Form 990

Return of Organization Exempt From Income Tax

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

2012
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

<u> </u>		e 2012 calendar year, or tax year beginning 7/1/2012 , and e	ending 6/3	0/2013
		applicable: C Name of organization First Graduate		r identification number
-		change Doing Business As	94-338117	
	Name c	hange Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephon	
	Initial re	durn 3130 20th Street 275		
	Termina	ted City, town or post office, state, and ZIP code	(415) 561-3	3450
	Amende	d return San Francisco CA 94110	G Gross rec	olate C
	Applicat	ion pending F Name and address of principal officer:	ł .	3,010,020
		Thomas Ahn, Same as above	H(a) Is this a group rete	
1 7		V	H(b) Are all affiliates in	
			If "No," attach a lis	st. (see instructions)
		e: Nww.firstgraduate.org	H(c) Group exemption	number 🏲
KF	Form of e	organization: X Corporation Trust Association Other > 1 Yes	ar of formation: 2000	
	artil	Summary	2000 2000	M State of legal domicile: CA
200-2000	1	Driefly deposits the		
		youth finish high school and become the first in their family to graduate from co	Graduate's missio	n is to help
္မ		state in the mat in the matter than 10 graduate from co	illege.	
กลก				
Ver	2	Chook this have be seen as the		
Activities & Governance	3	Check this box if the organization discontinued its operations or dispose	ed of more than 25%	% of its net assets.
o လ	4	realiser of voting methods of the governing body (Part VI, line 1a)		3 20
žį.	5	Number of independent voting members of the governing body (Part VI, line 1b)	4 20
5	6	Total number of individuals employed in calendar year 2012 (Part V, line 2a) .		5 16
e,	l .	Total number of volunteers (estimate if necessary)		6 308
	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	<u> </u>	7b 0
		Contributions and supply (De 12 M) II	Prior Year	Current Year
a	8	Contributions and grants (Part VIII, line 1h)	1,711	,836 1,569,420
Revenue	9	Program service revenue (Part VIII, line 2g)		00
g	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		584 16
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-26	6,846 -22,717
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).	1,685	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	218	188,792
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0 0
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) .	1,018	,720 963,655
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		,769 0
X	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 244.248		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	392	,248 351,502
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) .	1,651	
	19	Revenue less expenses. Subtract line 18 from line 12		,415 42,770
S 0.7			Beginning of Current	
SSet	20	Total assets (Part X, line 16)	1,002	
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		,189 121,536
Z Z	22	Net assets or fund balances. Subtract line 21 from line 20	862	
		Signature Block		
Unde	r penalti	es of perjury, I declare that I have examined this return, including accompanying schedules and statement	is, and to the best of my	knowledge
ano o	ellet, it i	strue, correct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer has any kno	wledge.
Sig	n)		
Her		Signature of officer	Dale	
	•			
		Type or print name and title		
ь.	•	Print/Type preparer's name Preparer's signature	Date	PTIN
Paid		Donna Cohen ASDANG (1	4/2x/14 Ch	eck X if
	oarer		1/30// sel	lf-employed P01396479
Use	Only		Firm's EIN ▶ 6	38-0288004
		Firm's address ▶ 1116 Lincoln Avenue, San Rafael, CA 94901	Phone no. (415) 457-8770
May	the IR	S discuss this return with the preparer shown above? (see instructions)		
		ork Reduction Act Notice, see the separate instructions.	* * * 1	· · · Yes No
нта		and the treatest over the separate instructions.		Form 990 (2012)

	990 (2012)	First Graduate	94-3381171	Page 2
P.E	me III	Statement of Program Service Accomplishments		manuscript - Armon
		Check if Schedule O contains a response to any question in this Part III		. 🗍
1	Briefly d	escribe the organization's mission:		
	First Gra	duate's mission is to help youth finish high school and become the first in their		
	family to	graduate from college.		
2	Did the			
2	the prior	organization undertake any significant program services during the year which were not listed of	on	·
	If "Yes "	Form 990 or 990-EZ?	· · Yes	X No
3				
U	services	organization cease conducting, or make significant changes in how it conducts, any program?	<u> </u>	
	If "Yes "	describe these changes on Schedule O.	· · · Yes	X No
4	Describe	the organization's program service accomplishments for each of its three largest program ser	.d	
•	expense	s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants ar	vices, as measured	by
	the total	expenses, and revenue, if any, for each program service reported.	id allocations to othe	ers,
		, and any is a sample grain of vivo reported.		
4a	(Code:) (Expenses \$ including grants of \$) (Rever		
	First Gra	duate makes a 10 year commitment to its students starting the summer before seventh grade	iue ψ)
	through	the completion of college and into their first egreers. The eggentmetics equally state of		
	seventh-	graders annually and served 298 students during FY 12-13. First Graduate was founded in	***************************************	
	Novemb	er 2000 with the purpose of improving college access among aspiring first generation college		
	graduate	s. Programming began in 2002 based on the premise that helping the first child of a		
	family gr	aduata tram callaga mandal regult in amaga attal buritus (t. 1 - 1 - 1 - 1 - 1 - 1		
	empowe	ring that family economically by spawning a college-going tradition. We believed then and		
	continue	to operate on the belief that the first college degree in a family is key to breaking the		
	cycle of	poverty. Our challenge is great, yet clear - to provide services and support for		
	students	striving to become the first in their families to graduate from college that would		
	replicate	or substitute for the innate advantages that their peers with college-educated parents		
	possess.			
4b	(Code:) (Expenses \$ including grants of \$) (Rever	iue \$	
	First Gra	duate supports its students through comprehensive high school and college counseling and		
	guidance	s, parent engagement and education activities; career exploration activities; and		
	mentorin	g. We work with students and engage their support networks (families, tutors, mentors,	• • • • • • • • • • • • • • • • • • • •	
	teachers	and other programs) to ensure that students are successfully completing each step of the		
	path to b	ecoming college graduates. Our program is designed to accomplish five specific goals.	• • • • • • • • • • • • • • • • • • • •	
	1. Imbio.	e academic skills and knowledge. 2. Set long-term goals and high expectations for		
		3. Develop decision-making and study skills. 4. Expand their horizons as to what is		
	possible	with a college degree. 5. Support their families through critical decisions related to a		
	college c	raduation goal. First Graduate's research-based methods have achieved remarkable results		
	over the	past few years, including the college graduation of our first cohort of students in May 2011.		
	/Code	\/\(\tau_{\text{\tinit}\\ \text{\tin}\tint{\text{\tex{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex		
4c	(Code:		iue \$)
	Tile Succ	ess of our first First Graduates represents the culmination of nearly a decade of careful		
	planing.	thoughtful growth and responsive course corrections. More importantly these college		
	dibiolities	represent a game-changing milestone for our graduates - a just reward for their courage,		
	the thous	ance and boundless optimism as they blaze trails for their families, their communities and		
	Graduate	ands of First Graduate students who will follow their lead. To date, 100% of First		• • •
	oducation	b's first six classes graduated high school and 100% are enrolled in post-secondary		
	Universit	n. Our first six classes are 92% California State University (CSU) eliqible and 64%		
	Pilipelal	y of California (UC) eligible. By comparison, only 18% of Latino and African-American	·	***,
	eliaihilit.	ool students statewide graduate with CSU eligibility, and only 6% of them graduate with UC (Orfield, 2004).		
	กับสักกั <i>นี</i> เส้	(Orfield, 2004).		
4d	Other pro	gram services. (Describe in Schedule O.)		
	(Expense	· · · · · · · · · · · · · · · · · · ·	۸۱	
10		oran convice expenses.	0)	

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1_1_	_X_	L
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	2	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501/b)	3_		X
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			
7	Did the organization receive or hold a conservation easement, including easements to preserve ones space	6		X
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		Х
_	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.			
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		_X
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V	10	22.00.00	Χ
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	Х	Sec. 1
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
	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
	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	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII			
h		12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
i4a	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,	140		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		X
17	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
	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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	X	
٠	If "Yes," complete Schedule G, Part III	19		Х
ua: م	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
Ŋ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	- 1	

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
00	in the United States 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 and other assistance to individuals in the			
23	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_X	
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
	\$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 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_^_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	270		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
00	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or		l	
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		<u>_X</u> _
<i>L</i> !	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	~~		.,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27	18,084	<u> X </u>
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			經濟
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	404 T\$	Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
	Schedule L, Part IV	28b		Χ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	_	Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?		1	
00	If "Yes," complete Schedule N, Part II	32		X
	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
	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			.,
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		_ X_
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	35a		Х
~	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	256	1	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35b	-+	<u> </u>
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
	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		Х
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	

Form 990 (2012) First Graduate 94-3381171 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return . If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . b 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O b 3b 4a At any time during the calendar year, did the organization have an interest in or a signature or other

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:	12/3		24.5VA
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		漢類	2022.3
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
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?	60		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		X
7	gifts were not tax deductible?	6b	S. Service	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		_^`_	
d		7c	11565-	Х
e	If "Yes," indicate the number of Forms 8282 filed during the year	\$14.50	2653A	
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	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		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	44 V.	SHA	
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			Taryon.
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:	13,77.5 14,665	da Na Jarosa	
а	Gross income from members or shareholders		ilay.	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	11 (3/80 m) (3/21 kg/s)		32.317.3 3.743.3
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	4:02.9		377
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	100	arv.	3.3.13
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	4.6-	. 13 y. i.s.	<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		X
3.7	n root has a mod a contract to report these payments; if two, provide an explanation in Schedille ()	14b		

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. Part VI

Sect	ion A. Governing Body and Management				
	Mark the state of		******	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 2	0	A76.18	96213
	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			- Ta	
	committee, explain in Schedule O.		1900000 1900000000000000000000000000000		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 2	1200		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati	anahin with	비		
-	any other officer, director, trustee, or key employee?	ousuib min	144.00	28/2014	N-31-31
3	Did the organization delegate control over monogenest duties and see the		2		_X_
3	Did the organization delegate control over management duties customarily performed by or unc	ler the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or of	ther person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization	's assets?	5		Χ
6	Did the organization have members or stockholders?		_6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect				
	one or more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) memb	ers,			
	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions underta	ken durina	35.00	30000	38453
	the year by the following:	e aag	\$ GA		1000
a	The governing body?		8a	Х	J. (24-16-2)
b	Each committee with authority to act on behalf of the governing body?		8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	na reachad	00		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule ()	9		v
Secti	on B. Policies (This Section B requests information about policies not required by the I	nternal Payanua (Ll	X
	the increase of this even is requeste information about policies not required by the in	Remai Hevenue C	oue.j	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		100	ies	No
h	If "Yes," did the organization have written policies and procedures governing the activities of such	, , , , , , , , , , , , , , , , , , ,	10a		_X_
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt	numanae?	401		
iia	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of the c	purposes:	10b	-	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ore ming the form?.	11a	X	
(20	Did the exceptation have a written earlief of interest well a 0 to 10 to		7,198	255 T. F.	The state of
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?				
4.0	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	Х	
15	Did the process for determining compensation of the following persons include a review and app	proval by		25.00	Yall
	independent persons, comparability data, and contemporaneous substantiation of the deliberati	on and decision?			
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b	Χ	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	4		Xaba	
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	angement	100 E		
	with a taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev		7 1 1 N	No. 1 200	100 A
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa				
	the organization's exempt status with respect to such arrangements?		16b		parting 1
Secti	on C. Disclosure		1100		
17	List the states with which a copy of this Form 990 is required to be filed ► California				
8	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.	/ ((~)(~)	Jily)	
		plain in Schedule O)		
9	Describe in Schedule O whether (and if so, how), the organization made its governing documen	ts conflict of interes	/ :t		
-	policy, and financial statements available to the public during the tax year.	to, commot of interes	,,		
20	State the name, physical address, and telephone number of the person who possesses the boo	ks and records of th			
-	organizations by Audies Descri				
	organization: Andres Paez 3130 20th Street, Suite 275, San Francisco, CA 94110	72727 090-0	100		

,											
Form 990 (2012)	First Graduate									0.4.000.4	
Part VII	Compensation of Officers, Dire	ectors. Truste	es. k	(ev	En	nde)Vee	s F	lighest Comp	94-33811	171 Page 7
·	Employees, and Independent C	Contractors	00, 1	,		, ly i	Jycc.	٠, ١	ngnest Comp	ensateu	
	Check if Schedule O contains a r	esponse to an	y que	estic	on i	n th	nis Pa	art '	VII		
Section A.	Officers, Directors, Trustees, Key	Employees, an	d Hig	hes	st C	om	pens	ate	d Employees		<u> </u>
1a Complete organization's	this table for all persons required to b	e listed. Report	comp	ens	atic	on fo	or the	cal	endar year endi	ng with or within	the
• List all	of the organization's current officers, ion. Enter -0- in columns (D), (E), and of the organization's current key emp	f (F) if no compe flovees, if anv. S	ensati See in	on v stru	vas etio	pai ns i	d. for de	finit	ion of "key emn	lovee "	
who received	organization's five current highest of reportable compensation (Box 5 of Fo and any related organizations.	ompensated em orm W-2 and/or	ploye Box :	es (7 of	oth For	er ti m 1	nan a 099-l	n oi MIS	fficer, director, to C) of more than	ustee, or key er \$100,000 from	nployee) the
\$ 100,000 OF 10	of the organization's former officers, I eportable compensation from the orga	anization and an	ıy rela	ated	org	jani	zatior	ıs.			
organization,	of the organization's former directors more than \$10,000 of reportable com	pensation from t	the or	rgan	iizal	tion	and a	any	related organiza	ations.	e of the
compensated	n the following order: individual truster employees; and former such persons	3.									
Check thi	s box if neither the organization nor a	ny related orgar	iizatio	on c	om	oen	sated	an	y current officer	director, or trus	itee.
			.		(6	C)					
	(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	ieck is pe	rson irect	Highest compensated	an	(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
				8			àated				
(1) Maida E	3rankman	0.40									
Co-President			Х		х				0	o	0
(2) John Ins	son	0.40								V	<u> </u>
Co-President			Х		Х				0	0	0
_(3) Bartlett	Rhoades	0.40	1 1								
Treasurer			Х		Х				0	. 0	0
(4) Sara Th	orpe	0.40									
Secretary (5) leftrough	S. Schottenstein		Χ		X			_	0	0	0
Vice President		0.40	v								
(6) Shirley I		0.40	Х		X			_	0	0	0
Board Membe	. ~ ~	0.40	Х								_
(7) Lincoln	***	0.40			\dashv			\dashv	0	0	0
Board Membe			Х						o	0	0

(8) Preston Dodd Board Member 0.40 0 (9) Steve Ellis 0.40 Board Member 0 0 (10) Matt Hannibal 0.40 Board Member Χ 0 (11) Randy Koss 0.40 Board Member 0 (12) Colin Lacon 0.40 Board Member X 0 (13) Mark Levy 0.40 **Board Member** Χ 0 (14) Jerry Lopez 0.40 Board Member Form 990 (2012)

Section A. Officers, Directors, T	rustees, Key Er	olqr	yee	s, a	ınd	High	est	Compensated E	mployees (co	ntinued)
				(C)					
(A)	(B)	Position (do not check more than o						(D)	(E)	(F)
Name and title	Average	box,	unles	s pe	erson	is boti	n an	Reportable	Reportable	Estimated
	hours per week (list any		1		lirecu	or/trusi	(ee)	compensation from	compensation from related	amount of other
	hours for	or div	nstit	Officer	ê	ğğ	Former	the	organizations	compensation
	related organizations	recti	utio	9	ag egg	est o	ğ	organization ((W-2/1099-MISC)	W-2/1099-MISC)	from the
	below dotted	° ₹	nalt		Key employee	e S		(11-2/1098-18100)		organization and related
	line)	Individual trustee or director	Institutional trustee		ď	bens				organizations
			ď			Highest compensated employee				
(15) Theresa L. McGanney	0.40									
Board Member		Х						0	0	0
(16) Pat Pow-ankongpul	0.40									0
Board Member		Х						0	0	0
(17) Marcelo Quinones	0.40							<u> </u>		
Board Member		Х						0	0	0
(18) Tess Roering	0.40									
Board Member		Х						o	0	0
(19) Judd Sher	0,40									
Board Member		Χ						0	o	0
(20) Michael Hughes	0.40									<u> </u>
Board Member		Х						0	o	0
(21) Thomas Ahn	40.00									
Executive Director		Х		Х				109,250	0	5,986
(22) Andres Paez	40.00									
Director of Operations				Х			Χ	66,300	0	7,707
(23)										
(0.4)										
(24)										
(25)										
(43)										
1b Sub-total							▶	175,550	0	13,693
c Total from continuation sheets to Part VII,								0	0	10,093
d Total (add lines 1b and 1c).								175,550	0	13,693
2 Total number of individuals (including but not l	imited to those	listed	abo	ove) wh	o rec	eiv	ed more than \$10	0.000 of	10,000
reportable compensation from the organization	n 🏲			1	,		• • •		0,000 0.	
										Yes No
3 Did the organization list any former officer, dir	ector, or trustee	, key	em	plo	yee,	, or h	igh	est compensated		
employee on line 1a? If "Yes," complete Sche	dule J for such i	ndivi	dua	Ι.						3 X
4 For any individual listed on line 1a, is the sum	of reportable co	mpe	nsa	tion	and	d oth	er c	ompensation from	1	
the organization and related organizations gre	ater than \$150,0	000?	If "Y	res,	," cc	mple	ete .	Schedule J for suc	ch	
individual						٠.				4 X
5 Did any person listed on line 1a receive or acc	rue compensati	on fr	om :	anv	unr	elate	d o	raanization or indi	ividual	
for services rendered to the organization? If ">	'es." complete S	Sched	lule	J fe	or si	uch n	ers	on	ividuai	5 X
Section B. Independent Contractors										<u> </u>
1 Complete this table for your five highest comp	ensated indeper	nden	t co	ntra	ctor	s tha	ıt re	ceived more than	\$100,000 of	
compensation from the organization. Report of	ompensation for	the	cale	nda	ar ye	ear e	ndir	ng with or within th	ne organization	ı's tax
year.										
(A) Name and business addr	YOUR .							(B)		(C)
tvaine and pusiness addi	655							Description of service	es C	ompensation
					.,			-		
2 Total number of independent contractors (inclu			to th	1056	e list	ed a	bov	e) who received		
more than \$100,000 of compensation from the	organization	▶				0				

Form 990 (2012) **Part VIII** St Statement of Revenue

.010.500	est samuel	Check if Schedule O contain	s a response to	any question 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, 513, or 514
ts ts	1a				Salara i Africki (Springera			
Contributions, Gifts, Grants and Other Similar Amounts	b		<u>1t</u>)				
S, G	С		10	220,599				
Gift	d	3	1c	1				
ns,	e	Government grants (contribution	າs) <u>1</u> ຍ	50,678				
utio	f	All other contributions, gifts, gra	nts, and					
활청		similar amounts not included ab		1,298,143	+1875 - 1970 - 1872 - 1872 - 1872 - 1872 - 1872 - 1872 - 1872 - 1872 - 1872 - 1872 - 1872 - 1872 - 1872 - 1872			BEWEREN
Son	g	Noncash contributions included in l		28,538				
	h	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·	<u></u> .	1,569,420			
e e				Business Code	194,274,573,674	1971-1771-1771		
Program Service Revenue	2a							Programme Particle Street
ä	b							
ζĠ	С							
Sen	d					T		
E	e							
go	f	All other program service revenu	ле					
ò.	g	Total. Add lines 2a-2f			· · · · · · · · · · · · · · · · · · ·		E TERRENCIAS	
	3	Investment income (including di	vidends, interes	st, and				<u> Nick with the pulse Hubert at </u>
		other similar amounts)		.	16			16
	4	Income from investment of tax-e	xempt bond pr	oceeds				10
	5	Royalties						
			(i) Real	(ii) Personal	MENELYS CENTRAL		NA TALE SYNTHAN	TÖÖNÜN MÜT VALAV
	6a	Gross rents			Maria 2000 100 100 100 100 100 100 100 100 10			
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)			m i vra transijentų tysku.	Control of the Test was setting	18. A. C. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	in ministrative en alla supplication i
	7a	Gross amount from sales of	(i) Securities	(ii) Other		750000000000000000000000000000000000000		KORTALARA (Table)
		assets other than inventory.		·				
	b	Less: cost or other basis						
		and sales expenses						
	C	Gain or (loss)						
	d	Net gain or (loss)		>		am missikiskin edin m		
		(1217)					ra ville board ()	
စ္	8a	Gross income from fundraising						
ŭ.			220,599					
Š		of contributions reported on line						
Other Revenu		See Part IV, line 18		46,390				
he	b	Less: direct expenses		69,107				
õ	c	Net income or (loss) from fundra						
	9a	Gross income from gaming activ			-22,717			-22,717
1	Ju	See Part IV, line 19						
	b	Less: direct expenses		0	reconstant			
	c	Net income or (loss) from gaming		<u> </u>		SPECE AND THE CORRESPONDED	CONTRACTOR OF STREET	
		Gross sales of inventory, less	g activities. ,	· · · · · · · · · · · · · · · · · · ·	ROVELVO AND ORGANIZATORS N			11 N. Grass (1 1999) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	IVa	returns and allowances						
1	h			<u> </u>				
[Less: cost of goods sold Net income or (loss) from sales of		0				
ŀ			n inventory		ra katina dalah Kilaya yang t		The state of the state of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ŀ	11a	Miscellaneous Revenue	+	Business Code				
l	b							
	Ç	All other revenue						
	d	Total. Add lines 11a–11d		L		g til gel som galatining.		. A Barrier van Artistansk in der
l	е 12	Total revenue. See instructions.						
- 1	14	- rotal revenue, 566 MSMUCIONS.			1.546.719	1 569 420	ı ni	-99 701

Form 990 (2012) First Graduate ParalX Statement of Functional Expenses

Section 501/a)/2) and 501/a)/4) as	ganizations must complete all columns. All other organizations must complete column (A).
- 0600001 301101131 4110 301101141 010	IBUIZBUODS MUSI COMDIETE BU COLUMNS. All Other organizations must complete column /A\
	The state of the complete an obtaining of the organizations must complete countril [A].

	not include amounts reported on lines 6b, 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		0/1000	general expenses	expenses
	organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the				52 S200-12 S555
	United States. See Part IV, line 22	188,792	188,792		
3	Grants and other assistance to governments,		· · · · · ·		
	organizations, and individuals outside the			are energy and an end of	
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	187,906	67,804	78,445	41,657
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	638,868	493,976	21,084	123,808
8	Pension plan accruals and contributions (include				***************************************
	section 401(k) and 403(b) employer contributions)	17,194	12,713	303	4,178
9	Other employee benefits	52,245	43,934	2,248	6,063
10	Payroll taxes	67,442	46,716	7,624	13,102
11	Fees for services (non-employees):				
a	Management	0	•		
b	Legal	0			
C	Accounting	25,619	25,619		
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	61,843	33,565	27,985	293
12	Advertising and promotion	0			
13	Office expenses	54,564	28,339	5,614	20,611
14	Information technology	0			
15	Royalties	0			
16	Occupancy	124,784	98,001	9,682	17,101
17	Travel	21,112	20,116	295	701
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	o			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,489	3,342	415	732
23	Insurance	9,454	2,985	5,814	655
24	Other expenses. Itemize expenses not covered	4.44.15.15.15.15.15.15			
	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	Student/mentor meals, snacks & admissions	20,948	19,795	756	397
b	Special event expenses	9,613			9,613
C	Staff development	6,325	1,081	4,345	899
d	Books & materials	1,731	1,728		3
е	All other expenses Other	11,020	5,175	1,410	4,435
25	Total functional expenses. Add lines 1 through 24e.	1,503,949	1,093,681	166,020	244,248
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)				

Balance Sheet

Check if Schedule O contains a response to any question in this Part X...... (A) (B) Beginning of year End of year 1 2 380,602 2 434,532 3 592,901 3 554,089 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 6 ol 7 0 8 Prepaid expenses and deferred charges . . . 9 23,116 9 31,677 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 6,337 10c 6,775 11 0 11 0 12 0 12 0 Investments—program-related. See Part IV, line 11 13 0 13 0 14 0 14 0 15 0 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,002,956 16 1,027,073 17 66,189 17 62,536 18 18 19 19 20 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, Liabilities 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 74,000 25 59,000 140,189 26 121,536 Organizations that follow SFAS 117 (ASC 958), check here▶ X and Balances complete lines 27 through 29, and lines 33 and 34. 27 54,186 27 247,297 28 808,581 28 658,240 Assets or Fund 29 29 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds . . . Net. 32 33 862,767 33 905,537 34 1,002,956 34 1,027,073

WANTED THE PARTY OF THE PARTY O	990 (2012) First Graduate	94	4-338117	1 Pa	ge 12
E	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,546	5.719
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,503	
3	Revenue less expenses. Subtract line 2 from line 1	3			2,770
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			2,767
5	Net unrealized gains (losses) on investments	5	,		-1.01
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
or delector's a vert	column (B))	10		908	5,537
[Zii	Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
		-		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		27 L	* \$10.00	
	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	0 8000 mm	x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		20.03		39.70
	reviewed on a separate basis, consolidated basis, or both:		Paris		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		\$60°		48554
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		2b	X	A 992 F 33
	separate basis, consolidated basis, or both:		1986		
	X Separate basis Consolidated basis Both consolidated and separate basis		-1/03 24/4		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain i	n			
	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?		. <u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

▶See separate instructions.

OM	B No.	1545	004	7
4	20	1	2	
28.400 mm 19.00 mm 19.00	en to		de sun come	0
l	15 p.	Cili	m	

Firet	Grad	duate							Employ		tion number	
Le			for Public Ch	parity Status (All or	annizatio	no marrot	00000101		<u> </u>	94-3	381171	
		nization is no	t a private found	narity Status (All or dation because it is: (F	yanızanı Tor linos 1	through	complete	e tnis pai	rt.) See i	nstructio	n <u>s. </u>	
1	Ľ	A church, c	onvention of chu	ırches, or association	of church	ies descril	bed in se	ction 170	oox.) (b)(1)(A) ((i).		
2	\square	A school de	scribed in secti	on 170(b)(1)(A)(ii). (A	ttach Sch	nedule E.)						
3		A hospital of	r a cooperative	hospital service organ	ization de	escribed in	n section	170(b)(1)(A)(iii).			
4		A medical re hospital's na	esearch organiz ame, city, and sl	ation operated in conj tate:	unction w	ith a hosp	ital descr	ibed in se	ection 17	0(b)(1)(A)	(iii). Enter th	ie
5		An organizatin section 1	ition operated fo 170(b)(1)(A)(iv).	or the benefit of a colle (Complete Part II.)	ge or uni	versity ow	ned or op	erated by	a govern	mental u	nit described	
6		A federal, st	tate, or local gov	vernment or governme	ental unit e	described	in sectio	n 170(b)((1)(A)(v).			
7	X	An organiza	ition that normal	ly receives a substant)(1)(A)(vi). (Complete	ial part of					or from th	e general pu	blic
8				d in section 170(b)(1)		Complete	Part II.)					
9		An organiza receipts from support from acquired by	ition that normal n activities relate n gross investme the organization	ly receives: (1) more t ed to its exempt functi ent income and unrela n after June 30, 1975.	han 33 1/ ons—sub ited busin See sec t	/3% of its s oject to cen ness taxab tion 509(a	support fr rtain exce le income i)(2). (Cor	ptions, ar (less se nplete Pa	nd (2) no ction 511 art III.)	more thar tax) from	1.33.1/3% of	gross its
10				and operated exclusive								
11	Ш	purposes of	one or more pu	and operated exclusive blicly supported organ at describes the type o	nizations d	described	in section	509(a)(1) or secti	on 509(a)	(2). See sec	tion
		а 🔲 Туре									nally integra	ited
e		By checking	this box, I certif	ly that the organization	n is not co	ontrolled d	irectly or	indirectly	by one or	more dis	gualified	lou
		persons other	er than foundati	on managers and othe	er than on	ne or more	publicly:	supported	d organiza	itions des	cribed in sec	etion
			section 509(a)(•								
f		If the organi	zation received , check this box	a written determination	n from the	e IRS that	it is a Typ	oe I, Type	ll, or Typ	e III supp	orting	
g				the organization acce	 Inted any	 .aift or con	tribution	· · · ·				· L_
9		following pe	rsons?	tho organization acce	pica any	giit oi coi	ILIBULION	nom any	orate			
		(i) A pers	son who directly	or indirectly controls,	either alo	ne or toge	ether with	persons	described	l in (ii)	Yes	No
		and (ii	i) below, the go	verning body of the su	pported o	organizatio	on?				11g(i)	
,		(ii) A fami	lly member of a	person described in (i) above?	 . (ii) above					11g(ii)	<u> </u>
h		Provide the	followina inform	y of a person describe ation about the suppo	rted organ	nization(s)	∌f i				11g(iii)	<u> </u>
(i)	Name	of supported	(ii) EIN			organization		ou notify	(vi)	is the	(vii) Amount of r	monetary
	orga	nization		(described on lines 1–9 above or IRC section	in col. (i) ii	sted in your	the organ	nization in	organiza	tion in col.	support	
				(see instructions))	governing	document?		of your port?		ized in the S.?		
					Yes	No	Yes	No	Yes	No		
(A)												
(B)												
(C)												
D)												
E)												
								\$733	Kradago da Amagado			
<u> Fotal</u>												0

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Page 2 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) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1.008.599 1,604,811 1,549,496 1,711,836 1,543,835 7,418,577 2 Tax revenues levied for the organization's benefit and either paid to or expended on 0 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 1,008,599 1,604,811 1,549,496 1,711,836 1,543,835 7,418,577 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) 1,909,889 Public support. Subtract line 5 from line 4. 5,508,688 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Amounts from line 4 7 1,008,599 1,604,811 1,549,496 1,711,836 1,543,835 7,418,577 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties and income from similar 7,880 719 963 584 16 10,162 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 . . 7,428,739 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 74.15% 15 33 1/3% support test-2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 16a 33 1/3% support test-2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 10%-facts-and-circumstances test-2012. 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 10%-facts-and-circumstances test-2011. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

	RIII Support Schedule for Organizat	ions Describ	ed in Sectio	n 509(a)(2)		01000111	
	(Complete only if you checked the	box on line 9	of Part I or if	the organizat	ion failed to q	ualify under P	art II.
	If the organization fails to qualify u	nder the tests	listed below,	<u>pleas</u> e comp	lete Part II.)	,,	
	tion A. Public Support						-
Cale	endar year (or fiscal year beginning in) 🗦	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			·			
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on						···
	its behalf						
5	The value of services or facilities						-
	furnished by a governmental unit to the						
c	organization without charge						
6 7a	Total. Add lines 1 through 5		<u> </u>				·
74	received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	74.					
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	State of the State		5,002.00.000.000			
<u> </u>	line 6.)	ALC: AND PARTY OF				200000000000000000000000000000000000000	
	tion B. Total Support	() 2000				1	
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,		•				
	payments received on securities loans,					1	
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
^	Add lines 10a and 10b						
11	Net income from unrelated business						
''	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						· · · · · · · · · · · · · · · · · · ·
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First five years. If the Form 990 is for the organization, check this box and stop here	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c)(3)	
<u> </u>	tion C. Computation of Public Support						
15	Public support percentage for 2012 (line 8, column		12 ookuma (f)			15	
16	Public support percentage from 2011 Schedule A,					16	
	tion D. Computation of Investment Inco	me Percenta	ae			10	
17	Investment income percentage for 2012 (line 10c,			ımn (fl)	***************************************	17	-
18	Investment income percentage from 2011 Schedul					18	
19a	33 1/3% support tests—2012. If the organization of						
	not more than 33 1/3%, check this box and stop he						
b	33 1/3% support tests—2011. If the organization of						
	line 18 is not more than 33 1/3%, check this box ar						🕨 🗍
20	Private foundation. If the organization did not che	ck a box on line	14, 19a, or 19b,	check this box a	nd see instructio	ns	▶ 🔲

Schedule A (Form	990 or 990-EZ) 2012	First Graduate		94-3381171	Page 4
Part IV	Supplemental	Information. Complete this	s part to provide the explanations	required by Part II, line 10	1 age 7
	Part II, line 17a	or 17b; and Part III, line 12	. Also complete this part for any	additional information (See	,
	instructions).		and the second s	additional information: (066	,
	*		*******	*	
			**		
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			· • • • • • • • • • • • • • • • • • • •		
• • • • • • • • • • • • •					
	- 	~~~~			
					

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

Employer identification number First Graduate 94-3381171 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) . . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be 6 used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Yes Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a b 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 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 during the tax year Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds?............. Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and 9 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. PartIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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. 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: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

	dule D (Form 990) 2012 First Graduate						94-3381	171		Page 2
-	Organizations Maintaining Colle	ections of A	rt, Histor	ical Tre	easures, or	Other S	imilar Assets	(contir	nued)	· ago a
3	osing the organization's acquisition, acces	sion, and oth	er records	, check	any of the fol	lowing th	at are a significa	ant		
	use of its collection items (check all that ap	oply):				_	Ū			
а	Public exhibition		d	Loan	or exchange	progran	าร			
þ	Scholarly research		е	Othe	r					
C	Preservation for future generations				*******					
4	Provide a description of the organization's Part XIII.	collections ar	nd explain	how the	y further the	organiza	tion's exempt pu	ırpose i	in	
5	During the year, did the organization solicit assets to be sold to raise funds rather than	t or receive de to be mainta	onations o	f art, hist	torical treasu	res, or ot	her similar			1
Par	Escrow and Custodial Arrange	ments. Con	nplete if t	ne orgai	nization ans	wered "	Yes" to Form 9	90 Ps	es	No
	IV, line 9, or reported an amount	on Form 99	0, Part X,	line 21.				,,,,,,		
1a	Is the organization an agent, trustee, custo	dian or other	intermedi	arv for co	ontributions o	or other a	ssets not			
	included on Form 990, Part X?							Пу	es	No
b	If "Yes," explain the arrangement in Part XI	ll and comple	ete the foll	owing ta	ble:			ш.] 110
							Δ	mount		
C	Beginning balance					. 1c				
d	Additions during the year					1d				
e f	Distributions during the year	$\bullet \bullet \bullet \bullet_i$. <u>1e</u>				
	Ending balance									
2a	Did the organization include an amount on	Form 990, Pa	art X, line	21?					es 🗌	No
b	If "Yes," explain the arrangement in Part XI	II. Check her	e if the ex	olanation	n has been pi	rovided ir	Part XIII		. 「	1
ear	V Endowment Funds. Complete if	the organiza	ation ans	wered "	Yes" to Forr	n 990, F	art IV, line 10.		<u></u> -	-
	(a)	Current year	(b) Prio		(c) Two years		d) Three years back	T	our year	s back
1a	Beginning of year balance									
b	Contributions									
¢	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance				<u></u>					
2	Provide the estimated percentage of the cu		d balance	(line 1g,	column (a))	held as:				_
a	Board designated or quasi-endowment	>	<u>%</u>							
b	Permanent endowment	% .								
С	Temporarily restricted endowment	%								
3a	The percentages in lines 2a, 2b, and 2c sho	ould equal 10	0%.							
Ja	Are there endowment funds not in the poss	ession of the	organizat	on that a	are held and	administe	ered for the			
	organization by:								Yes	No
	(i) unrelated organizations(ii) related organizations							3a(i)		
b	(ii) related organizations			0.4.				3a(ii)		
4	Describe in Part XIII the intended uses of the	ns iisteu as re	equirea or	Schean	ile K7			3b		
	Description of property	1								
	Description of property	(a) Cost or ot (investm			ost or other is (other)		ccumulated preciation	(d) B	ook valu	е
1a	Land		-7	240		(C)	Washington And CASA			
b	Buildings									
c	Leasehold improvements			**·····	7,084		F 970			4.005
d	Equipment				66,572		5,879			1,205
е	Other				00,012		61,002			5,570
Total	. Add lines 1a through 1e. (Column (d) must	equal Form 9	990, Part >	ζ, columi	n (B), line 10:	(c).) .		·····		6,775
	W.C A		***************************************		and the second second			www.		J,110

Investments—Other Securities	s. See Form 990, Part X	, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:
(1) Financial derivatives	0	Cost or end-of-year market value
(2) Closely-held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
<u></u>		
(G)		
(H)	·	
Total. (Column (b) must equal Form 990, Part X, col. (8) line 12.)		
Part VIII Investments—Program Relate	d See Form 990 Part X	IFT November 1994 - TOTAL SECTION OF A PERMITTING SECTION OF THE PROPERTY OF THE PROPERTY OF A PROPERTY OF THE PROPERTY OF T
(a) Description of investment type	(b) Book value	(c) Method of valuation:
		Cost or end-of-year market value
(1)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total, (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Control of the Park See Form 990, P.	art X, line 15.	
(a)	Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
<u>(6)</u>		
(7)		
(8) (9)	·	
(10)		
Total. (Column (b) must equal Form 990, Part X, co	I. (B) line 15.)	
PariX Other Liabilities. See Form 990		
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	0	
(2) Scholarship Obligations	59,000	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	59,000	
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of th for uncertain tax positions under FIN 48 (ASC 740). Check here	e footnote to the organization's fi if the text of the footnote has be-	inancial statements that reports the organization's liability
The second second to the second second to the second secon	tore or the receipte has bee	on providod are distributed as a second seco

1 2 a	Reconciliation of Revenue per Audited Financial Statements With Revenue per Total revenue, gains, and other support per audited financial statements	1	
2 a	Amounts included on line 1 but not on Form 200. Part VIII. line 10:		
a		1	1,591,984
a h	Not unralized going on investments		
	Net unrealized gains on investments		
	Donated services and use of facilities		
d	Recoveries of prior year grants		
e	Other (Describe in Part XIII.)		
3	Add lines 2a through 2d	_2e	45,265
4	Subtract line 2e from line 1	3	1,546,71 9
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
5 5	Add lines 4a and 4b	4c	
Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,546,719
	Provided by the state of the st	er Return	
	Total expenses and losses per audited financial statements	1	1,549,214
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities		
b	Prior year adjustments		
Ć.	Other losses	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	45,265
3	Subtract line 2e from line 1	3	1,503,949
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
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	1,503,949
Part	Supplemental Information lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, li		

Schedule D (Form	990) 2012 First Graduate	94-3381171	Page 5
Part XIII	990) 2012 First Graduate Supplemental Information (continued)		Tage O
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No. 1545-0047

Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number First Graduate 94-3381171 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations a e X Solicitation of non-government grants X Internet and email solicitations b Solicitation of government grants X Phone solicitations C Special fundraising events d X In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or 2a key employees listed in Form 990. Part VII) or entity in connection with professional fundraising services? X yes N

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody or	draiser have r control of utions?	(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 Reynolds & Buckley, LLC	Fundraising consultant/auc	Yes	No X	127,574	5,500	400.074
2	onoananyado			127,074	5,500	122,074
3						
4						
5						,
6						
7						
8						
9						
10						
Total			🌬	127,574	5,500	122,074
3 List all states in which the or registration or licensing.	ganization is registered	d or licens			as been notified it	is exempt from
· · · · · · · · · · · · · · · · · · ·						
• • • • • • • • • • • • • • • • • • • •						
					· <i>· · · · ·</i> · · · · · · · · · · · · ·	

	rm 990 or 990-EZ) 2012
Partill	Fundraising E

First Graduate

94-3381171 Page 2

L	artill		Complete if the organi	zation answered "Yes	s" to Form 990, Part IV	/ line 18 or reported
		more than \$15,000 of	fundraising event conti	ibutions and gross in	come on Form 990-Ez	Z, lines 1 and 6b. List
		events with gross rece	ipts greater than \$5,00	00.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Cap & Gown		NONE	(add col. (a) through
ត			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	266,989			266,989
ш	2	Less: Contributions Gross income (line 1	220,599			220,599
		minus line 2)	46,390			46,390
	4	Cash prizes				0
Ø	5	Noncash prizes	25,585			25,585
bense	6	Rent/facility costs	14,261			14,261
Direct Expenses	7	Food and beverages	29,261			29,261
ä	8	Entertainment		•		0
	9	Other direct expenses	0			0
s is inventor	10 11	Direct expense summary. Ad Net income summary. Combi	ne line 3, column (d), and	d line 10		(69,107) -22,717
		Gaming. Complete if t	he organization answe	red "Yes" to Form 99	0, Part IV, line 19, or r	eported more
		than \$15,000 on Form	990-EZ, line 6a.	****		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Вè	1	Gross revenue				
Jses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	_5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add	d lines 2 through 5 in colu	лт (d) ,	<i></i>	
	8	Net gaming income summary	. Combine line 1, column	d, and line 7	>	
	a Is	nter the state(s) in which the or the organization licensed to or 'No," explain:	- · · · -	n each of these states?		. Yes No
					•	
10	a W	ere any of the organization's ga 'Yes," explain:	aming licenses revoked,	suspended or terminate	ed during the tax year?.	. Yes No

scried	tule G (Form 990 or 990-EZ) 2012 First Graduate	94-	3381171	Page 3
11	Does the organization operate gaming activities with nonmembers?	<u> </u>	Yes	No
12	ls the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?			
13	Indicate the percentage of gaming activity operated in:	· [Yes	No
a	The organization's facility ,	13a		0/
þ	An outside facility	13h		% %
14	Effect the name and address of the person who prepares the organization's gaming/special events book	S	·	
	and records:			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?	Γ	7 Vac 1	No
þ	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 .			
С	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			
7	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
a	Enter the amount of distributions required under state law to be distributed to other exempt organizations			
Arii	or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by Pa		no Ob	0
	(iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also comple provide any additional information (see instructions).	ete thi	s part to	Jiumns
	••••••			

SCHEDULE (Form 990)

Department of the Treasury Name of the organization Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Publi

Employer identification number

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Š (h) Purpose of grant or assistance X Yes 94-3381171 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance . . Part IV, line 21, for any recipient that received more than S5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) . . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. • (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . $\,$. $\,$ (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table. the selection criteria used to award the grants or assistance?. General Information on Grants and Assistance (c) IRC section if applicable (P) 1 (a) Name and address of organization or government First Graduate PartII (8)

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

Schedule I (Form 990) (2012)

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First Graduate

Schedule I (Form 990) (2012)

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

rait III can be duplicated if additional space is needed	I 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 Scholarships	57	188,792		FMV	
2 Gifts/Awards	353	4,043		>WL	
3 Stipends	2	11,700) N	THE PERSON NAMED IN COLUMN TO SERVICE AND PARTY OF THE PERSON NAMED IN COLUMN TO SERVICE AND PARTY.
4					
5		The same of the sa			
9			THE REAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF T		
7					
Supplemental Information. Complete this part to information.	e this part to provid	e the information rec	quired in Part I, line	provide the information required in Part I, line 2, Part III, column (b), and any other additional	nd any other additional
Part I Line 1 Scholarship payments are contingent upon the participant being enrolled full-time (at least 12 units per	on the participant be	ing enrolled full-time (at least 12 units per		
semester/quarter) in post secondary academic education and maintaining a grade point average of 2.0 or above. Program staff monitor	tion and maintaining	a grade point average	e of 2.0 or above. Pro	gram staff monitor	
participant status throughout the year in order to determine eligibility. In most cases, the scholarship funds are sent directly to the	rmine eligibility. In m	ost cases, the scholar	ship funds are sent o	irectly to the	
institutions on behalf of the participants.	1 1 2 2 5 7 7 3 4 4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	0 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0	# # # # # # # # # # # # # # # # # # #		
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	4 4 4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	1 1 2 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	,	1	
3		2 E E E E E E E E E E E E E E E E E E E	• • • • • • • • • • • • • • • • • • •		
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Schedule I (Form 990) (2012)

SCHEDULE M (Form 990)

First Graduate

Noncash Contributions

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2012 Open To Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

Inspection
Employer identification number

94-3381171

123	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	Method noncash c	(d) d of determini ontribution an	ng nounts
1	Art—Works of art						
2	Art—Historical treasures			V-1/			
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	2	7,262	Fair Marke	t Value	
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 ► (Vehicle)	Х	1	18 000	Fair Market	t Value	
26	Other ▶ (Auction items)	Х	15		Fair Market		
27	Other ▶ (Computer Equipmi)	X	11		Fair Market		
28	Other ► (2,001	i dii iridi ko	· value	
29	Number of Forms 8283 received	by the orga	nization during the tax year	for contributions for			
	which the organization completed				29		
	3		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2.5	Yes	No
30a	During the year, did the organizat	lion receive	by contribution any proper	ty reported in Part I lines 1	-28	103 PM	140
	that it must hold for at least three				20		
	required to be used for exempt po					30a	Х
b	If "Yes," describe the arrangemen					300	A
31	Does the organization have a gift			viou of any non-etandard			
٠.	contributions?	accopiano	e poncy that requires the re	view or any non-standard			i Angress
32a	Does the organization hire or use					31 X	-
JE A	noncash contributions?					00-	
b	If "Yes," describe in Part II.	• • • •	· · · · · · · · · · · · · · · · · · ·			32a	X
33	If the organization did not report a	an amount i	n column (a) for a tune of a	ronarty for which calvers /-	a) io		
50	checked, describe in Part II.	ar amount 1	n column (c) for a type of p	roporty for writer coluitiff (a	1) 15		

ParkII	Supplemental laterals Co.	94-3381171	Page 2
	Supplemental Information. Complete this part to provide the information required by Par 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of number of items received, or a combination of both. Also complete this part for any additional complete this part to provide the information required by Par 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of number of items received, or a combination of both.	t I, lines 30b,	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Internal Revenue Service

Department of the Treasury Attach to Form 990 or 990-EZ, Name of the organization

First Graduate	94-3381171
Form 990, Part VI, Line 11b:	
The form 990 will be reviewed by Management and the Board Finance Committee for accur-	acy before filing and being
distributed to the full Board.	
Form 990, Part VI, Section B, Line 12b&c:	
First Graduate requires all Board members and Officers to annually disclose any conflict and annually c	complete an affirmation questionnaire.
Form 990 Part VI, Section B, Line 15a:	
Comparability data from a wage and benefit report was used to determine compensation for	the organization's Executive Director.
Form 990, Part VI, Section B, Line 15b:	
Comparability date from a wage and benefits report as well as job postings from similar orga	anizations for comparable
positions have been used to determine compensation for director level positions.	
Form 990, Part VI, Section C, Line 19:	
The organization makes its governing documents, conflict of interest policy and financial sta	tements available to the public
upon request.	

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94-3381171	Name of the organization	Page 2
	First Graduate	Į.
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