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Form **990-PF**

Return of Private Foundation

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

2009

OMB No 1545-0052

Department of the Treasury Internal Revenue Service Note: The foundation					Treated as a Private Foundation n may be able to use a copy of this return to satisfy state reporting requirements				2009
For calendar year 2009, or tax year beginning			, 2009, and ending				, 20		
G Check all that apply Initial return				Initial return		public charity	Final retu		
•	moon a	п иносторрну	Amended		□ ┌ .		`	ne change	
Use	the IR	s Name of fo			,,			A Employer identific	cation number
	label.	· - 1	FOUNDATION					26-0049330	
	herwise	、 			if mail is not delivered to street a	address)	Room/suite	B Telephone number	r (see instructions)
	print		•			,		(801) 421-6	•
or type. See Specific City or town, state, and ZIP code Instructions. SALT LAKE CITY UT 8				_			C If exempt application is p		
				84106-3227			D 1. Foreign organiz	ations, check here	
нс	heck ty	pe of organizat	tion X Section !	501(c)(3) exempt private four	ndation		2. Foreign organizations test, check here and	s meeting the 85% attach computation
Section 4947(a)(1) nonexempt charitable trust				Other taxable priva		n	E If private foundatio terminated under s	n status was	
I Fa	ır mark	et value of all a	ssets at end of	J	Accounting method X	Cash	Accrual	507(b)(1)(A), checi	k here ▶
ye	ar (from	n Part II, col (c), line 16)		Other (specify)		•	F If the foundation is termination under	in a 60-month
▶ \$			38,675	(Pa	art I, column (d) must be	on cash bas	is)	507(b)(1)(B), chec	
Pa			enue and Expenses unts in columns (b),	S	(a) Revenue and	/h\ Nlatur	aatmant	(a) Advicted not	(d) Disbursements
			unts in columns (b), I necessarily equal th	ne	expenses per	1 ' '	nvestment ome	(c) Adjusted net income	for charitable purposes
			nn (a) (see instructions))		books				(cash basis only)
	l '≀a	ontributions, gifts, gr ittach schedule)			5,000				
	2 CI	heck ▶ X if the f to atta	ich Sch B	rea					
	3 Int	terest on savings an	id temp cash investments						
			iterest from secuntie	S	1,097		1,097	1,097	
		iross rents et rental	•						
R	ine	come or (loss)							
E		et gain/(loss) from sa ross sales price for	ale of assets not on line 10						
V	all	l assets on line 6a							
E N		-	ne (from Part IV, line 2)				0	0	
Ü		et short-term c	. •		· · · · · · · · · · · · · · · · · · ·			0	
E	10 a Gr	ncome modifica ross sales less	uons					U	
	b Le	ns & allowances ess Cost of		U					
		oods sold Pross profit or (I	L loss) (attach schedul	۱۵					
		. ,	ttach schedule)	٠,					
	1	otal. Add lines	•		6,097		1,097	1,097	
0		ompensation of offic rectors, trustees, etc			0				
P E	•		salaries and wages						
R	15 P	ension plans, e	employee benefits						
A T	16a L	egal fees (attac	ch schedule)						-
İ	b A	ccounting fees	(attach schedule)						
N G	c O	ther profession	nal fees (attach schedu)1	52		52	52	
&	17 In	nterest .							
A	18 T	axes (attach sche	dule) (see instructions)					DECEIVED	
D	l	•	ach sch) and depletio	วก			\	KIOL.	707
M	20 0	ccupancy					, -	2 0010	jöj
N	l .	•		٠			(%)	3116 3 0 5010	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
E	l	rinting and pub					<u> </u> [2]		_1=
X P		•	(attach schedule)				` '		
E N	l .		and administrative	•				CCEDE	_
N S	i .		lines 13 through 23		52		52-	52	0
S E S		_	ifts, grants paid .		1,588	ļ .			1,588
<u>s</u>			ments Add lines 24 and 25		1,640	ļ	52	52	1,588
	∣ aE	ubtract line 26 xcess of rever nd disbursem	from line 12 nue over expenses ents		4,457	<u> </u>			
			income (if neg , enter -				1,045		
	c A	djusted net in	come (if neg enter -0-)					1,045	

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

Form 990-PF (2009)

Pa	rt II	Balance Sheets description column should be for	Beginning of year	End o	of year
- 4		end-of-year amounts only (See inst)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash non-interest-bearing	249	2,032	2,032
	2	Savings and temporary cash investments			
	3	Accounts receivable▶			
		Less allowance for doubtful accts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accts			
	5	Grants receivable			
A	6 7	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions) Other notes and loans receivable (attach schedule)			
S		Less allowance for			
S	8	doubtful accounts Inventories for sale or use			
S E T	9	Prepaid expenses and deferred charges			-
s	10a	Investments – U S and state govt obligations (attach sch)			
		Investments – corporate stock (attach schedule) #2	36,003	38,677	36,643
		Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis Less accumulated depreciation (attach schedule)			
	12	Investments mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis Less accumulated depreciation (attach schedule)			
	15	Other assets (describe			<u> </u>
	16	Total assets (to be completed by all filers – see the			
		ınstructions Also, see page 1, item I)	36,252	40,709	38,675
Ļ	17	Accounts payable and accrued expenses			
A B	18	Grants payable			
ı	19	Deferred revenue			
Ļ	20	Loans from officers, directors trustees, and other disqualified persons			
ţ	21	Mortgages and other notes payable (attach schedule)			
F	22	Other liabilities (describe			
S S	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here . ▶ 📗			
ı. F		and complete lines 24 through 26 and lines 30 and 31.			
E N	24	Unrestricted			
ΤŅ	25	Temporanly restricted			_
A B	26	Permanently restricted			
SSETS		Foundations that do not follow SFAS 117, ck. here ▶ And complete lines 27 through 31.			
TA	27	Capital stock, trust principal, or current funds	36,252	40,709	
	28	Paid-in or capital surplus, or land, bldg, and equipment fund]
O E R S	29	Retained earnings, accumulated income, endowment, or other funds			1
3	30	Total net assets or fund balances (see the instructions)	36,252	40,709	
	31	Total liabilities and net assets/fund balances(see the inst)	36,252	40,709	1
Pa	rt III	Analysis of Changes in Net Assets or Fund Bal	ances		
		al net assets or fund balances at beginning of year Part II, colum	n (a), line 30 (must agree	with	
	end	-of-year figure reported on prior year's return)		1	36,252
2	Ente	er amount from Part I, line 27a		2	4,457
3	Oth	er increases not included in line 2 (itemize)		3	
4	Add	lines 1, 2, and 3		4	40,709
5	Dec	reases not included in line 2 (itemize)		5	
6	Tota	al net assets or fund balances at end of year (line 4 minus line 5) -	Part II, column (b), line 3	6	40,709

10

1,588

7

Add lines 5 and 6.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI

Enter qualifying distributions from Part XII, line 4.

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 –	see th	e instruct	ions)	
1 a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1.				
	Date of ruling or determination letter (attach copy of ruling letter if necessary see instructions)				
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			10
	here ▶ X and enter 1% of Part I, line 27b				
C	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			0
3	Add lines 1 and 2	3			10
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	_		10
6	Credits/Payments				
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a				
b	Exempt foreign organizations tax withheld at source 6b				
С	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments Add lines 6a through 6d	7			0
8	Enter any penalty for underpayment of estimated tax. Check here	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			10
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .	10			
11	Enter amount of line 10 to be Credited to 2010 estimated tax▶ Refunded▶	11			
Par	t VII-A Statements Regarding Activities				
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it partic	ipate o	r	Yes	No
	intervene in any political campaign?		1a	T	X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instruction	ons for			
	definition)?		1b		X
	If the answer is "Yes" to1a or 1b, attach a detailed description of the activities and copies of any materials published	lished			
	or distributed by the foundation in connection with the activities.			İ	
c	Did the foundation file Form 1120-POL for this year?		. 10		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation \$ 0 (2) On foundation managers \$		0_		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers \$ 0				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? .		2		X
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	of		1	1
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		. 4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4t	N/	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	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				1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			1	
	conflict with the state law remain in the governing instrument?		6		X
7	Did the foundation have at least \$5,000 in assets at any time during the yr ? If "Yes," complete Part II, col (c),	& Part	XV 7	┷	Х
8 a	Enter the states to which the foundation reports or with which it is registered (see the instructions)				
	NONE				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (o	r			1
	designate) of each state as required by General Instruction G? If "No," attach explanation		8t	<u>, </u>	X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes,	" comp			
	Part XIV		9		<u> </u>
10	Did any persons become substantial contributors during tax year? If "Yes," attach a schedule listing their name	es			
	and addresses		10		X
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	t VII-A Statements Regarding Activities (continued)				.90 0
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the				
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before	`	一		
	August 17, 2008?		12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	· -	13	Х	
	Website address ►N/A	_			
14	The books are in care of ▶See attachment #3 Telephone no ▶				
	Located at ► ZIP+4 ►				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 Check here				▶│
	and enter the amount of tax-exempt interest received or accrued during the year	1			٠ ـ
Par	t 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) Engage in the sale or exchange, or leasing of property with a disqualified person?	No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
	a disqualified person?	No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	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)? $\qquad \qquad	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)	No			
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 the instructions)?	1	1b		Χ
	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 2009?		1c		Х
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 2009, did the foundation have any undistributed income (lines 6d				
	and 6e, Part XIII) for tax year(s) beginning before 2009?	No			
	If ``Yes," list the years ▶ 20 , 20 , 20 , 20				
b	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)		1		
	to all years listed, answer "No" and attach statement see the instructions)	L	2b		X
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here				
	▶ 20 <u> </u>				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business				
		No			
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation				I

if the foundation had excess business holdings in 2009)

or 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

4a Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?

purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable

3ь

4a

Part	: VII	-B	Statements Regarding Activ	ities for Which F	orm 4720 May Be	Required (cont	inued)		
5 a	Dur	ng th	ne year did the foundation pay or incur	any amount to					
	(1)	Can	ry on propaganda, or otherwise attemp	t to influence legislatio	on (section 4945(e))?	Yes	X No	o	
	(2)	Influ	ience the outcome of any specific publ	ic election (see section	1 4955), or to carry		_		
		on,	directly or indirectly, any voter registra	tion drive?		. Yes	X No	o	
	(3)	Pro	vide a grant to an individual for travel, s	study, or other similar p	ourposes?	Yes	X No	0	
	(4)	Pro	vide a grant to an organization other th	an a charitable, etc., o	rganization described	U		+ 1	
	` '		ection 509(a)(1), (2), or (3), or section		-	☐ Yes	X No	。	
	(5)		vide for any purpose other than religiou		·	Ш	ш		
	• •		cational purposes, or for the prevention		•	☐Yes	X No	。	
b	If ar		swer is "Yes" to 5a(1)-(5), did any of t	*		ons described in	ш		
	Reg	ulatı	ons section 53 4945 or in a current not	ice regarding disaster	assistance (see the instr	uctions)?		5b	Х
	_		ations relying on a current notice regard		•	,	▶ [7	-
С	-		swer is "Yes" to question 5a(4), does t	-			٠ ـ]	
			it maintained expenditure responsibilit			N/A ∏Yes	□N	。	
			attach the statement required by Regi		15-5(d)	, . 🗀	ш		
6a			oundation, during the year, receive any		, ,				
			sonal benefit contract?	•		☐Yes	X	。	l
b		-	oundation, during the year, pay premiu	ms, directly or indirect	lv, on a personal benefit			6b	Х
			to 6b, file Form 8870		,				
7a			me during the tax year, was the founda	ition a party to a prohit	oited tax shelter transacti	ion? . Tyes	X No	.	
b	If ye	s, dı	d the foundation receive any proceeds	or have any net incom	ne attributable to the tran	saction?		7b	Х
Par	t VI	II	Information About Officers,	Directors, Truste	es, Foundation Ma	nagers, Highl	y Pai	d Employ	
			and Contractors				•		
1	List	ali d	officers, directors, trustees, foundati	on managers and the	eir compensation (see	the instructions).			
			(a) Name and address	(b) Title, and avg	(c) Compensation	(d) Contributions		(e) Expense	account,
			(a) Name and address	hours per week devoted to position	(if not paid, enter -0-)	employee benefit and deferred cor		other allo	wances
See	a	tt	achment #4						
							- 1		
			;				ľ		
2	Cor	nper	nsation of five highest-paid employe	es (other than those	included on line 1 se	e the instructions).		
	If n	one,	enter ``NONE."						
	A No	ma 1	and address of each employee paid	(b) Title, and avg		(d) Contributions		(a) Eunanaa	a a a a u a t
10	ij ita	1116	more than \$50,000	hours per week	(c) Compensation	employee bene plans and defer		e) Expense) other allo	
				devoted to position		compensation	1		
ИОИ	ΙE								
							-		
Total	nun	nber	of other employees paid over \$50,000					•	0

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Part VIII Information About Officers, Directors, Trustees, F	oundation Managers, Hig	hly Paid Employees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see	the instructions). If none, enter	"NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	<u> </u>	. •
		· •
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical info	rmation such as the number	Expenses
of organizations and other beneficianes served, conferences convened, research papers produced, etc		LAPENSES
1		
2		
3		
4	·· ·	
Part IX-B Summary of Program-Related Investments (see the	e instructions)	
Describe the two largest program-related investments made by the foundation du	ring the tax year on lines 1 and 2	Amount
1		
2		
All other program-related investments. See the instructions		
All other program-related investments See the instructions		
3		
Total Add lines 1 through 3	·	

Page 8
36,000
37,140
37,140
557 36,583 1,829
1,829
1,829
10 1,819
1,819
1,819
1,588

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1c

Distributable Amount (see the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here \blacktriangleright and do not complete this part) Minimum investment return from Part X, line 6 10 Tax on investment income for 2009 from Part VI, line 5 2b Income tax for 2009 (This does not include the tax from Part VI) Add lines 2a and 2b C . . . Distributable amount before adjustments Subtract line 2c from line 1 3 4 Recoveries of amounts treated as qualifying distributions Add lines 3 and 4 6 Deduction from distributable amount (see the instructions) Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see the instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc -- total from Part I, column (d), line 26 1a Program-related investments -- total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 2 Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required) 3a 3b Cash distribution test (attach the required schedule) 1,588 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see the instructions) 1.0 Adjusted qualifying distributions. Subtract line 5 from line 4 1,578 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations,

1e

Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,

Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see

qualifies for the section 4940(e) reduction of tax in those years

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Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4

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c Fair market value of all other assets (see the instructions) .

e Reduction claimed for blockage or other factors reported on lines 1a and

see the instructions.)

d Total (add lines 1a, b, and c)

Subtract line 2 from line 1d

the instructions)

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a Average monthly fair market value of securitiesb Average of monthly cash balances

1c (attach detailed explanation)

Acquisition indebtedness applicable to line 1 assets

Minimum investment return. Enter 5% of line 5

purposes:

2

ran	TAII Undistributed income (see t		/61	(2)	(4)
	B. () () () () () () () () () ((a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				1,819
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only				
b	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2009				
а	From 2004				
b	From 2005				
c	From 2006 . 1,246				
ď	From 2007				
•	From 2008				
	· · · · · · · · · · · · · · · · · · ·	1 503			
. '	Total of lines 3a through e	1,503			
4	Qualifying distributions for 2009 from Part XII,				
	line 4 \$ 1,588				
	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required – see the instructions)				
С	Treated as distributions out of corpus				
	(Election required see the instructions)				
d	Applied to 2009 distributable amount				1,588
е	Remaining amount distributed out of corpus .				
5	Excess distributions carryover applied to 2009	231			231
	(If an amount appears in column (d), the same				
	amount must be shown in column (a))				
6	Enter the net total of each column as				
•	indicated below:				
•	Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,272			
		1,212			
D	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	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				
d	Subtract line 6c from line 6b Taxable				
	amount see the instructions .				
е	Undistributed income for 2008 Subtract				
	line 4a from line 2a. Taxable amount				
	see the instructions				
f	Undistributed income for 2009 Subtract				
	lines 4d and 5 from line 1 This amount				
	must be distributed in 2010 .				
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed		İ		
	by section 170(b)(1)(F) or 4942(g)(3) (see				
	the instructions)				
8	Excess distributions carryover from 2004				
•	not applied on line 5 or line 7 (see the				
c	instructions) Excess distributions carryover to 2010.				
9		1 070			
4.5	Subtract lines 7 and 8 from line 6a .	1,272			
10	Analysis of line 9				
	Excess from 2005		1		
	Excess from 2006 1, 015				
C	Excess from 2007				
d	Excess from 2008 257				
е	Excess from 2009				

MANNA FOUNDATION 26-0049330

Form 990-PF (2009)

Page 10

Part XV Supplementary Information (continued)

Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount				
	or substantial contributor	recipient						
Name and address (home or business) a Paid during the year See attachment #5	any foundation manager	recipient	contribution					
Total			▶ 3a	1,588				
b Approved for future payment								
Total			▶ 3b					

Page 12

1,097

13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)

12 Subtotal Add columns (b), (d), and (e)

Part XVI-B	Relationship of Activities to the Accom	plishment of Exempt Purposes

Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the Line No. accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See the instructions.) \blacktriangledown

0

1,097

13

	Under per true, corre	nalties of perjury, I declare that I havect, and complete Declaration of pre	re examined this return, including accompanying eparer (other than taxpayer or fiduciary)	schedules and statements, is based on all information	, and to the best n of which preparer has any k	of my knowledge and belief, it is nowledge
s	LA Breakager			8/25/10 Secretary		
Ġ	Sign	nature of officer or trustee		Óate ′	Title	
Ň				Date		Preparer's identifying
	Paid		α Ω		Check if self-employed ▶□	number (see Signature in
H	Pre- par- er's	Preparer's Mulli	granilal Cls	C12560	Self-ciriployed L	the instructions 742
R E	Use	Firm's name (or yours	PAPANIKOLAS TUCKE	R & CO	EIN ► &	7057,400
	Only		2666 S 2000 E ST	E 101	Phone no	
		address, and ZIP code	Salt Lake City, U	T 84109	(801) 4	66-0394
					•	- 000 DE (0000)

SCHEDULE OF OTHER PROFESSIONAL FEES

Attachment 1: page 1 -	990-PF Page 1,	Part I <u>, Line 1</u>	16c	
Open to Public				
	9, or tax period beginning	, and e		tification Number
Name of Organization MANNA FOUNDATION			26-00493	
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charity
LEGAL	52	52	52	
	Total 52	52	52	
	52		·	

SCHEDULE OF INVESTMENTS - CORPORATE STOCKS

Attachment 2: page 1 - 990-PF Page 2, Part II, Line 10b Open to Public Inspection For calendar year 2009, or tax period beginning , and ending **Employer Identification Number** Name of Organization 26-0049330 MANNA FOUNDATION FMV at **Book Value** Cost Fair Market Value **Description of Property** Year End PUBLICLY TRADED SECURITIES 38,677 36,643 Total 38,677 36,643

BOOKS ARE IN CARE OF

Attachment 3 - 99	90-PF Pag	e 5, Part VI	I-A, Line	14	
Open to Public					
Inspection For calenda	ar year 2009, or t	ax period beginning		, and ending	
Name of Organization MANNA FOUNDATION					Employer Identification Number 26-0049330
Part VII-A - Line 14					
				•	
Individual Name .	•		ELIZABI	ETH DRINE	KAUS
or					
Business Name					
					 -
					 -
Street Address			1734 M	ILLBROOK	
U S Address					
Zip code 84106	с	ny <u>Salt Lake</u>	City	Sta	ate <u>UT</u>
or					
Foreign Address					
City					
•					
Province or State .					
Country .	٠	•			
Postal code					
Phone Number				•	
Fax Number			•		
			·		

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CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment_4: p	page 1 - 99	0-PF Page 6,	Part VIII					
Open to Public								
	endar year 2009, or t	ax period beginning	, and	ending	.			
Name of Organization MANNA FOUNDATIO	me of Organization ANNA FOUNDATION Employer Identification Number 26-0049330							
(A) Name and A		(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account			
ELIZABETH DRINK	KAUS	<u>, </u>						
1734 MILLBROOK								
Salt Lake City,	UT 84106		0	0	0			
PHIL DRINKAUS								
1734 MILLBROOK	11m 04106		0	0	0			
Salt Lake City,	, 01 84106		ľ		0			
		:						
					<u> </u>			

Form 8868

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Internal Revenue	- 1		► File a	separ	ste application	for ea	ch return.				
		Automatic 3-Month	Extension, co	mplet	e only Part I an	d chec	k this box				. ▶ 🛛
•	_	Additional (Not Aut		•	•						
•	_	unless you have aire	•						•	168	
		c 3-Month Exter									
A corporation Part I only		file Form 990-T and	requesting an		atic 6-month ext	ension	check this box a	ind com	plete 		▶ []
All other corp tax returns.	orations (in	duding 1120-C filers)	, partnerships,	REMI	Cs, and trusts m	iust us	e Form 7004 to red	juest an	extension	of time to file	e income
returns noted if (1) you war consolidated	below (6 m it the addition Form 990-1). Generally, you can nonths for a corporatio onal (not automatic) 3 r. Instead, you must s rm, visit www.irs.gov/	on required to to -month extens submit the fully	ile For ion or i compl	m 990-T). Howe (2) you file Form eted and signed	ver, yo is 990- page	ou cannot file Form BL, 6069, or 8870, 2 (Part II) of Form	8868 el group r	ectronically eturns, or a	y a composite	
Type or	Name of Ex	cempt Organization						En	ployer ide	entification	number
print	ANNA	FOUNDATION						26	-0049	330	
File by the	Number, st	reet, and room or suit	e no. If a P.O.	box, se	ee instructions						
due date for	1734 M	ILLBROOK RO	DAD								
filing your return See	City, town o	or post office, state, a	nd ZIP code F	or a fo	reign address, s	ee ins	tructions.				
	•	AKE CITY U			-						
		be filed (file a separ									
☐ Form 990		, ,			990-T (corporation	on)				Form 4	720
Form 990	BL		H	Form 9	990-T (sec. 401(a) or 4	08(a) trust)			Form 5	227
Form 990	ΕZ				990-T (trust othe					Form 6	069
X Form 990	PF				1041-A		•			Form 8	870
Telephor If the org If this is for the whole a list with the 1 I request until At	anization do anization do group, che names and an automal	pes not have an office Return, enter the orgoick this box	or place of businization's four	siness r digit (▶ □ will co	FAX s in the United S Group Exemptio . If it is for part o over. quired to file For	n Num f the gi m 990-	ber (GEN) roup, check this bo	x		▶ [] 8	If this is
	ganization's	· -									
· H	ilendar year										
▶ ∐ ta	x year begii	nning	 	_ , 20	, and endi	ng			20		
2 If this tax	year is for	less than 12 months,	check reason:		Initial return		Final return	Cr	ange in ac	counting pe	riod
		or Form 990-BL, 990		20, or	6069, enter the	tentativ	e tax,				
		ble credits. See instru or Form 990-PF or 99		refund	dable credits and	d estim	nated tax	3a	\$		0
		lude any prior year o	-					3b	\$		0
c Balance	Due. Subtr	act line 3b from line 3	a. Include you	r paym	ent with this for	m, or, i	f required,				
deposit v	ith FTD co	upon or, if required, b	y using EFTPS	S (Elec	tronic Federal T	ax Pay	ment]		
	See instruc							3c	\$		0
Caution. If y	ou are goin	g to make an electron	ic fund withdra	wal w	th this Form 886	68, see	Form 8453-EO an	d Form	8879-EO		
for payment i	nstructions.										

Form 8868 (Rev. 4-2009)			Page 2
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this	юх		▶ 🛛
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed	Form 8	3868	_
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)			
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no o	opies r	needed)	
			ation number
print MANNA FOUNDATION 2	5-00	49330	
File by the extended Number, street, and room or suite no. If a P.O. box, see instructions	or IRS	use only	
due date for 1734 MILLBROOK ROAD			
filing the City, town or post office, state, and ZIP code. For a foreign address, see inst			
return See Instructions SALT LAKE CITY UT 84106-3227			
Check type of return to be filed (File a separate application for each return)			
Form 990		Γ	Form 6069
Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 4720			Form 8870
Form 990-EZ Form 990-T (trust other than above) Form 5227		_	J
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	ısly file	ed Form 8	868.
 The books are in the care of ▶ See attachment #1 			
Telephone No ▶ FAX No ▶			
If the organization does not have an office or place of business in the United States, check this box		_	▶ □
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		If	this is
	nd attac	 ch a list wit	
names and EINs of all members the extension is for	ia atta)	
4 I request an additional 3-month extension of time until NOVEMBER 15, 20.	1 0		
5 For calendar year 2009 , or other tax year beginning , 20 , and ending			20
6 If this tax year is for less than 12 months, check reason Initial return Final return Change	in acci		<u>-</u>
7 State in detail why you need the extension more time is needed in order to o			
return. We request additional time to file.	JOHLE	1666	CITE
retain: we request additional time to life.			
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	1		
nonrefundable credits. See instructions	8a	s	0
	Od	•	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated			
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid		_	0
previously with Form 8868	8b	\$	0
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit			0
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	0
Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statem	anta a	ad ta tha h	and of my
knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form	enis, a	na to the b	est of my
			, /
MALL BILLIAN STATES	_	ate > 8	115/10
Signature Vous Title Secretary			
JVA 09 88682 TWF 33326 Copyright Forms (Software Only) - 2009 TW	r c	orm oods	(Rev 4-2009)

GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

Open to Pu Inspection For calendar year 2009, or	tax period beginning		, and ending		
Name of Organization MANNA FOUNDATION Employer Id 26-0049					
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	or substantial contributor	recipient	Contribution		
MISSION AVIATION ELLOWSHIP	NONE		GENERAL DONATION		
				1,588	
		<u> </u>		1,58	