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SCAINNED APR 0

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052 2002

Ī	nternal F	Revenue Se	rvice	Note: The foundat	ion may l	pe able to use a c	opy of t	his return to s	atisfy state	reporting re	quirements		
ī	or ca	lendar	year 2008,	or tax year beg	inning		07/0	, 2008,	and end	ing		06/30, 20 09	
ō	G Che	eck all t	hat apply	Initial retu	rn	Final return		Amended	return	Addre	ss change	Name change	
-			Name of fo		·		1					cation number	
	11 4	te the IRS									proyer recitation		
		ne iks bel.	L										
		rwise,		MANITARIAN_	··				5 /		20-3920671		
		rwise, rint	Number an	d street (or P O box	number if	mail is not delivered	to street a	address)	Room/su	ite B Tele	phone number (see	page 10 of the instructions)	
	•	type.											
		pecific	201 SOU	TH MAIN STR	EET, S	SUITE 1100					(803	L) 578-6966	
		ctions.	City or town	n, state, and ZIP co	de						xemption applica iding, check here		
			i								oreign organizat	►	
			SALT LA	KE <u>C</u> ITY, UT	84111						oreign organizat		
ī	1 Che	eck type		ation X Sect			vate fo	undation			5% test, check h	ere and attach	
•				onexempt charitable				vate foundat	ion	9	omputation .		
-					T	unting method						status was terminated	
				Il assets at end		-	_xj Ca	ISII ACC	iluai	unc	ler section 507(b)	(1)(A), check here . P	
_	•	•	m Part II, co	• • •		ther (specify)				į.		in a 60-month termination	
≋.		▶ \$		18,399.		column (d) must	be on	casn basis)	1	unc	ler section 507(b)	(1)(B), check here	
\gtrsim I	Part			enue and Expens		(a) Revenue a	nd	(b) Net inve	etment	(c) Adu	sted net	(d) Disbursements	
==				columns (b), (c), an ly equal the amount		expenses pe		Incom			ome	for charitable purposes	
, ,				ge 11 of the instruc		books						(cash basis only)	
	1	Contribut	tions, gifts, grants	s, etc., received (attach sc	hedule)	806,0	000.						
< č	2	Check 1	_ if the	foundation is not req	uired to	2237							
ζ	3	-	allau	h Sch B			428.	<u>.</u>	428.		428.	STMT 1	
)	1		•	d temporary cash inve								51111 1	
Ĭ	4			est from securities			57.		57.		57.		
:	5 a	Gross r	ents	• • • • • • • • •									
	Ь	Net rent	tal income or (l	oss)									
9	6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2)												
9	assets on line 6a							REC	CEIVED				
2	7	Capital	gain net inc	ome (from Part IV,	line 2) .								
Ω	8	Net she	ort-term capi	tal gaın							_	S	
	9	Income	e modification	ns · · · · · ·						3	MAR	1 9 2010 19	
	10 a	Gross sa	ales less retums	5		·				,		38	
	h		wances • • • ost of goods sol			· · · · · · · · · · · · · · · · · · ·				i.			
			-) (attach schedule)						<u> </u>	- OG L	EN, UT	
										L			
				ch schedule)			405		405		405		
-	12			hrough 11		806,			485.		485.		
	13			ers, directors, trustees			NONE						
u	, 14			aries and wages .									
2000	15	Pensio	n plans, emp	oloyee benefits									
ğ	16a	Legal f	ees (attach s	chedule)		23,8	332.		14.		14.	23,818.	
E Y I	b از	Accour	nting fees (at	ttach schedule)	!	2,	700.		2.		2.	2,698.	
				fees (attach schedin		38,	541.				444.	38,097.	
Administrative	17	Interes	t										
ţ	18			e) (see page 14 of the ins	i								
	19			h schedule) and de								•	
<u> </u>	20			•	· 1	······							
Ā	20					27 /	270						
ב	21			s, and meetings		37,0	<u>, , u. </u>						
				ations									
5	23		•	ach schedule) S.T.M		55,2	244.		25.	<u> </u>	25.		
Ž	24	Total o	perating an	d administrative ex	penses.								
Onerating	<u>{</u>	Add lin	es 13 throug	jh 23		157,	387.		41.		485.	64,613.	
Ç	25	Contrib	outions, gifts,	, grants paid		480,0	014.					480,014.	
	26	Total exp	enses and disbu	ersements Add lines 2	4 and 25	637,	- 1		41.		485.	544,627.	
-	27		ct line 26 fro										
				xpenses and disbursem	ents	169,0	184						
				ome (if negative, er	1	100,0			111				
				ne (if negative, ente	' 1				444.	.			
	ı c	- Aujust	ea ner incoll	ie (ii negauve, ente	ı -∪-)				ı		-0-		

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. JSA 8E1410 1 000

P	art II	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year
		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	33,011.	1,934.	1,934.
	2	Savings and temporary cash investments			······································
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
ı	4	Pledges receivable			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶			
s	8	Inventories for sale or use			
ssets	9	Prepaid expenses and deferred charges			
Asi	10 a	Investments - U S and state government obligations (attach schedule)			
Ī		Investments - corporate stock (attach schedule)		4.47	
		Investments - corporate bonds (attach schedule)		···	·
	11 [*]	Investments - land, buildings,			-44- <u>-</u>
		(attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land buildings and			
		equipment basis Less accumulated depreciation (attach schedule)			
Ī	15	Other assets (describe STMT 4)	8,022.	16, 465.	16, 465.
	16	Total assets (to be completed by all filers - see the			
		instructions Also, see page 1, item I)	41,033.	18,399.	18,399.
П	17	Accounts payable and accrued expenses	226,097.	34,379.	
	18	Grants payable			
ŝ	19	Deferred revenue			
.Ψι	20	Loans from officers, directors, trustees, and other disqualified persons			
ᅙ	21	Mortgages and other notes payable (attach schedule)			
ٳڐ	22	Other liabilities (describe			
			··· -		
_	23	Total liabilities (add lines 17 through 22)	226,097.	34,379.	
		Foundations that follow SFAS 117, check here ▶			
_		and complete lines 24 through 26 and lines 30 and 31.			•
alances	24	Unrestricted			•
핆	25	Temporarily restricted			
۵	26	Permanently restricted			
Fund		Foundations that do not follow SFAS 117.			
교		check here and complete lines 27 through 31. ▶ 🗓			
6	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds	-185,064.	-15,980.	
	30	Total net assets or fund balances (see page 17 of the			
휜		instructions)	-185,064.	- 15, 980.	
- 1	31	Total liabilities and net assets/fund balances (see page 17	200,0011	20, 3001	
İ		of the instructions)	41,033.	18,399.	
P	art li	Analysis of Changes in Net Assets or Fund E			
		net assets or fund balances at beginning of year - Part II,		agree with	
		of-year figure reported on prior year's return)			-195 064
2	Ente	r amount from Part I, line 27a			-185,064.
3	Othe				169,084.
		hand 4 O and 0			_15 000
_	n	and the second s		• • • • • • • • • •	-15, 980.
6	Total	eases not included in line 2 (itemize) ► net assets or fund balances at end of year (line 4 minus li	ne 5) - Part II, column (b)	line 30 6	-15,980.
		22220 of faile balances at end of year time 4 fillings in	no o, i are ii, coluinii (b),		Form 990-PF (2008)
JSA 8E1	420 1 0	000			rom 330-FF (2008)

Form 990-PF (2008)		20-39206	71		Page 3
Part IV Capital Gains	s and Losses for Tax on In	vestment Income	(b) How		
	d describe the kind(s) of property sold		acquired P-Purchase	(c) Date acquired	(d) Date sold (mo , day, yr)
2-story b	orick warehouse, or common stock, 200	O shs MLC Co)	D-Donation	(mo , day, yr)	(iiio , day, yi)
1a			ļ		
b			ļ		
C					-
<u>d</u>					
_e	r	() () ()		1	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (k (e) plus (f) min	
a					
b					
C					
d					
e					
Complete only for assets s	showing gain in column (h) and ow	vned by the foundation on 12/31/69	a	Gains (Col (h) g	iain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(k), but not less Losses (from ∞	than -0-) or
a		 			· ·
b			1		•
C					
d					
е					
a Control	()	If gain, also enter in Part I, line 7			
2 Capital gain net income or	r (net capπai loss) {	If (loss), enter -0- in Part I, line 7	2		
3 Net short-term capital gaii	n or (loss) as defined in sections 1	222(5) and (6)			
If gain, also enter in Part I	, line 8, column (c) (see pages 13	3 and 17 of the instructions).			
If (loss), enter -0- in Part I,	line 8		3		
Part V Qualification U	nder Section 4940(e) for Red	luced Tax on Net Investment Inc	ome		
(For optional use by domesti	c private foundations subject to the	he section 4940(a) tax on net investi	ment inco	me)	
If section 4940(d)(2) applies,	loove this port blank				
ii section 4040(d)(2) applies,	, leave this part blank				
		butable amount of any year in the b	ase perio	d? 🗆	Yes X No
	not qualify under section 4940(e)				
1 Enter the appropriate am	ount in each column for each yea	ir, see page 18 of the instructions be	efore mak	<u> </u>	•
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ra (cot (b) divided by	
2007	1,105,245.	22, 281.		4	9.604820
2006	385,073.				9.920485
2005	22, 212.				2.949801
2004					
2003					
2 Total of line 1, column (d)			2	9	2.475106
3 Average distribution ratio	for the 5-year base period - divid	le the total on line 2 by 5, or by the			
number of years the foun	dation has been in existence if les	ss than 5 years	3	3	0.825035
Enter the net value of nor	ncharitable-use assets for 2008 fr	om Part X, line 5	4		36 , 726.
Multiply line 4 by line 3			5	1	,132,080.
6 Enter 1% of net investme	ent income (1% of Part I. line 27b)		6		4.
		• • • • • • • • • • • • • • • • • • • •			
Add lines 5 and 6			7	1	,132,084.
B Enter qualifying distribution	ons from Part XII line 4		8		544,627.
If line 8 is equal to or o	reater than line 7. check the bo	ox in Part VI, line 1b, and complet	e that no	art using a 1%	tax rate Ser
the Part VI instructions on	page 18.	The state of the s	pt		
JSA	<u> </u>				990-PF (2008

	دائم.			
orm	990-PF (2008) 20-3920671		F	Page 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	ne ins	tructi	ons)
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 Date of ruling letter (attach copy of ruling letter if necessary - see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check			4.
-	here ► X and enter 1% of Part I, line 27b			4.
_	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			4.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			NONE
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			4.
6	Credits/Payments		-	
	2008 estimated tax payments and 2007 overpayment credited to 2008 6a			
	Exempt foreign organizations-tax withheld at source 6b NONE			
	Tax paid with application for extension of time to file (Form 8868) 6c NONE			
	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d			NONE
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed.			4.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2009 estimated tax ▶ Refunded ▶ 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1 b		<u> x</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1 c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation >\$ (2) On foundation managers >\$		i	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u>X</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	·	<u>X</u>
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6		<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
8 a	the second secon			
	instructions) ▶ UT,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G ² If "No," attach explanation	8 b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			l

or 4942(j)(5) for calendar year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

names and addresses SEE STATEMENT 5

Form **990-PF** (2008)

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Par	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(3)? If "Yes," attach schedule (see page 20 of the instructions)	11		х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		_x_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		X
	Website address N/A			
14	The books are in care of ▶ RONALD MOFFIT Telephone no ▶ 801-57	8-69	66	
	Located at ▶201 SOUTH MAIN STREET, SUITE 1100 SALT LAKE CITY, UT ZIP+4 ▶ 84111			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A		▶	$\cdot \square$
	and enter the amount of tax-exempt interest received or accrued during the year			
Par	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)	1		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if			
	the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1 b	N/	<u>A</u>
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2008?	1 c	 	<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2008? Yes X No			
	If "Yes," list the years			
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	١		
	to all years listed, answer "No" and attach statement - see page 20 of the instructions)	2 b	†	<u> </u>
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
_				
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			
	enterprise at any time during the year?			
D				
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse			
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	3 ь	N/	Δ
4-	foundation had excess business holdings in 2008). Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		14/	X
4a b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
U	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008?	4b		x

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а	t VII-B Statements Regarding Activities f	or Which Form 4	720 May Be Requ	ired (continued)		
i a	During the year did the foundation pay or incur any amor	unt to				
	(1) Carry on propaganda, or otherwise attempt to influe	nce legislation (section	4945(e))?	Yes X No	,	
	(2) Influence the outcome of any specific public election	n (see section 4955), o	or to carry on,			1
	directly or indirectly, any voter registration drive?			Yes X No	•	-
	(3) Provide a grant to an individual for travel, study, or of	ther similar purposes?		Yes X No	·	-
	(4) Provide a grant to an organization other than a char	ritable, etc , organizatio	n described in			
	section 509(a)(1), (2), or (3), or section 4940(d)(2)?	(see page 22 of the ins	structions)	. 🔛 Yes 🔣 No	,	
	(5) Provide for any purpose other than religious, charita	ble, scientific, literary, o	or			1
	educational purposes, or for the prevention of cruelty	y to children or animals	,,	Yes X No		1
b	If any answer is "Yes" to 5a(1)-(5), did any of the transac	tions fail to qualify un	der the exceptions des	cribed in		
	Regulations section 53 4945 or in a current notice rega	rding disaster assistan	ce (see page 22 of the	instructions)?	5b	N/A
	Organizations relying on a current notice regarding disas	ster assistance check h	ere	▶ 📖		
С	If the answer is "Yes" to question 5a(4), does the found	ation claim exemption	from the tax			
	because it maintained expenditure responsibility for the g	grant?		. Yes X No		
	If "Yes," attach the statement required by Regulations sed	ction 53 4945-5(d)				
а	Did the foundation, during the year, receive any funds,	directly or indirectly, to	pay premiums			
	on a personal benefit contract?	•		Yes X No		
b	Did the foundation, during the year, pay premiums, dire			xt?	6 b	x
	If you answered "Yes" to 6b, also file Form 8870					
3	At any time during the tax year, was the foundation a pa	arty to a prohibited tax	shelter transaction?	. Yes X No	.	
)_	If yes, did the foundation receive any proceeds or have	any net income attribu	table to the transaction	?	7b	Х
a l'	t VIII Information About Officers, Directors	s, Trustees, Foun	dation Managers,	Highly Paid Emplo	yees,	
	and Contractors List all officers, directors, trustees, foundation m	anagers and their	componention (see	nage 22 of the ineter	ictions)	-
	(a) Name and address	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense	e account.
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allo	
_	NOED WIDW					
₽	NCER KIRK	PRESIDENT/DIRECTO	R			
브	NCER_KIRK	PRESIDENT/DIRECTO	R NONE	NONE		NO
			NONE	NONE		NO
	STEN_KIRK		NONE ER			
I	STEN_KIRK	SECRETARY/TREASUR	NONE	NONE NONE		
Ι			NONE ER NONE	NONE		NO
Ι	STEN_KIRK	SECRETARY/TREASUR	NONE ER			
Ι	STEN_KIRK	SECRETARY/TREASUR	NONE ER NONE	NONE		NO
I N	STEN KIRK ALD MOFFITT	SECRETARY/TREASUR DI RECTOR	NONE NONE NONE	NONE NONE	ructions).	NO
I N	STEN_KIRK	SECRETARY/TREASUR DI RECTOR	NONE NONE NONE	NONE NONE	ructions).	NO
	STEN KIRK ALD MOFFITT Compensation of five highest-paid employees (of none, enter "NONE."	SECRETARY/TREASUR DI RECTOR	NONE NONE NONE	NONE NONE e page 23 of the insti		NO NO
	STEN_KIRK ALD_MOFFITT Compensation of five highest-paid employees (of	SECRETARY/TREASUR DI RECTOR ther than those inc (b) Title, and average hours per week	NONE NONE NONE	NONE NONE e page 23 of the institutions to employee benefit	ructions). (e) Expense other allo	NO NO
<u>I</u>	STEN KIRK ALD MOFFITT Compensation of five highest-paid employees (of none, enter "NONE."	SECRETARY/TREASUR DI RECTOR ther than those inc	NONE NONE NONE	NONE NONE e page 23 of the insti	(e) Expense	NO NO
I Z	STEN_KIRK ALD_MOFFITT Compensation of five highest-paid employees (of f none, enter "NONE." Name and address of each employee paid more than \$50,000	SECRETARY/TREASUR DI RECTOR ther than those inc (b) Title, and average hours per week	NONE NONE NONE	NONE NONE e page 23 of the institutions to employee benefit	(e) Expense	NO NO
I N	STEN KIRK ALD MOFFITT Compensation of five highest-paid employees (of none, enter "NONE."	SECRETARY/TREASUR DI RECTOR ther than those inc (b) Title, and average hours per week	NONE NONE NONE	NONE NONE e page 23 of the institutions to employee benefit	(e) Expense	NO NO
I Z	STEN_KIRK ALD_MOFFITT Compensation of five highest-paid employees (of f none, enter "NONE." Name and address of each employee paid more than \$50,000	SECRETARY/TREASUR DI RECTOR ther than those inc (b) Title, and average hours per week	NONE NONE NONE	NONE NONE e page 23 of the institutions to employee benefit	(e) Expense	NO NO
I N	STEN_KIRK ALD_MOFFITT Compensation of five highest-paid employees (of f none, enter "NONE." Name and address of each employee paid more than \$50,000	SECRETARY/TREASUR DI RECTOR ther than those inc (b) Title, and average hours per week	NONE NONE NONE	NONE NONE e page 23 of the institutions to employee benefit	(e) Expense	NO NO
I N	STEN_KIRK ALD_MOFFITT Compensation of five highest-paid employees (of f none, enter "NONE." Name and address of each employee paid more than \$50,000	SECRETARY/TREASUR DI RECTOR ther than those inc (b) Title, and average hours per week	NONE NONE NONE	NONE NONE e page 23 of the institutions to employee benefit	(e) Expense	NO NO
I Z	STEN_KIRK ALD_MOFFITT Compensation of five highest-paid employees (of f none, enter "NONE." Name and address of each employee paid more than \$50,000	SECRETARY/TREASUR DI RECTOR ther than those inc (b) Title, and average hours per week	NONE NONE NONE	NONE NONE e page 23 of the institutions to employee benefit	(e) Expense	NO NO
I Z	STEN_KIRK ALD_MOFFITT Compensation of five highest-paid employees (of f none, enter "NONE." Name and address of each employee paid more than \$50,000	SECRETARY/TREASUR DI RECTOR ther than those inc (b) Title, and average hours per week	NONE NONE NONE	NONE NONE e page 23 of the institutions to employee benefit	(e) Expense	NO NO
I N	STEN_KIRK ALD_MOFFITT Compensation of five highest-paid employees (of f none, enter "NONE." Name and address of each employee paid more than \$50,000	SECRETARY/TREASUR DI RECTOR ther than those inc (b) Title, and average hours per week	NONE NONE NONE	NONE NONE e page 23 of the institutions to employee benefit	(e) Expense	NO NO
I N	STEN_KIRK ALD_MOFFITT Compensation of five highest-paid employees (of f none, enter "NONE." Name and address of each employee paid more than \$50,000	SECRETARY/TREASUR DI RECTOR ther than those inc (b) Title, and average hours per week	NONE NONE NONE	NONE NONE e page 23 of the institutions to employee benefit	(e) Expense	NO NO
<u>I</u>	STEN_KIRK ALD_MOFFITT Compensation of five highest-paid employees (of f none, enter "NONE." Name and address of each employee paid more than \$50,000	SECRETARY/TREASUR DI RECTOR ther than those inc (b) Title, and average hours per week	NONE NONE NONE	NONE NONE e page 23 of the institutions to employee benefit	(e) Expense	NO NO

Part IX-B	Summary of Program-Related Investments (see page 23 of the instructions)	
Describe the	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		
All other prog	ram-related investments. See page 24 of the instructions	
3 NONE		
Total. Add I	nes 1 through 3	

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreit see page 24 of the instructions)	gn foundations	5,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes	i	
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances Fair market value of all other assets (see page 24 of the instructions)	1b	37, 285.
Ç	Fair market value of all other assets (see page 24 of the instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	37, 285.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets] 2	NONE
3	Subtract line 2 from line 1d	3	37, 285.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	559.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	36,726.
6	Minimum investment return. Enter 5% of line 5	6	1,836.
Pa	rt XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here ► X and do not complete this private in the private	ate operating part)	
1	Minimum investment return from Part X, line 6	1	
2 a	Tax on investment income for 2008 from Part VI, line 5		
b	Income tax for 2008 (This does not include the tax from Part VI) 2b		
	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		_
	line 1	7	
Pa	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	544,627.
b	Program-related investments - total from Part IX-B	1b	NONE
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	544,627.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		011,0211
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	۵
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	544,623.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w	hether the found	
	qualifies for the section 4940(e) reduction of tax in those years		

Рa	rt XIII Undistributed Income (see page	e 26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2008 from Part XI,	Corpus	Years prior to 2007	2007	2008
	line 7				
2	Undistributed income, if any, as of the end of 2007				
	Enter amount for 2007 only				
	Total for prior years 20,20,20	=			
3	Excess distributions carryover, if any, to 2008			-	
а	From 2003				
b	From 2004				
С	From 2005	•	-	-	
	From 2006		-		-
	From 2007 1, 105, 251.				
	Total of lines 3a through e	1,512,538.			
	Qualifying distributions for 2008 from Part XII,				
	line 4 ▶ \$544,627.	*			
а	Applied to 2007, but not more than line 2a				
	Applied to undistributed income of prior years (Election				
	required - see page 26 of the instructions)				
_	Treated as distributions out of corpus (Election				
٠	required - see page 26 of the instructions)				
d	Applied to 2008 distributable amount				
	Remaining amount distributed out of corpus	544,627.			·
5	Excess distributions carryover applied to 2008	•			
	(If an amount appears in column (d), the same				
6	amount must be shown in column (a)) Enter the net total of each column as				
•	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,057,165.			
	Prior years' undistributed income Subtract			· 	
•	line 4b from line 2b				
c	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has	••			•
	been previously assessed				
Н	Subtract line 6c from line 6b Taxable				
_	amount - see page 27 of the instructions				
е	Undistributed income for 2007 Subtract line				
	4a from line 2a Taxable amount - see page 27 of the instructions				
	Undistributed income for 2008 Subtract lines	-		_	
•	4d and 5 from line 1. This amount must be				
	distributed in 2009				NONE
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the			-	
	instructions)				
8	Excess distributions carryover from 2003 not applied on line 5 or line 7 (see page 27 of the	İ			
	instructions)				
9	Excess distributions carryover to 2009.				
	Subtract lines 7 and 8 from line 6a	2,057,165.			
	Analysis of line 9				
а	Excess from 2004				
	Excess from 2005		-		•
C	Excess from 2006 385, 075.				4
d	Excess from 2007 1,105,251.				
е	Excess from 2008 544 627	İ			

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed

N/A

b The form in which applications should be submitted and information and materials they should include

N/A

c Any submission deadlines

N/A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

JSA 8E 1490 1 000

Part XV Supplementary Information (c 3 Grants and Contributions Paid Duri	ng the Year or Appr		uture Payment	
Recipient	If recipient is an individual show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
MAGNO HUMPHRIES				480,014.
		1		
		}		
Total	· · · · · · · · · · · · · · · · · · ·		▶ 3a	480,014
b Approved for future payment				
	1	1 1	i i	

Part XV	I-A Analysis of Income-Produ	icing Acti	vities	20	3720071	
Enter gross	s amounts unless otherwise indicated	Unrel	ated business income	Excluded by	y section 512, 513, or 514	(e) Related or exempt
1 Program	m service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)
a	11 30, 1130 10 10 10 10			· · · · · · · · · · · · · · · · · · ·		are mode deading y
				<u> </u>		· · · · · · · · · · · · · · · · · · ·
				 		 .
d						
е					1	
f						
g Fee	s and contracts from government agencies					
_	ership dues and assessments					
	on savings and temporary cash investments		428.			
4 Dividen	ids and interest from securities		57.			
	ital income or (loss) from real estate					
a Del	bt-financed property					
	debt-financed property					
	al income or (loss) from personal property					
7 Other in	nvestment income			L		
	(loss) from sales of assets other than inventory	1				
9 Net inc	ome or (loss) from special events					
10 Gross p	profit or (loss) from sales of inventory			<u> </u>		
11 Other re	evenue a					
b						
с						
d						
е						
12 Subtota	al Add columns (b), (d), and (e)		485.			
13 Total. A	Add line 12, columns (b), (d), and (e)				13	485.
	sheet in line 13 instructions on page 28					
Part XVI						
Line No. ▼	Explain below how each active the accomplishment of the for page 28 of the instructions.)					
	,				- · · · · · · · · · · · · · · · · · · ·	
						
					···	
						
					• •	
				·		
						
		·		·· ·· · · · · · · · · · · · · · · · ·		
			NOT APPLICABLE	,	· ···	
			NOT MITHICIAND			
						
		·- · · · · · · · · · · · · · · · · · ·				
					.	
	-					
						
	 					
						

Pa	rt XVI	Information Exempt Orga		ransters to	and Trans	actions	and Relati	onships With	Nonc	harit	able
1	Did th	ne organization directly		ige in any of th	ne following wit	h any other	organization	described in section	T	Yes	No
•		c) of the Code (other than	• •	•	-	•	_				0
а	-	fers from the reporting for					p a made a gam				
		ash , ,			. •		 .		1a(1)	ı	x
		ther assets							1a(2)		Х
ь		transactions									
	(1) S	ales of assets to a nonch	naritable exempt or	ganization					1b(1)		x
		urchases of assets from							1b(2)		Х
		ental of facilities, equipm							1b(3)		Х
		eimbursement arrangeme							1b(4)		Х
		oans or loan guarantees									Х
		erformance of services of									Х
c		ng of facilities, equipmen									Х
d	If the	answer to any of the ab	ove is "Yes," com	plete the follow	ving schedule C	olumn (b) s	hould always :	show the fair market	value c	of the o	goods
(a)		assets, or services giver gement, show in column ((b) Amount involved	(d) the value of the		ssets, or services	received		ers, transactions, and sha			
		N/A				N/A					
					·						
					~						

2a		foundation directly or	-								7
		on 501(c) of the Code (oth		01(c)(3)) or in se	ection 527?				Y	≋ LX	No
b	If "Ye	s," complete the following									
		(a) Name of organization	1	(b) lyp	e of organization			c) Description of relation	ship		
							- 				
											
	Under	penalties of perjury, I decla	are that large eva	mined this return	including accom	nanwng sche	dules and states	nents and to the hest	of my k	nowled	ge and
	belief.	it is true, correct, and com	piete Declaration of	preparer (other t	han taxpayer or fi	ductary) is ba	ased on all inform	mation of which prepare	r has a	ny knov	wiedge
	λ	Marin 9	HILL			13-12	-10	MANTAS	M		
ا بو	Si	gnature of officer or trustee	yaug -			Date	<u> </u>	Title			
Sign Here					Date			Preparer's	identif	yına nı	umber
귈		D	11 11		Date		Check if	(See Signat	ure on p		
Sig	aid arer's Only	Preparer's signature	Han Varole	Tarle	03	self-employed X instruction					
	Paid Preparer's Use Only	Firm's name (or yours if		700 (000	COOPERS LL	 р		EIN ► 13-40083			
	g j	self-employed), address,		JTH MAIN S		TE 900		F TO 4000.	<i>,</i> <u>,</u> ,		
		and ZIP code	201 000		UT	841	11	Phone no 801-53	31 – 96	566	
SALT LAKE CITY, UT 841											

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

ADJUSTED NET	INCOME		428.	428.	
NET INVESTMENT	INCOME		428.	428.	
REVENUE AND. EXPENSES	PER BOOKS		428.	428.	
				TOTAL	
	DESCRIPTION	1	RAYMOND JAMES		

- OTHER PROFESSIONAL FEES FORM 990PF, PART I

	ADJUSTED	NET	INCOME		444.	444.	
REVENUE	AND	EXPENSES	PER BOOKS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	38,541.	38,541.	
						TOTALS	
			DESCRIPTION		JOHN PINGREE		

0

FORM 990PF, PART I - OTHER EXPENSES

ADJUSTED	INCOME	25.	25.
NET	INCOME	. 55.	25.
REVENUE AND EXPENSES	PER BOOKS	25. 4,200. 31,160. 3,760. 5,61.	8, 232. 8, 232. 55, 244.
			TOTALS
	DESCRIPTION	BANK FEE DPRK COMMUNICATION FEE MEALS & ENTERTAINMENT SHIPPING SUPPLIES LAB ANALYSIS DOMAIN NAMES PRINTING	WEB SITE MAINTENANCE WEB SITE AMORTIZATION

ო

FORM 990PF, PART II - OTHER ASSETS

ENDING FMV 	24,697. -8,232.
ENDING BOOK VALUE	24,697. -8,232.
DESCRIPTION	WEBSITE ACCUMULATED AMORTIZATION TOTALS

20-3920671

FORM 990PF, PART VII-A, LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS

NAME AND ADDRESS

DATE

SPENCER KIRK 2412 HAVEN LANE HOLLADAY, UT 84117

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(Rev April 2009)

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.

OMB No 1545-1709

	filing for an Automatic 3-Month Extension, complete only Part I and check this box filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (or									
Do not com	plete Part II unless you have already been granted an automatic 3-month extension on a pro-	eviously fil								
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies neede	ed).								
	on required to file Form 990-T and requesting an automatic 6-month extension—check t									
	rporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 70 ncome tax returns.	04 to req	uest an e	extension of						
one of the electronicall returns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month autoreturns noted below (6 months for a corporation required to file Form 990-T). Howevery if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms scomposite or consolidated Form 990-T. Instead, you must submit the fully completed and ore details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file form.	r, you ca 990-BL, 6 signed pa	nnot file 069, or 8 ige 2 (Par	Form 8868 870, group t II) of Form						
Type or	. •			ion number						
print		0-392)6/1							
File by the due date for	Number, street, and room or suite no. If a PO box, see instructions. 201 SOUTH MAIN STREET, SUITE 1100									
filing your return See	City, town or post office, state, and ZIP code For a foreign address, see instructions.									
instructions	SALT LAKE CITY, UTAH 84111									
Check type	of return to be filed (file a separate application for each return):		····							
☐ Form 99			Form 47	20						
☐ Form 99	_ ` `		Form 52	27						
☐ Form 99			Form 60							
S Form 99	0-PF		Form 88	70						
Telephone If the orga If this is for the whole	No. ►	ox if '	. ▶ □ this is attach						
until <u>F</u> for the ► □ ► ⊠	est an automatic 3-month (6 months for a corporation required to file Form EBRUARY 15 , 2010 , to file the exempt organization return for the organization not organization's return for: calendar year 20 or tax year beginning JULY 1, 2008 , and ending JUN ax year is for less than 12 months, check reason \square Initial return \square Final return \square	amed abo	ve. The e	extension is						
3a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,									
less ar	y nonrefundable credits. See instructions.	3a	\$	NONE						
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax ints made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE						
deposi	te Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, twith FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment i). See instructions	3c	\$	0.00						
	vou are going to make an electronic fund withdrawal with this Form 8868, see Form 8453 instructions.									
For Privacy A	Act and Paperwork Reduction Act Notice, see Instructions.	Fo	rm 8868	(Rev 4-2009)						

STF XVWZ1002 1

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

Form **8868**

(Rev. April 2009)
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.

OMB No 1545-1709

 If you are Do not comp 	filing for an Automatic 3-Month Extension, complete only Part I and check this box. filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on the Part II unless you have already been granted an automatic 3-month extension on a pre-	page 2 c	f this for	► □ m). 8868
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies neede	:d).		
A corporation Part I only	n required to file Form 990-T and requesting an automatic 6-month extension—check th		nd compl	lete . ▶ □
	porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 700 acome tax returns	04 to req	uest an e	extension of
one of the refectionically returns, or a	iling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month autoleturns noted below (6 months for a corporation required to file Form 990-T). However if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 9 composite or consolidated Form 990-T. Instead, you must submit the fully completed and store details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for	r, you ca 190-BL, 6 signed pa	nnot file 069, or 8 ge 2 (Par	Form 8868 870, group t II) of Form
Type or	Name of Exempt Organization	mployer ı	dentificat	ion number
print	KIRK HUMANITARIAN 2	0-392	0671	
File by the	Number, street, and room or suite no. If a P.O. box, see instructions			
due date for tiling your	201 SOUTH MAIN STREET, SUITE 1100			
return See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions SALT LAKE CITY, UTAH 84111			
Check type	of return to be filed (file a separate application for each return):			
☐ Form 990			Form 47	20
☐ Form 990		$\bar{\Box}$	Form 52	
☐ Form 99		ī	Form 60	
Form 99			Form 88	
Telephone If the orga If this is for the whole	are in the care of ▶JAKE JENKINS No ▶ FAX No. ▶ nization does not have an office or place of business in the United States, check this but a Group Return, enter the organization's four digit Group Exemption Number (GEN)_ e group, check this box ▶ □ . If it is for part of the group, check this box a names and EINs of all members the extension will cover	ox	 . 1f	. ► □
until <u>F</u> for the ► □	est an automatic 3-month (6 months for a corporation required to file Form $EBRUARY\ 15$, $20\ 10$, to file the exempt organization return for the organization national organization's return for. calendar year 20 or tax year beginning JULY 1, $20\ 08$, and ending JUN	imed abo	ve The e	extension is
2 If this t	ax year is for less than 12 months, check reason. Initial return Final return	Change	in accou	nting period
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, y nonrefundable credits. See instructions.	3a	\$	NONE
b If this a	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax			
	nts made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE
deposi	e Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment). See instructions	3c	s	0.00
Caution. If y for payment	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 8453 instructions.			
For Privacy A	ct and Paperwork Reduction Act Notice, see Instructions.	Fo	rm 8868	(Rev. 4-2009)

Form	8868 (Rev	4-2009)												Page 2
Note	e. Only co you are	filing for an A omplete Part filing for an A	ll if you hav Automatic	e already b 3-Month E	een grante Extension,	d an autor complete	natic 3-mont e only Part	h exter	nsion on a pr age 1)	eviously f	led I	Form 8	868	> 3⁄3
Par	t II	Additional	(Not Auto	matic) 3-	Month E	xtension	of Time. C	nly fil	e the origin	al (no co	pies	need	led).	
Type print		Name of Exe KIRK HU								Employ 20-3				umber
File b exten- due d	ded late for	201 SOU	Number, street, and room or suite no. If a P O. box, see instructions For I								use	only		
instru	Sec ctions	SALT LA	KE CII	Y, UTA	H 8411	11	ess, see instruc	tions.		, ,	,			
Che	ck type	of return to	be filed (F	ile a separ	ate applica	ation for e	ach return).							
□ F	Form 990)	⊠ Forn	n 990-PF				□F	orm 1041-A			Form (6069	
	Form 990 Form 990		_	n 990-T (se n 990-T (tr		, , ,		_	orm 4720 orm 5227			Form 8	8870	
STO	P! Do no	t complete l						l-mont	h extension	on a prev	/iou:	sly file	d Form	8868.
• Th	e books	are in the ca										<u> </u>		
	lephone					FAX N	lo. ►							
	_	nization does			•								1	▶ □
• If t	this is fo	r a Group Re	eturn, enter	the organi	ızatıon's fo	our digit G	roup Exemp	tion N	umber (GEN)		_	If this i	
		group, che					rt of the gro	up, ch	eck this box	(I	▶ []	and	attach	a
list v		names and E							·····					
4		st an additio						15		, 2010				
5		endar year												
6	If this to	ax year is foi	less than	12 months	, check re	ason: 🔲	Initial return	1 🗆	Final return	☐ Char	ıge i	n acco	ounting	period
7		detail why												
	INFO	RMATION	, IT W	OULD BI	E IMPO	SSIBLE	TO FI	LE A	COMPLE	TE AN	D Z	ACCU	RATE	Ē
	RETU	RN AT T	HIS TI	ME.										
				·····										
8a	If this a	application is	for Form	990-BL, 99	0-PF, 990)-T, 4720,	or 6069, er	iter the	e tentative t	ax,				
		y nonrefunda									8a	\$]	NONE
b	If thus a	ipplication is	for Form 9	990-PF, 996	0-T, 4720,	or 6069,	enter any re	funda	ble credits a	nd .	1			
		ed tax paym									(3)			
		paid previou				•				í	8b	s	1	NONE
c	Balance with FTE	Due. Subtraction or, if	t line 8b fro	om line 8a. Ir using EFTPS	nclude your S (Electronic	payment v	with this form	or, if i	required depo	osit	8c	\$		0.00
		· · · · · · · · · · · · · · · · · · ·		······································			Verification							
Under	r penalties rue correc	of perjury, dec	lare that I hav and that I am	re examined the authorized to	his form inclu	uding accom	panying schedu	les and	statements and	d to the bes	t of n	ny know	ledge an	d belief
Cien:	س ۱۰۰۰ ۲	TALA						_		_		,1	1	
Signa	iture >	5/HX				Tille ►	12x De	0 IX		Date	<u> </u>	4/13	2/20	10
		·W									Fo	rm 880	6 8 (Rev	4-2009)