |

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 39 | | | |
| 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 | X | |
| 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? | | | 2b | X | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) | | | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? | | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, 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 FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | 6b | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | | | 7a | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | 7h | | |
| 8 | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | 8 | | X |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | | |
| a | Did the organization make any taxable distributions under section 4966? | | | 9a | | X |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | X |
| 10 | **Section 501(c)(7) organizations.** Enter | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | **Section 501(c)(12) organizations.** Enter | | | | | |
| a | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) | 11b | | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| | **Note.** See the instructions for additional information the organization must report on Schedule O. | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | | |
| c | Enter the amount of reserves on hand | 13c | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* | | | 14b | | |

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . [X]

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year . . . 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 | 1a 3 | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . . | 1b 0 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . | | 2 | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . | | 5 | | X |
| 6 | Did the organization have members or stockholders? . . . . . | | 6 | | 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? . . . . . | | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| a | The governing body? . . . . . | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? . . . . . | | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* . . . . | | 9 | | X |

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

## 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 [X] Upon request [ ] Other *(explain in Schedule O)*

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► LeShawd Thompson 816-982-7027
2800 RockCreek Parkway, Kansas City, MO 64117

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| (1) Jeanne M Lillig Patterson | 1 00 | | | | | | | | | |
| Chairman | 1 00 | X | | X | | | | | | |
| (2) Lynn Marasco | 1 00 | | | | | | | | | |
| President & Secretary | 40 00 | X | | X | | | | | | |
| (3) Allan Kells | 1.00 | | | | | | | | | |
| Vice President & Treasurer | 50 00 | X | | X | | | | | | |
| (4) Melissa B Frerking | 45 00 | | | | | | | | | |
| Executive Director | 10 00 | | | X | | | | 130,658 | 253,090 | 27,507 |
| (5) Larry Burger | 20 00 | | | | | | | | | |
| Technology Architect | 30 00 | | | | | X | | 39,142 | 63,863 | 20,601 |
| (6) | | | | | | | | | | |
| (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 (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| **1b Sub-total** ▶ | | | | | | | | 169,800 | 316,953 | 48,108 |
| **c Total from continuation sheets to Part VII, Section A** ▶ | | | | | | | | 0 | 0 | 0 |
| **d Total (add lines 1b and 1c)** ▶ | | | | | | | | 169,800 | 316,953 | 48,108 |

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 ▶ 2

| | | | Yes | No |
|---|---|---|---|---|
| 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* | 3 | | X |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | 4 | X | |
| 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* | 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 |
|---|---|---|
| NONE | | 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 ▶ 1

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|---|---|---|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | 0 | | | | |
| | b Membership dues | 1b | 0 | | | | |
| | c Fundraising events | 1c | 957,563 | | | | |
| | d Related organizations | 1d | 1,088,853 | | | | |
| | e Government grants (contributions) | 1e | 0 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 3,244,867 | | | | |
| | g Noncash contributions included in lines 1a-1f: | $ | 249,140 | | | | |
| | h **Total.** Add lines 1a–1f ▶ | | | 5,291,283 | | | |
| 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) ▶ | | | 370,029 | | | 370,029 |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | 0 | | | |
| | 5 Royalties ▶ | | | 0 | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a Gross rents | | | | | | |
| | b Less rental expenses | | | | | | |
| | c Rental income or (loss) | 0 | 0 | | | | |
| | d Net rental income or (loss) ▶ | | | 0 | | | |
| | | (i) Securities | (ii) Other | | | | |
| | 7a Gross amount from sales of assets other than inventory | 13,400,904 | 0 | | | | |
| | b Less cost or other basis and sales expenses | 11,620,717 | 0 | | | | |
| | c Gain or (loss) | 1,780,187 | 0 | | | | |
| | d Net gain or (loss) ▶ | | | 1,780,187 | | | 1,780,187 |
| | 8a Gross income from fundraising events (not including $ 957,563 of contributions reported on line 1c) See Part IV, line 18 | a | 290,814 | | | | |
| | b Less direct expenses | b | 434,595 | | | | |
| | c Net income or (loss) from fundraising events ▶ | | | -143,781 | | | -143,781 |
| | 9a Gross income from gaming activities See Part IV, line 19 | a | 0 | | | | |
| | b Less direct expenses | b | 0 | | | | |
| | c Net income or (loss) from gaming activities ▶ | | | 0 | | | |
| | 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 ▶ | | | 7,297,718 | 0 | 0 | 2,006,435 |

## 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)*

Check if Schedule O contains a response or note to any line 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 | 1,352,350 | 1,352,350 | | |
| 2 Grants and other assistance to individuals in the United States See Part IV, line 22 . . . . . | 2,101,730 | 2,101,730 | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . . | 650,007 | 650,007 | | |
| 4 Benefits paid to or for members . . . . . | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . . | 166,042 | 0 | 166,042 | 0 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . | 0 | | | |
| 7 Other salaries and wages . . . | 752,906 | 234,134 | 323,013 | 195,759 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . | 0 | | | |
| 9 Other employee benefits . . . . . | 155,347 | 46,756 | 68,697 | 39,894 |
| 10 Payroll taxes . . . . . | 0 | | | |
| 11 Fees for services (non-employees) | | | | |
| a Management . . . . . | 0 | | | |
| b Legal . . . . . | 0 | | | |
| c Accounting . . . . . | 2,275 | | 2,275 | |
| d Lobbying . . . . . | 0 | | | |
| e Professional fundraising services. See Part IV, line 17 . | 0 | | | |
| f Investment management fees . . . . . | 63,550 | 3,182 | 54,368 | 6,000 |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O ) | 360 | | | 360 |
| 12 Advertising and promotion . . . . . | 11,207 | 282 | 3,434 | 7,491 |
| 13 Office expenses . . . . . | 42,283 | 1,600 | 32,892 | 7,791 |
| 14 Information technology . . . . . | 23,313 | 2,338 | 1,078 | 19,897 |
| 15 Royalties . . . . . | 0 | | | |
| 16 Occupancy . . . . . | 0 | | | |
| 17 Travel . . . . . | 29,531 | 4,301 | 2,881 | 22,349 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . | 0 | | | |
| 19 Conferences, conventions, and meetings . . . | 7,489 | 5 | 5,709 | 1,775 |
| 20 Interest . . . . . | 0 | | | |
| 21 Payments to affiliates . . . . . | 0 | | | |
| 22 Depreciation, depletion, and amortization . . . | 0 | 0 | 0 | 0 |
| 23 Insurance . . . . . | 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 Direct Program Supplies | 60,172 | 60,172 | | |
| b Food and Refreshment | 22,295 | 5,710 | 5,821 | 10,764 |
| c Gifts and Incentives | 14,619 | 3,809 | 5,484 | 5,326 |
| d | 0 | | | |
| e All other expenses | 0 | | | |
| 25 **Total functional expenses.** Add lines 1 through 24e . . | 5,455,476 | 4,466,376 | 671,694 | 317,406 |
| 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 ▶ ☐ if following SOP 98-2 (ASC 958-720) . | | | | |

## Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash—non-interest-bearing | 184,077 | 1 | 266,142 |
| | 2 | Savings and temporary cash investments | | 2 | 837,687 |
| | 3 | Pledges and grants receivable, net | 185,392 | 3 | 270,624 |
| | 4 | Accounts receivable, net | 789 | 4 | 42,270 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other 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) Complete Part II of Schedule L | | 6 | |
| | 7 | Notes and loans receivable, net | 0 | 7 | 0 |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 23,846 | 9 | 9,850 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 0 | | | |
| | b | Less accumulated depreciation — 10b: 0 | 0 | 10c | 0 |
| | 11 | Investments—publicly traded securities | 20,888,101 | 11 | 22,360,765 |
| | 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) | 21,282,205 | 16 | 23,787,338 |
| Liabilities | 17 | Accounts payable and accrued expenses | 30,759 | 17 | 424,734 |
| | 18 | Grants payable | 41,646 | 18 | 153,563 |
| | 19 | Deferred revenue | 12,690 | 19 | 16,190 |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 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 | 1,754 | 25 | 0 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 86,849 | 26 | 594,487 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.** | | | |
| | 27 | Unrestricted net assets | 20,858,088 | 27 | 23,063,251 |
| | 28 | Temporarily restricted net assets | 337,268 | 28 | 129,600 |
| | 29 | Permanently restricted net assets | 0 | 29 | 0 |
| | | **Organizations that do not follow SFAS 117 (ASC958), check here ▶ [ ] and complete lines 30 through 34.** | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | Total net assets or fund balances | 21,195,356 | 33 | 23,192,851 |
| | 34 | Total liabilities and net assets/fund balances | 21,282 205 | 34 | 23,787,338 |

## Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . [X]

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 7,297,718 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 5,455,476 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,842,242 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 21,195,356 |
| 5 | Net unrealized gains (losses) on investments | 5 | 188,664 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | -33,415 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 23,192,847 |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . [ ]

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis | | | |
| 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? | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 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? | 3a | | |
| 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 | 3b | | |

**SCHEDULE A**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

**2013**

**Open to Public Inspection**

**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 [X] 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–Non-functionally integrated

**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?

| | | Yes | No |
|---|---|---|---|
| **(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? | 11g(i) | | |
| **(ii)** A family member of a person described in (i) above? | 11g(ii) | | |
| **(iii)** A 35% controlled entity of a person described in (i) or (ii) above? | 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 monetary support |
|---|---|---|---|---|---|---|---|---|---|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| **Total** | | | | | | | | | 0 |

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

HTA

**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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") | 3,628,645 | 4,076,467 | 4,265,680 | 6,974,129 | 4,909,872 | 23,854,793 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 4 **Total.** Add lines 1 through 3 | 3,628,645 | 4,076,467 | 4,265,680 | 6,974,129 | 4,909,872 | 23,854,793 |
| 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) | | | | | | 4,705,041 |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | 19,149,752 |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 3,628,645 | 4,076,467 | 4,265,680 | 6,974,129 | 4,909,872 | 23,854,793 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 203,370 | 236,905 | 212,602 | 359,598 | 370,029 | 1,382,504 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | 0 |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 25,237,297 |

12 Gross receipts from related activities, etc (see instructions) . . . . . **12** -16,099

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** . . . . . ▶ ☐

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . **14** 75 88%

15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . . **15** 62 39%

16a **33 1/3% support test—2013.** 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 . . . . . ▶ ☒

b **33 1/3% support test—2012.** 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 . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2013.** 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. . . . . ▶ ☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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 . . . . . ▶ ☐

**Part III** **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | 0 |
| 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 | | | | | | 0 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | 0 |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 6 **Total.** Add lines 1 through 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0 |
| 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 | | | | | | 0 |
| c Add lines 7a and 7b | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 **Public support** (Subtract line 7c from line 6) | | | | | | 0 |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | 0 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0 |
| c Add lines 10a and 10b | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | 0 |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | 0 |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12) | 0 | 0 | 0 | 0 | 0 | 0 |

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** ▶ ☐

## Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 15 | Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | 0 00% |
| 16 | Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | 0 00% |

## Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f)) | 17 | 0 00% |
| 18 | Investment income percentage from **2012** Schedule A, Part III, line 17 | 18 | 0 00% |

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

**Part IV** **Supplemental Information.** 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.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

**2013**

**Open to Public Inspection**

**Name of the organization**: 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 | 132 | |
| 2 | Aggregate contributions to (during year) | 273,863 | |
| 3 | Aggregate grants from (during year) | 379,411 | |
| 4 | Aggregate value at end of year | 2,137,831 | |

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? [X] Yes [ ] 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? [X] Yes [ ] 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).

[ ] Preservation of land for public use (e g , recreation or education)
[ ] Preservation of an historically important land area
[ ] Protection of natural habitat
[ ] Preservation of a certified historic structure
[ ] Preservation of open space

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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

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

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 XIII and complete the following table

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | 0 |

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☐

**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 | 0 | 0 | 0 | 0 | 0 |

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

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

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

**Part VI Land, Buildings, and Equipment.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | 0 | |
| (2) Closely-held equity interests | 0 | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶ | 0 | |

**Part VIII** **Investments—Program Related.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶ | 0 | |

**Part IX** **Other Assets.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X** **Other Liabilities.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

**2.** Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII. ☐

**Part XI** **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| 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 XIII ) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 0 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 0 |
| 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 XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 0 |
| 5 | Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12 )* | | | 5 | 0 |

**Part XII** **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 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 XIII ) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 0 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 0 |
| 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 XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 0 |
| 5 | Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18 )* | | | 5 | 0 |

**Part XIII** **Supplemental Information**

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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part XIII Supplemental Information** *(continued)*

**Schedule F (Form 990)**

Department of the Treasury
Internal Revenue Service

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

**2013**

**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" on 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? . . . . . [X] 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 |
|---|---|---|---|---|---|
| (1) South Asia | 0 | 0 | Grant to Receipients | Medical Assistance | 235,750 |
| (2) Central America and the Caribbean | 0 | 0 | Grant to Receipients | Medical Assistance | 112,388 |
| (3) Sub-Saharan Africa | 0 | 0 | Grant to Receipients | Medical Assistance | 104,576 |
| (4) East Asia and the Pacific | 0 | 0 | Grant to Receipients | Medical Assistance | 96,465 |
| (5) North America | 0 | 0 | Grant to Receipients | Medical Assistance | 60,746 |
| (6) South America | 0 | 0 | Grant to Receipients | Medical Assistance | 31,358 |
| (7) Russia and the Newly Independent States | 0 | 0 | Grant to Receipients | Medical Assistance | 4,329 |
| (8) Europe | 0 | 0 | Grant to Receipients | Medical Assistance | 3,384 |
| (9) Middle East and North Africa | 0 | 0 | Grant to Receipients | Medical Assistance | 1,011 |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Sub-total . . . . | 0 | 0 | | | 650,007 |
| b Total from continuation sheets to Part I . | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 650,007 |

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who 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) | | East Asia and the Pacific | Support Mission Based Program | 5,970 | Wire | 0 | NA | FMV |
| (2) | | South Asia | Support Mission Based Program | 10,000 | Wire | 0 | NA | FMV |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| (10) | | | | | | | | |
| (11) | | | | | | | | |
| (12) | | | | | | | | |
| (13) | | | | | | | | |
| (14) | | | | | | | | |
| (15) | | | | | | | | |
| (16) | | | | | | | | |

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 . . . . . ▶

3 Enter total number of other organizations or entities . . . . . ▶ 2

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** *Complete if the organization answered "Yes" on 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 | South Asia | 70 | 225,750 | Wire | 0 | NA | FMV |
| (2) Medical Care for Children | Central America and the Caribbean | 28 | 112,388 | Wire | 0 | NA | FMV |
| (3) Medical Care for Children | Sub-Saharan Africa | 20 | 104,576 | Wire | 0 | NA | FMV |
| (4) Medical Care for Children | East Asia and the Pacific | 27 | 90,495 | Wire | 0 | NA | FMV |
| (5) Medical Care for Children | North America | 21 | 60,746 | Wire | 0 | NA | FMV |
| (6) Meidcal Care for Children | South America | 6 | 31,358 | Wire | 0 | NA | FMV |
| (7) Medical Care for Children | Russia and the Newly Independent States | 4 | 4,329 | Wire | 0 | NA | FMV |
| (8) Medical Care for Children | Europe | 2 | 3,384 | Wire | 0 | NA | FMV |
| (9) Medical Care for Children | Middle East and North Africa | 1 | 1,010 | Wire | 0 | NA | FMV |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

## 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, Information 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**

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)

Part I Line 2 Form 990, Schedule F, 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 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 A committee is formed to review and approve funding for cases, committee meeting reports are used to show the amount of approved funding for each request An outcome survey is done for each child that receives funding to ensure that benefits are received When grants are made to exempt organizations that 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.**
**▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

**2013**

**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
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

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? Yes | No | (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 |
|---|---|---|---|---|---|---|---|
| 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 Golf Tournament (event type) | (b) Event #2 Masquerade Ball (event type) | (c) Other events 1 (total number) | (d) Total events (add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 761,782 | 469,169 | 17,426 | 1,248,377 |
| | 2 Less Contributions | 661,270 | 278,867 | 17,426 | 957,563 |
| | 3 Gross income (line 1 minus line 2) | 100,512 | 190,302 | 0 | 290,814 |
| Direct Expenses | 4 Cash prizes | | | 0 | 0 |
| | 5 Noncash prizes | 70,947 | 96,350 | 497 | 167,794 |
| | 6 Rent/facility costs | 1,405 | 38,728 | 0 | 40,133 |
| | 7 Food and beverages | 63,881 | 94,652 | 19 | 158,552 |
| | 8 Entertainment | 4,263 | 20,774 | 0 | 25,037 |
| | 9 Other direct expenses | 12,797 | 27,518 | 2,764 | 43,079 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | ( 434,595) |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | -143,781 |

**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 | ☐ Yes % ☐ No | ☐ Yes % ☐ No | ☐ Yes % ☐ No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | ( 0) |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | 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.** 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

# 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.

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

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization: First Hand Foundation

Employer Identification number: 43-1725294

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

## Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. 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) Healthe Kids Institute<br>2800 RockCreek Parkway Kansas City | 27-5105360 | 501(C)(3) | 1,352,350 | 0 | FMV | NA | General Support |
| (2) Liberty United Methodist Church<br>1001 Sunset Ave Liberty, MO 64068 | 44-0647242 | 501(C)(3) | 32,000 | 0 | FMV | NA | DAF- General Support |
| (3) United Methodis Church of Resurre<br>13720 Roe Ave Leawood, KS 66224 | 48-0543739 | 501(C)(3) | 28,000 | 0 | FMV | NA | DAF- General Support |
| (4) Grace Point Baptist Church<br>10415 Chestnut Drive Kansas City, MC | 44-0579853 | 501(C)(3) | 24,525 | 0 | FMV | NA | DAF- General Support |
| (5) St James Catholic Church<br>309 S Stewart Rd. Liberty, MO 64068 | 44-0650513 | 501(C)(3) | 22,500 | 0 | FMV | NA | DAF- General Support |
| (6) The Ellis Foundation<br>PO Box 54 Fort Scott, KS 66701 | 48-1093604 | 501(C)(3) | 17,500 | 0 | FMV | NA | DAF- General Support |
| (7) East Independence Church of Chri<br>2020 South 291 Highway Independenc | 23-7440050 | 501(C)(3) | 15,294 | 0 | FMV | NA | DAF- General Support |
| (8) Bales Baptist Church<br>3414 East 12th Street Kansas City, MC | 44-0552039 | 501(C)(3) | 11,000 | 0 | FMV | NA | DAF- General Support |
| (9) St Gabriel Church<br>4737 North Cleveland Kansas City, MC | 44-0616817 | 501(C)(3) | 10,000 | 0 | FMV | NA | DAF- General Support |
| (10) Heart of America Council<br>10210 Holmes Rd Kansas City, MO 6 | 44-0545995 | 501(C)(3) | 8,600 | 0 | FMV | NA | DAF- General Support |
| (11) First Presbyterian Church<br>801 Leavenworth Street Mahattan, KS | 48-0543739 | 501(C)(3) | 8,280 | 0 | FMV | NA | DAF- General Support |
| (12) St Andrew the Apostle Catholic Ch<br>6415 Northeast Antioch Road Gladsto | 43-0831942 | 501(C)(3) | 8,100 | 0 | FMV | NA | DAF- General Support |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 20

**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 Care for Children | 1,025 | 1,715,506 | 0 | FMV | NA |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Part I 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)



Name of the organization: First Hand Foundation

Employer identification number: 43-1725294

**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) Colonial Presbyterian Church<br>12501 West 137th Street Overland Park, KS 6 | 44-0595113 | 501(C)(3) | 8,000 | 0 | FMV | NA | DAF- General Support |
| (14) Christ Community Evangelical Free Chur<br>14200 Kenneth Road Leawood, KS 66224 | 48-1058571 | 501(C)(3) | 7,800 | 0 | FMV | NA | DAF- General Support |
| (15) Holy Cross Catholic Church & School<br>8311 West 93rd Street Overland Park, KS 662 | 48-0759321 | 501(C)(3) | 7,075 | 0 | FMV | NA | DAF- General Support |
| (16) St Thomas More Parish<br>11822 Holmes Road Kansas City, MO 64131 | 43-6064126 | 501(C)(3) | 6,600 | 0 | FMV | NA | DAF- General Support |
| (17) Liberty Church of Christ<br>1401 Glenn Hendren Drive Liberty, MO 64068 | 43-1928195 | 501(C)(3) | 5,935 | 0 | FMV | NA | DAF- General Support |
| (18) Visitation Church<br>5141 Main Street Kansas City, MO 64112 | 44-0642461 | 501(C)(3) | 5,200 | 0 | FMV | NA | DAF- General Support |
| (19) Oklahoma City Community College Foun<br>7777 S May Ave Oklahoma City, OK 73159 | 73-1529564 | 501(C)(3) | 5,000 | 0 | FMV | NA | DAF- General Support |
| (20) Jacobs Well of Kansas City<br>7219 East 17th Street Kansas City, MO 64126 | 43-1930426 | 501(C)(3) | 5,000 | 0 | FMV | NA | DAF- General Support |
| (21) | | | | | | | |
| (22) | | | | | | | |
| (23) | | | | | | | |
| (24) | | | | | | | |
| (25) | | | | | | | |
| (26) | | | | | | | |
| (27) | | | | | | | |
| (28) | | | | | | | |
| (29) | | | | | | | |

# Continuation Sheet for Schedule I (Form 990)



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 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
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| 23 | | | | | | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | | |

**SCHEDULE J**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization: First Hand Foundation

Employer identification number: 43-1725294

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| 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<br>☐ First-class or charter travel ☐ Housing allowance or residence for personal use<br>☐ Travel for companions ☐ Payments for business use of personal residence<br>☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees<br>☐ Discretionary spending account ☐ 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 | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | |
| 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, but explain in Part III.<br>☐ Compensation committee ☐ Written employment contract<br>☐ Independent compensation consultant ☒ Compensation survey or study<br>☐ Form 990 of other organizations ☐ 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? | 4a | | X |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | X | |
| | 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? | 5a | | X |
| b | Any related organization? | 5b | | X |
| | 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? | 6a | | X |
| b | Any related organization? | 6b | | X |
| | 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 | 7 | | X |
| 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 | 8 | | X |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | 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 and Title | | (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 | | | | |
| Melissa B. Frerking | (i) | 130,658 | | | 15,195 | 10,936 | 156,789 | |
| 1 Executive Director | (ii) | 6,877 | | 246,213 | 800 | 576 | 254,466 | |
| | (i) | | | | | | | |
| 2 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 3 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 4 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 5 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 6 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 7 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 8 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 9 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 10 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 11 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 12 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 13 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 14 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 15 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 16 | (ii) | | | | | | | |

**Part III Supplemental Information**

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.

Part I Line 4C Melissa Frerking exercised Cerner Corporation stock options in 2013 resulting in taxable income of $246,213

**SCHEDULE M (Form 990)**

Department of the Treasury
Internal Revenue Service

# Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

**2013**

**Open To Public Inspection**

Name of the organization: First Hand Foundation

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 | 37 | 162,101 | 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 ▶ ( Donated Auction G ) | X | 220 | 87,039 | FMV |
| 26 | Other ▶ ( ) | | | | |
| 27 | Other ▶ ( ) | | | | |
| 28 | Other ▶ ( ) | | | | |

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**

| | | | Yes | No |
|---|---|---|---|---|
| 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? | 30a | | X |
| 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? | 31 | X | |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | 32a | | X |
| 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 | | | |

**Part II** **Supplemental Information.** 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.

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

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No 1545-0047

**2013**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| First Hand Foundation | 43-1725294 |

Form 990, Part III, Line 4d Program Service Expenses 83,942, Grants and allocations. 0, Revenue 0 Impact Program -First Hand created the Impact program to leverage Cerner Corporation associates' skills and passions to make the greatest impact in the health of the community. It connects interests and area agencies in need, and offers ways for associates to enhance their personal and professional lives by volunteering with local not-for-profit organizations Volunteer hours are tracked online to showcase the impact associates are making in the community.

Form 990, Part III, Line 4d Program Service Expenses 28,026, Grants and allocations 0, Revenue. 0 Reach Program - First Hand partners with medical mission organizations to send qualified volunteers to provide medical care for indviduals in underdeveloped countries Over 8,375 lives were impacted by Reach Program volunteers

Form 990, Part III, Line 4d Program Service Expenses 26,013, Grants and allocations 0, Revenue 0 Love Bag®-Bags full of personal necessities distributed to children entering foster care or prevention and therapeutic centers Volunteers create bags filled with items like blankets and books, which are then distributed by local social service agencies In FY 2013-2014, 2,393 Love Bags were distributed

Form 990, Part VI, Line 11B The 990 is completed by the First Hand staff accountant and reviewed by his supervisor before being provided to an outside tax firm for review. Once this review has taken place, the return is given to the Treasurer who submits the return to the Board of Directors for final approval and submission to the IRS

Form 990, Part VI, Line 15 Cerner Corporation's Human Resources department reviews comparable data to determine the appropriate compensation for First Hand's employees

Form 990, Part VI, Line 19 Our Governing documents, policies and financial statements are generally available upon request

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

| Name of the organization | Employer identification number |
|---|---|
| First Hand Foundation | 43-1725294 |

Form 990, Part XI, Line 8 The $33,415 represents 2013-2014 Fiscal year event income that was recorded as income in the prior year in error There was an adjustment made in the financials to correct that error resulting in a prior period adjustment.

**SCHEDULE R (Form 990)**

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization: First Hand Foundation

Employer identification number: 43-1725294

## Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) 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) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

## Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on 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<br>11410 Dickey Lane Captiva, FL 33924 | Grantmaking | MO | 501(C)(3) | PF | NA | | X |
| (2) Healthe Kids Institute 27-5105360<br>2800 RockCreek Parkway Kansas City, MO 64117 | Healthcare Assistance | MO | 501(C)(3) | 7 | Cerner Coproration | | X |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |

**Part III** **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on 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? Yes | (h) No | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) Cerner RevWorks, LLC 46-<br>2800 Rockcreek Parkway Kansa | Billing Services | DE | N/A | | N/A | N/A | | X | | | X | % |
| (2) Cerner Singapore Limited,<br>2800 Rockcreek Parkway Kansa | Comm System Dev | DE | N/A | | N/A | N/A | | X | | | X | % |
| (3) Cerner Canada Limited, LL<br>2800 Rockcreek Parkway Kansa | Software Sales & Suppor | DE | N/A | | N/A | N/A | | X | | | X | % |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |

**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on 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 | (i) Section 512(b)(13) controlled entity? Yes | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| (1) Cerner Corporation 43-1196944<br>2800 RockCreek Parkway Kansas City, MO 64117 | Healthcare Technology | DE | N/A | C Corp | N/A | N/A | N/A | | X |
| (2) Cerner Properties, Inc 43-1675145<br>2800 RockCreek Parkway Kansas City, MO 64117 | Lessor of Nonresidential | DE | N/A | C Corp | N/A | N/A | N/A | | X |
| (3) Cerner Multum, Inc 84-1193982<br>2800 RockCreek Parkway Kansas City, MO 64117 | Computer System Development | DE | N/A | C Corp | N/A | N/A | N/A | | X |
| (4) Cerner Health Connections, Inc 43-1732404<br>2800 RockCreek Parkway Kansas City, MO 64117 | Professional Services | DE | N/A | C Corp | N/A | N/A | N/A | | X |
| (5) Cerner International 43-1586904<br>2800 RockCreek Parkway Kansas City, MO 64117 | Computer System Development | DE | N/A | C Corp | N/A | N/A | N/A | | X |
| (6) Cerner Campus Redevelopment Corp. 43-185<br>2800 RockCreek Parkway Kansas City, MO 64117 | Other Real Estate | MO | N/A | C Corp | N/A | N/A | N/A | | X |
| (7) Cerner Innovation Inc 20-0753925<br>2800 RockCreek Parkway Kansas City, MO 64117 | Intellectual Property | DE | N/A | C Corp | N/A | N/A | N/A | | X |

**Part V** **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV? | | | |
| a | Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity | 1a | X | |
| b | Gift, grant, or capital contribution to related organization(s) | 1b | X | |
| c | Gift, grant, or capital contribution from related organization(s) | 1c | X | |
| d | Loans or loan guarantees to or for related organization(s) | 1d | | X |
| e | Loans or loan guarantees by related organization(s) | 1e | | X |
| f | Dividends from related organization(s) | 1f | | X |
| g | Sale of assets to related organization(s) | 1g | | X |
| h | Purchase of assets from related organization(s) | 1h | | X |
| i | Exchange of assets with related organization(s) | 1i | | X |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | X |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | X |
| l | Performance of services or membership or fundraising solicitations for related organization(s) | 1l | X | |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | X | |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | X | |
| o | Sharing of paid employees with related organization(s) | 1o | X | |
| p | Reimbursement paid to related organization(s) for expenses | 1p | X | |
| q | Reimbursement paid by related organization(s) for expenses | 1q | X | |
| r | Other transfer of cash or property to related organization(s) | 1r | | X |
| s | Other transfer of cash or property from related organization(s) | 1s | | X |

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 related organization | (b) Transaction type (a–s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on 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 sections 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) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |

**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

**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 | (i) Section 512(b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|---|---|
| (8) The Health Exchange, Inc 20-3562626 2800 RockCreek Parkway Kansas City, MO 641 | Other Insurance | MO | N/A | C Corp | N/A | N/A | N/A | | X |
| (9) Cerner Galt, Inc. 54-1948527 2800 RockCreek Parkway Kansas City, MO 641 | Consulting | DE | N/A | C Corp | N/A | N/A | N/A | | X |
| (10) Rockcreek Aviation, Inc. 20-5775430 2800 RockCreek Parkway Kansas City, MO 641 | Transportation | DE | N/A | C Corp | N/A | N/A | N/A | | X |
| (11) Cerner Lingologix, Inc 43-1969294 2800 RockCreek Parkway Kansas City, MO 641 | Consulting | DE | N/A | C Corp | N/A | N/A | N/A | | X |
| (12) Cerner Capital, Inc. 45-3187908 2800 RockCreek Parkway Kansas City, MO 641 | Financial Services | DE | N/A | C Corp | N/A | N/A | N/A | | X |
| (13) Cerner Math, Inc 45-3187267 2800 RockCreek Parkway Kansas City, MO 641 | Intellectual Property | DE | N/A | C Corp | N/A | N/A | N/A | | X |
| (14) Cerner Chouteau Data Center, Inc 45-362 2800 RockCreek Parkway Kansas City, MO 641 | Data Center | DE | N/A | C Corp | N/A | N/A | N/A | | X |
| (15) Cerner Healthcare Solutions, Inc 43-1732 2800 RockCreek Parkway Kansas City, MO 641 | Software Sales and Support | DE | N/A | C Corp | N/A | N/A | N/A | | X |
| (16) Cerner Malaysia Level 36, Menara Citibank, 165 Jalan Ampang K | Software Sales | Malaysia | N/A | C Corp | N/A | N/A | N/A | | X |
| (17) Cerner Corporation Pty Ltd Level 14, 1 Pacific Highway North Sydney 2060, | Software Sales | Australia | N/A | C Corp | N/A | N/A | N/A | | X |
| (18) Cerner Middle East, Ltd MBC Makeem Tower, Corner of 9th and 10th Str | Software Sales | United Arab Em | N/A | C Corp | N/A | N/A | N/A | | X |
| (19) Cerner Middle East Free Zone, LLC The Office Park, Bldg P 116, 3rd Fl, Tecom Zone | Software Sales | United Arab Em | N/A | C Corp | N/A | N/A | N/A | | X |
| (20) Cerner Chile Limitada 90-0419152 Pte Riesco No 5111, Dept 174 Comuna de las | Software Sales | Chile | N/A | C Corp | N/A | N/A | N/A | | X |
| (21) Cerner Egypt 98-1048640 Bldg B 2401, Smart Villages, KM 28 Cairo-Alexa | Healthcare Information | Egypt | N/A | C Corp | N/A | N/A | N/A | | X |
| (22) Cerner Healthcare Solutions Private Ltd. Prestige Obelisk, 3 Kasturba Rd Bangalore 5600 | Software Development | India | N/A | C Corp | N/A | N/A | N/A | | X |
| (23) Cerner India Sales Private Ltd. #2 Frontline Grandeur, 14 Walton Rd Bangalore | Software Sales | India | N/A | C Corp | N/A | N/A | N/A | | X |
| (24) Cerner Ireland Limited 98-0561799 4th fl Newenham House, Malahide Rd Dublin 17, | Software Sales | Ireland | N/A | C Corp | N/A | N/A | N/A | | X |
| (25) Cerner Health Services, Inc 47-2018157 2800 Rockcreek Parkway Kansas City, MO 6411 | Software Sales | DE | N/A | C Corp | N/A | N/A | N/A | | X |

**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 | (i) Section 512(b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|---|---|
| (26) Cerner Netherlands B V<br>Prins Bernhardplein 200 Amsterdam 1097JB, Ne | Software Sales | Netherlands | N/A | C Corp | N/A | N/A | N/A | | X |
| (27) Cerner Canada ULC<br>Trillium Exec Ctr, 675 Cochrane Dr Markham L3F | Software Sales | Canada | N/A | C Corp | N/A | N/A | N/A | | X |
| (28) Cerner Deutschland GmbH<br>Cunoweg 1 Idstein D-65510, Germany | Software Sales | Germany | N/A | C Corp | N/A | N/A | N/A | | X |
| (29) Cerner Finland Oy<br>c/o Dittmar & Indrenius Pohjoisesplanadi 25 A He | Software Sales | Finland | N/A | C Corp | N/A | N/A | N/A | | X |
| (30) Cerner France SAS<br>Tour Manhattan, La Defense 5 6 Place de l'Iris C | Software Sales | France | N/A | C Corp | N/A | N/A | N/A | | X |
| (31) Cerner Iberia, S L<br>Centro Empresarial Parque Norte, Calle Serrano | Software Sales | Spain | N/A | C Corp | N/A | N/A | N/A | | X |
| (32) Cerner Limited<br>6th Flr, The Point, 37 North Wharf Rd London W2 | Software Sales | United Kingdom | N/A | C Corp | N/A | N/A | N/A | | X |
| (33) Cerner Mexico, S de R L de C V.<br>Avenida Picacho Ajusco No. 130-503 Mexico City | Software Sales | Mexico | N/A | C Corp | N/A | N/A | N/A | | X |
| (34) Cerner Osterreich GmbH<br>c/o Wolf Theiss Rechtsanvalte GmbH & Co KG, | Software Sales | Austria | N/A | C Corp | N/A | N/A | N/A | | X |
| (35) Cerner Solucoes para a Saude Ltda<br>Av das Nacoes Unidas 14171, 15 andar Sao Pau | Software Sales | Brazil | N/A | C Corp | N/A | N/A | N/A | | X |
| (36) Cerner Property Development, Inc 46-321<br>2800 RockCreek Parkway Kansas City, MO 6411 | Commercial Property | DE | N/A | C Corp | N/A | N/A | N/A | | X |
| (37) | | | | | | | | | |
| (38) | | | | | | | | | |
| (39) | | | | | | | | | |
| (40) | | | | | | | | | |
| (41) | | | | | | | | | |
| (42) | | | | | | | | | |
| (43) | | | | | | | | | |

Form **8868**

(Rev January 2014)

Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at *www.irs.gov/form8868*.**

OMB No 1545-1709

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ ☐

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

***Do not complete Part II unless*** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

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

**Enter filer's identifying number, see instructions**

| **Type or print**<br>File by the due date for filing your return See instructions | Name of exempt organization or other filer, see instructions<br>**First Hand Foundation** | Employer identification number (EIN) or<br>**43-1725294** |
|---|---|---|
| | Number, street, and room or suite no If a P O box, see instructions<br>**2800 Rockcreek Parkway** | Social security number (SSN) |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions.<br>**Kansas City, MO 64117** | |

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

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

• The books are in the care of ▶ Allan Kells

Telephone No. ▶ 816-221-1024 Fax No. ▶

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

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

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until February 15 , 20 15 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year 20 ____ or

▶ ☑ tax year beginning July 1 , 20 13 , and ending June 30 , 20 14 .

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

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

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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

Cat No 27916D Form **8868** (Rev 1-2014)