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## 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)

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

2009

Openito Public Inspection

For the 2000 cala	ndar voar or tay voar booinging	2000 and and in	10.00	W CELL CLIEB E LANGERY			
	ndar year, or tax year beginning	, 2009, and endir	D Employer Identifi	cation Number			
Check if applicable	Please use THE DELT TOW HANCEN I	TEADE EQUIDATION IN	, ,				
Address change	IRS label THE DELL LOY HANSEN I			26-3953940			
Name change	See LOGAN, UT 84321	FARRWAI #400	E Telephone numbe				
Initial return	specific Instruc-		(435) 75	5-2000			
Termination	tions.						
Amended return			G Gross receipts \$	96,103			
Application pendin	~ <b> </b>		H(a) Is this a group return for affilia	ntes? Yes X N			
	SAME AS C ABOVE		H(b) Are all affiliates included?  If 'No,' attach a list (see instri	uctions) Yes N			
Tax-exempt sta	tus X 501(c) ( 3 ) ◄ (insert no.)	4947(a)(1) or 527	, , , , , , , , , , , , , , , , , , , ,				
Website: ► N	/A		H(c) Group exemption number				
Form of organization		ther ► L Year of Forma	tion 2008 M State of leg	jal domicile UT			
Pantil Sumn							
1 Briefly desc	ribe the organization's mission or most signi	ficant activities. PROVIDE	FINANCIAL SUPPORT	TO THE			
DESERET	FOUNDATION FOR MEDICAL EDUC		<u> WHICH IS AN EXE</u>	MPT			
ORGANIZ  Check this is a Number of the Number of the Number of the Total numb  Tantal gross	ATION UNDER L.R.C. $501(C)(3)$			<b></b>			
E	<del></del>		<b></b> .				
2 Check this l	pox ► ☐ if the organization discontinued it		1 - 1				
3 Number of	voting members of the governing body (Part	•	3				
4 Number of	ndependent voting members of the governing	g body (Part VI, line 1b)	5				
6 Total numb	er of employees (Part V, line 2a) er of volunteers (estimate if necessary)	•	6	<del></del>			
₹ 7a Total gross	unrelated business revenue from Part VIII, c	olumn (C), line 12	7a	0			
	ed business taxable income from Form 990-1		7b	O			
			Prior Year	Current Year			
8 Contribution	ns and grants (Part VIII, line 1h) വ്യൂ	AUG 2 0 2010 SO	2,012,717.	Ourient real			
<i>u</i>	rvice revenue (Part VIII, line 1h)	AUG 2 0 2010					
10 Investment	income (Part VIII, column (A), lines 3 4, and	d 7d)	272.	96,103			
11 Other rever	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c	(100 port Ne) IT					
12 Total reven	ue – add lines 8 through 11 (must equal-Par	t <del>-VIII, c</del> olumn-(A)=line=t2)	2,012,989.	96,103			
	sımılar amounts paid (Part IX, column (A), li			60,000			
	id to or for members (Part IX, column (A), Iir						
15 Salaries, of	her compensation, employee benefits (Part I						
26	I fundraising fees (Part IX, column (A), line						
b Total fundra	aising expenses (Part IX, column (D), line 25		2	in the transfer of the same			
D Total lunura			. *************	C 350			
	nses (Part IX, column (A), lines 11a-11d, 11f			6,350			
1	ses Add lines 13-17 (must equal Part IX, co	iumn (A), line 25)	2 012 000	66,350			
	ss expenses Subtract line 18 from line 12		2,012,989.	29,753			
20 Total assets 21 Total liabilit			Beginning of Year	End of Year			
20 Total assets	s (Part X, line 16)		2,012,989.	2,042,742			
21 Total liabilit	ies (Part X, line 26)		0.				
ZZ Net assets	or fund balances Subtract line 21 from line 2	20	2,012,989.	2,042,742			
Pantill Signa	ture Block						
Under penal	ties of periury, I declare that I have examined this return, in , and complete Declaration of preparer (other than officer) i	cluding accompanying schedules and sta	tements, and to the best of my know	ledge and belief, it is			
l	, and complete Declaration of preparer (one, shall officer) t	s based on an information of which prepa	La L				
Sign \	Keduh Con		8/13/10				
lere Signate	re of officer		Date				
	NK COPPIN		TREASURER				
Type or	print name and title						
A \	A71.	Date	Check if Prep	parer's identifying number instructions)			
Preparer's	. Wallalb	4.0	i seii.				
resignature	► DIWY/MK4	8-13-	10 P0	0626056			
Jse Firm's name yours if self	(or WASATCH ACQUISITIONS & C	APITAL, INC					
) niv employed),		UITE 400	EIN ► 87-058				
address, and ZIP + 4	LOGAN, UT 84321		Phone no ► (435)	755-2000			
lay the IRS discuss	this return with the preparer shown above? (	see instructions)	•	X Yes No			
	and Paperwork Reduction Act Notice, see		TEEA0113L 12/29/0	<del>'                                    </del>			
		<del></del>		555 (20			

		26-395394	0		Page <b>2</b>
Pa					
1	PROVIDE FINANCIAL SUPPORT TO THE DESERT FOUNDATION FOR MEDICAL EDU RESEARCH, WHICH IS AN EXEMPT ORGANIZATION UNDER I.R.C. 501(C)(3).	CATION AN	D		
2	Did the organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ?	prior	Yes	X	No
3	If 'Yes,' describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services.	s?	Yes	X	No
4	If 'Yes,' describe these changes on Schedule O  Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and al expenses, and revenue, if any, for each program service reported.	expenses Selocations to other	ction 5 ners, t	01(c)( ne tota	(3) al
4	(Code		SERE	<u>T</u>	) )
			-	 	
			·		
			-	 	
			- <b>-</b> -	 	 
41	(Code:) (Expenses \$ including grants of \$) (Rev	renue \$			)
			-		
			- <b>-</b>		<b>-</b>
					<del>-</del>
40	c (Code) (Expenses \$ including grants of \$) (Rev	renue \$			
	, (and and and and and and and and and and				
			·		
			- <b>-</b> -		
			-		
			·	 <del>-</del>	
	100				
	I Other program services (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$			)	
46	e Total program service expenses ► 60,000.	<del></del>	•		

Form 990 (2009) THE DELL LOY HANSEN HEART FOUNDATION INC

-			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A .	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	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	3		
•	• 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	a,		
	• 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			
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X .			
	• 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? If 'Yes,' complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
12		35		
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		X
	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, Part II	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	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	17	_	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>X</u>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20_		X_

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23_		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and 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		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	<b>a</b> A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member)	20-		v
29	was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c 29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		x
31		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and $V$ , line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	
-		C	000	~~~~

Form 990 (2009) THE DELL LOY HANSEN HEART FOUNDATION INC

Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	1a (	0		
	<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (	0		Î.
	c Did the organization comply with backup withholding rules for reportable payments to vendo (gambling) winnings to prize winners?	rs and reportable gaming	1 c		
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a (	0		
2	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment	nt tax returns?	_2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this ref	urn (see instructions)		4	F 15
3	<ul> <li>a Did the organization have unrelated business gross income of \$1,000 or more during the year this return?</li> </ul>	er covered by	3a		Х
	<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	•	3b		
4	a At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other f	or other authority over, a inancial account)?	4a		Х
	b If 'Yes,' enter the name of the foreign country: ▶				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Financial Accounts	Foreign Bank and			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	x year?	5a		Х
	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelf	er transaction?	5b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Er Tax Shelter Transaction?	ntity Regarding Prohibited	5c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?	nd did the organization	6a		Х
	<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such c deductible?	ontributions or gifts were no	ot <b>6b</b>		
7	Organizations that may receive deductible contributions under section 170(c).		44.75		20.23
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and provided to the payor?	partly for goods and services	7a		X
	<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
	$\boldsymbol{c}$ Did the organization sell, exchange, or otherwise dispose of tangible personal property for w Form 8282?	hich it was required to file	7c		Χ
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d		32 X	
	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premium benefit contract?		7e		Х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber		7f		Х
	<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as	•	7g		
	${f h}$ For contributions of cars, boats, airplanes, and other vehicles, did the organization file a For		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the nave excess business	8		
9			0.40		
	a Did the organization make any taxable distributions under section 4966?		9a		
	<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter		1.85		1
	a Initiation fees and capital contributions included on Part VIII, line 12	10a			
	<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1	
11	Section 501(c)(12) organizations. Enter			1	
	a Gross income from other members or shareholders	11 a		106	
	<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	f Form 1041?	12a		
	<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	600		* 1

BAA

Form 990 (2009)

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.

sec	tion A.	Governing	Body an	o iviana	gement											
											1		_	Ed olive	Yes	No
		number of vo	-							<u> </u>	1 a		5			
ı	<b>b</b> Enter the	e number of vo	iting membe	ers that are	e indeper	ndent				1	1 b		5	3 3		÷ .
2	Did any o officer, d	officer, director lirector, trustee	r, trustee, or e or key emp	r key emp oloyee?	loyee hav	ve a far	mily rela	tionship	or a busines	ss relat	tionship v	vith any o	other	2	المُونِ الله	X
3	Did the o	organization de s, directors or	legate conti trustees, or	rol over m key empl	anageme loyees to	ent dutie a mana	es custo agemen	marily p	erformed by ny or other p	or und person?	der the di	rect supe	rvision	3		х
4	Did the o	rganization m	ake any sigi	nificant ch	anges to	its orga	anızatıoı	nal docu	ments					4		X
	since the	prior Form 99	0 was filed	7												
5	Did the o	organization be	come aware	e during th	ne year of	f a mat	terial div	ersion o	f the organiz	ation's	assets?			5		Х
6	Does the	organization l	have membe	ers or stoc	kholders	2								6		X
78	Does the	organization l	have membe	ers, stockl	nolders, c	or other	r person	s who m	ay elect one	or mo	re memt	ers of the	e 	7a		х
ı	Are any	decisions of th	e governing	body sub	ject to ap	proval	by men	nbers, st	ockholders, d	or othe	r person	s?		7b		X
8	Did the o	organization co ving	ntemporane	ously doc	ument th	e meet CHEDU	tings hel J <b>LE</b> O	ld or wri	iten actions u	underta	aken duri	ng the ye	ear by			
á	a The gove	erning body?												8 a	_X	
ı	<b>b</b> Each cor	nmittee with a	uthority to a	ict on beh	alf of the	govern	ning bod	ly?						86		Х
9	Is there a organizat	any officer, dir tion's mailing a	ector or trus address? If	itee, or ke 'Yes,' pro	y employ vide the r	ree liste names a	ed in Pa <i>and add</i>	rt VII, S Iresses i	ection A, who n Schedule C	o canno O	ot be rea	ched at t	he	9		Х
Sec	tion B.	Policies	(This Sec	ction B r	equests	s infor	rmation	n about	policies n	ot red	quired l	by the li	nternal	1		
Reve	enue Code	)														
															Yes	No
10 a	Does the	organization l	have local c	hapters, b	ranches,	or affil	liates?							10 a		<u>X</u>
t	olf 'Yes,' o and bran	does the organiches to ensure	nization have e their opera	e written p ations are	olicies ar consister	nd proc	cedures those of	governir f the org	ng the activitions	es of s	such chap	oters, affi	liates,	10b		
11	Has the	organization pi	rovided a co	py of this	Form 99	0 to all	membe	ers of its	governing bo	ody bef	fore filing	the form	17	11	X	
11/	<b>A</b> Describe	ın Schedule C	the proces	s, if any,	used by t	the orga	anızatıor	n to revi	ew this Form	990	SEE S	CHEDU	LE O		247	
12 <i>a</i>	Does the	organization l	have a writte	en conflict	of intere	st polic	cy? If 'N	lo,' go ta	line 13					12a	Х	
ı	Are office to conflic	ers, directors o	or trustees,	and key e	mployees	s require	red to dis	sclose a	nnually intere	ests tha	at could	give rise		12b	х	
(	Does the Schedule	organization i O how this is	regularly an done .	d consiste	ntly mon	itor and	d enforce	e compl	ance with the	e policy	y? If 'Ye.	s,' descrit	be ın	12c		Х
13	Does the	organization l	have a writte	en whistle	blower po	olicy?								13		X
14	Does the	organization l	have a writte	en docum	ent retent	tion and	d destru	iction po	licy?					14		X
15	Did the p persons,	rocess for det comparability	ermining co data, and c	mpensatio ontempora	on of the aneous s	followir ubstant	ng perso tiation o	ons inclu f the del	de a review a	and ap	proval by	y indepen	ndent			
		nization's CEC												15 a		X
i	Other off	icers of key er	nployees of	the organ	nzation									15 b		X
	If 'Yes' to	o line 15a or 1	5b, describe	the proce	ess in Scl	hedule	O (See	instruct	tions)					1		
16		organization in ring the year?	vest in, con	tribute ass	ets to, or	r partici	ipate in	a joint v	enture or sim	nılar ar	rangeme	ent with a	taxable	16a	À	X
ı	in joint v	nas the organi enture arrange th respect to s	ements unde	er applicat	en policy ole federa	or prod al tax la	cedure r aw, and	requiring taken st	the organiza eps to safegi	ation to uard th	evaluat ne organi	e its parti zation's e	cipation exempt	16b		
Sec	tion C.	Disclosure	es													
17	List the s	states with whi	ch a copy o	f this Forn	n 990 is r	required	d to be f	filed ►	NONE							
18	Section 6	5104 requires a	an organiza w you make	tion to ma these ava	ke its Foi ailable C	rms 102 heck al	23 (or 10 Il that ap	024 if apply	plicable), 99	0, and	990-T (5	01(c)(3)s	only) a	vailabl	e for p	public
	Own	website	And	ther's wel	osite		X Upor	n reques	it .							
19	Describe statemen	ın Schedule C nts available to	whether (a	and if so, t SEE	now) the SCHED	organiz ULE (	zation m O	iakes its	governing do	ocumer	nts, conf	lict of inte	erest pol	ıcy, ar	nd fina	ancial
		name, physic PLOTT 595											_	anızat 	ion: -	

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

X Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)			(	c)		-	(D)	(E)	(F)
Name and Title	Average	Posi	ition (			hat appl	ly)			Estimated amount of other
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
KEVIN CARILLO										_
TRUSTEE LYNNETTE HANSEN	0						-	0.	0.	0.
TRUSTEE	0							0.	0.	0.
DAVID_SORENSENTRUSTEE	0							0.	0.	0.
LORI T PISCOPO								Ŭ.		<u> </u>
TRUSTEE	0							0.	0.	0.
JENNIE NIELSON TRUSTEE	0				į			0.	0.	0.
FRANK COPPIN TREASURER	0							0.	0.	0.
								0.	0.	
	_									
	1									
		_								
						-				
<del></del>										

(A)
Name and business address

(B)
Description of Services

(C)
Compensation

Par	t VIII Statement of Revenue					
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
STS	1a Federated campaigns 1a					
NA TIN	b Membership dues 1b				: 	
S,G	c Fundraising events. 1c					
AR FE	d Related organizations 1d					
S,G	e Government grants (contributions) 1 e					
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1 f	•				
E O	q Noncash contribus included in los 1a-1f: \$					
요됩	h Total. Add lines 1a-1f	•				
핑		Business Code				
N EN	2a					
RE	b					
ZE	c					
55	d					
Σ	e					
8	f All other program service revenue					
78	g Total. Add lines 2a-2f	▶				
	Investment income (including dividend other similar amounts)		96,103.	,		96,103.
	4 Income from investment of tax-exempt	bonu proceeus • [				
	5 Royalties	(ii) Personal				
	6a Gross Rents	(ii) i cisonal				
	b Less rental expenses	<del> </del>				
	•	<del> </del>				
	c Rental income or (loss)	▶				<del> </del>
	d Net rental income or (loss)  (i) Securities	(ii) Other		•		
	7a Gross amount from sales of assets other than inventory	(ii) Oulei				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)	<u> </u>				
	<b>d</b> Net gain or (loss)	<b>•</b>				
OTHER REVENUE	8a Gross income from fundraising events (not including \$					
E	of contributions reported on line 1c)					
R R		a				
Ħ	= 1000, an out onpended	b			·	
٥	c Net income or (loss) from fundraising of	events				
	9a Gross income from gaming activities See Part IV, line 19	a				
	<b>b</b> Less: direct expenses	b				
	c Net income or (loss) from gaming active	vities. ►	· · · · · · · · · · · · · · · · · · ·			
	<b>10a</b> Gross sales of inventory, less returns and allowances	a				
	<b>b</b> Less cost of goods sold	b				
	c Net income or (loss) from sales of inve	entory				
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	<b>d</b> All other revenue					
	e Total. Add lines 11a-11d	▶				
	12 Total revenue. See instructions	▶	96,103.	0.	0.	96,103.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

2 (1 3 (1	Grants and other assistance to governments and organizations in the U.S. See Part IV, ine 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22	60,000.			
3 (	Grants and other assistance to individuals in the U.S. See Part IV, line 22		60,000.		
3 (			30,000		
ι	Grants and other assistance to governments, organizations, and individuals outside the J.S. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
t	Compensation of current officers, directors, rustees, and key employees	0.	0.	0.	0.
	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 (	Other salaries and wages.				
- 4	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 (	Other employee benefits.				
10 F	Payroll taxes				
11 F	Fees for services (non-employees)				
a N	Management				
bι	_egal				
c A	Accounting				
d١	Lobbying				
e F	Prof fundraising svcs See Part IV, In 17				
	nvestment management fees	=-	_		
•	Other				
	Advertising and promotion				
	Office expenses				
	nformation technology				
	Royalties				
	Occupancy				
18 F	Fravel Payments of travel or entertainment expenses for any federal, state, or local oublic officials				
19 (	Conferences, conventions, and meetings				
20	nterest				
<b>21</b> F	Payments to affiliates				
22 [	Depreciation, depletion, and amortization				
	nsurance				
2	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
_	LEGAL FEES	4,160.		4,160.	
_	ACCOUNTING FEES	900.		900.	
_	LICENSES, FEES, PERMITS	750.		750.	
	PROFESSIONAL EXPENSES	340.		340.	
e_'	TAX PREP FEE	200.		200.	
f A	All other expenses		_		
	otal functional expenses. Add lines 1 through 24f	66,350.	60,000.	6,350.	0.
9	Joint costs. Check here  if following Info Info Info Info Info Info Info Info				Form <b>990</b> (2000)

ParitX

BAA

Balance Sheet

Form **990** (2009)

(A) Beginning of year (B) End of year 30,744. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 10 a Complete Part VI of Schedule D **b** Less accumulated depreciation. 10b 10 c 11 Investments - publicly-traded securities 11 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 2,012,989. 2,011,998. 15 Other assets See Part IV, line 11 15 16 Total assets Add lines 1 through 15 (must equal line 34) 2,012,989. 16 2,042,742. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 25 0. 26 Total liabilities. Add lines 17 through 25. 26 0. Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. 2,012,989. 27 2,042,742. 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, and equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 2,012,989. 33 2,042,742. 33 Total net assets or fund balances 2,012,989. 2,042,742. 34 Total liabilities and net assets/fund balances

Part Financial Statements and Reporting Yes No 1 Accounting method used to prepare the Form 990: X Cash Other Accrual If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule  ${\sf O}$ 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? b Were the organization's financial statements audited by an independent accountant? 2b c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 2c review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: Consolidated basis Both consolidated and separate basis Separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a Х **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. 3ь

BAA

Form 990 (2009)

# SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Open to Public Inspection ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number

Reason for Public Charity Status (All organizations must complete this part.) See instructions   The organization is not a private foundation because it is (For lines 1 through 11, check only one box )   A school described in section 170(bX1XAXii). (Attach Schedule E.)   A school described in section 170(bX1XAXii). (Attach Schedule E.)   A hospital or cooperative hospital service organization described in section 170(bX1XAXiii). Enter the hospital's name, city, and state   A medical research organization operated in conjunction with a hospital described in section 170(bX1XAXiii). Enter the hospital's name, city, and state   An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(bX1XAXV). (Complete Part II)   A federal, state, or local government or governmental unit described in section 170(bX1XAXV). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1XAXV). (Complete Part II)   A community trust described in section 170(bX1XAXVI). (Complete Part II)   A community trust described in section 170(bX1XAXVI). (Complete Part II)   A community trust described in section 170(bX1XAXVI). (Complete Part II)   An organization and interest organization and organization and complete Part III)   An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 ethrough 11h   A companization organization and organization and complete lines 11 ethrough 11h   A companization organization organization and complete lines 11 ethrough 11h   A companization organization organization and complete lines 11 ethrough 11h   A companization organization organization organization organizations described in (ii) an
A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Altach Schedule E.)  A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V)(). (Complete Part II )  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(V)(). (Complete Part II )  A community trust described in section 170(b)(1)(A)(V)(). (Complete Part II )  An organization that normally receives a substantial part of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investiment income and unrelated business taxoble income (dess section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 593(A)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box that describes the type of supporting organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a X Type II b Type III c Type IIII Functionally integrated d Type III other businesses that the organization and complete lines 11e through 11h  a X Type III other than one or more disqualified persons other than forundation managers and other than one or more publicly supported organizati
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v)). (Complete Part II)  An organization that normally receives a substantial part of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gorss investment income and unrelated business taxable income (less section 51) tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box that describes the type of supporting organizations and complete lines 11 through 111h  a [X] Type I b Type II c Type III – Functionally integrated d Type III – Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organization organization.  If the organization received a written determination from the IRS that is a Type I, Type III or Type III supporting organization, check this box
A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II).  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). (Complete Part II).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II).  An organization that normally receives. (1) more than 33·13 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33·13 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  IX An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). (Complete Part III)  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part III)  An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organization and complete lines 11e through 11h  a   X   Type II   b   Type III   c   Type III   Functionally integrated   Type III   Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  If the organization received a written determination from the IRS that is a Type I, Type III or Type III supporting organization, check this box. I certify that the organization accepted any gift or contribution from any of the following persons?  Yes No 11g (ii)   X   11g (ii)   X
name, city, and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1XA)(v). (Complete Part II )  A federal, state, or local government or governmental unit described in section 170(b)(1XA)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1XA)(v)). (Complete Part II )  An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a [X] Type II b Type II c Type III - Functionally integrated d Type III - Other  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  If the organization received a written determination from the IRS that is a Type I, Type III or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  Yes No  11g (ii) a 35% controlled entity of
name, city, and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1XA)(v). (Complete Part II )  A federal, state, or local government or governmental unit described in section 170(b)(1XA)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1XA)(v)). (Complete Part II )  An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a [X] Type II b Type II c Type III - Functionally integrated d Type III - Other  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  If the organization received a written determination from the IRS that is a Type I, Type III or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  Yes No  11g (ii) a 35% controlled entity of
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(bX1XA)(iv). (Complete Part II )  A federal, state, or local government or governmental unit described in section 170(bX1XA)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1XA)(vi). (Complete Part II )  A community trust described in section 170(bX1XA)(vi). (Complete Part II )  An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a \begin{align*} Type I b \begin{align*} Type II represented in the purposes of one or more publicly supported organization section 509(a)(2).  f the organization received a written determination from the IRS that is a Type II, Type III or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  Yes No  in a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) a family member of a person described in (i) above?  (ii) a person who directly or
An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(xi). (Complete Part II)  A community trust described in section 170(b)(1)(A)(Xi). (Complete Part II)  An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a X Type I b Type II c Type III - Functionally integrated d Type III - Other  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  If the organization received a written determination from the IRS that is a Type I, Type III or Type III supporting organization, below, the governing body of the supported organization?  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) 11g (ii) X  11g (ii) X  11g (iii) X  11g (iii) X  Provide the following information about the supported organizations
in section 170(b)(1)(A)(vi). (Complete Part II)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a X Type I
An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a
from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  11 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a X Type   b Type II c Type III – Functionally integrated d Type III – Other  e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box  g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  Yes No  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) Ing (ii) X  (iii) a family member of a person described in (i) above?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  11g (iii) X  11g (iii) X  11g (iii) X
An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a
By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  Yes No  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  11g (iii) X  11g (iii) X  Provide the following information about the supported organizations
than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  Yes No  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  11g (ii) X  11g (iii) X  Provide the following information about the supported organizations
f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box  g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  Yes No  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  11g (iii) X  11g (iii) X  Provide the following information about the supported organizations
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  11g (ii) X  11g (iii) X  Provide the following information about the supported organizations
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  11g (ii) X  The Provide the following information about the supported organizations
below, the governing body of the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  11g (ii) X  11g (ii) X  11g (iii) X  11g (iii) X  Provide the following information about the supported organizations
(iii) a 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organizations
(i) Name of Supported (ii) EIN (iii) Type of organization (iv) Is the (v) Did you notify (vi) Is the (vii) Amount of Support
above or IRC section (see instructions))  (i) listed in your governing your support? (i) organized in the your support? (ii) organized in the your support? (iii) organized in the your support?
Yes No Yes No Yes No
THE DESERET FOUNDATION
23-7062016 509(A)(2) X 60,000.

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

Schedule A (Form 990 or 990-EZ) 2009

Sch	edule <b>A</b> (Form 990 or 990-EZ) 200	O9 THE DELI	LOY HANSEN	N HEART FOU	NDATION INC	26-395394	0 Page <b>2</b>
Pa	rt II Support Schedule for						(vi)
500	(Complete only if you check	ed the box on line	e 5, 7, <u>or 8 of Par</u>	t I.)	<del> </del>		<del></del>
Cale	endar year (or fiscal year nning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						()
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4	Total. Add lines 1-through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			,			
Sec	tion B. Total Support	L		J	.1.		<u> </u>
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
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						
12	Gross receipts from related activ	rities, etc (see ins	structions)		<del></del>	12	-
13	First five years. If the Form 990 organization, check this box and	is for the organization	ation's first, secor	nd, third, fourth,	or fifth tax year as	s a section 501(c)	(3) ► □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14 15	Public support percentage for 20 Public support percentage from 3			ne 11, column (f)	••	14 15	<u>%</u> %
16 a	33-1/3 support test – 2009. If the and stop here. The organization	e organization did	not check the bo	x on line 13, and	d the line 14 is 33		
t	33-1/3 support test - 2008. If the and stop here. The organization	e organization did	not check a box	on line 13, or 16	a, and line 15 is 3	3-1/3% or more, o	check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box and <b>stop he</b> i	re. Explain in Part	IV how
t	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	r <b>e.</b> Explain in Part	IV how the
	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, 17			
BAA					Sc	hedule A (Form 9	90 or 990-EZ) 2009

# Schedule A (Form 990 or 990-EZ) 2009 THE DELL LOY HANSEN HEART FOUNDATION INC 26-3953940 Partitle Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

500	tion A. Public Support	ched the box on in	ne s or r arc r y	<del></del>			<del></del>
		(-) 200F	(h) 000C	(-) 0007	(4) 2000	(~) 2000	(D. T. ) - I
	ndar year (or fiscal yr beginning in) P Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 a Amounts included on lines 1, 2, 3 received from disqualified persons			<del></del>			
	a Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line	L		<u></u>			
	7c from line 6.)	<u> </u>			<u> </u>		
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b  Net income from unrelated business activities not included inline 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 Ins 9, 10c, 11, and 12)						
	First five years. If the Form 990 organization, check this box and			nd, third, fourth,	or fifth tax year as	s a section 501(c)	(3)
	tion C. Computation of Pu			10 1	<u> </u>		
	Public support percentage for 20	•	-	ne 13, column (f)	) .	15	
	Public support percentage from					16	%
	tion D. Computation of Inv						
17	, ,				umn (f))	17	%_
18	Investment income percentage f					18	%_
	a 33-1/3 support tests – 2009. If the or more than 33-1/3%, check this b	oox and stop here.	. The organization	n qualifies as a p	ublicly supported of	organization	▶ ∐
	b 33-1/3 support tests — 2008. If the second	this box and <b>stop</b>	<b>here.</b> The organ	ization qualifies	as a publicly supp	orted organization	o, and line 18
	Private foundation. If the organi	ization did not che	cka box on line	14, 138, of 190, (	CHECK THIS DOX AND	see mstructions	-
BAA			TEEA0403L		_		90 or 990-EZ) 2009

Schedule A	(Form 990	or 990	)-EZ) 2	2009	THE	DELL	LOY	HAN	SEN	HEART	FOU!	NOITAGE	INC	26-39	953940		Page 4
Parilly	Supplen Part II. I	nental	I <b>nfo</b> i a or	r <mark>mati</mark> 17b:	on. ( and	Comple Part III	ete thi	s par 12. P	t to p	orovide de anv	the ex	xplanation	ons rec	uired b	y Part II, See ins	line 10	); ns.
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TEEA0404L 02/05/10

Schedule A (Form 990 or 990-EZ) 2009

BAA

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545 0047 2009 Open to Public Inspection

Name of the organization

Employer Identification number

THE	DELL LOY HANSEN HEART FOUND	ATION INC		26-3	953940	
Par	Organizations Maintaining Dono	r Advised Funds or Oth	er Similar Funds or			e if
	the organization answered 'Yes' t	to Form 990, Part IV, line	e 6.			•
		(a) Donor advised	funds	(b) Funds ar	d other acc	ounts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year			<del></del>		
5	Did the organization inform all donors and do funds are the organization's property, subject	nor advisors in writing that the to the organization's exclusive	e assets held in donor ad e legal control?	vised	Yes	☐ No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private ben-	the benefit of the donor or do	ing that grant funds may nor advisor or for any oth	be er	Yes	∏ No
Par	Conservation Easements Comple	ete if the organization ar	nswered 'Yes' to For	n 990, Par	t IV, line	7.
	Purpose(s) of conservation easements held b			<del></del>	·············	
	Preservation of land for public use (e.g.,	•	Preservation of an his	storically imp	ortant land	area
	Protection of natural habitat	, ,	Preservation of certifi			
	Preservation of open space					
2	Complete lines 2a through 2d if the organizations day of the tax year	ion held a qualified conservation	on contribution in the form	n of a conse	rvation ease	ement on the
				Held a	t the End of	the Year
a	Total number of conservation easements	•	. 2	a		
t	Total acreage restricted by conservation ease	ements	2	b		
C	: Number of conservation easements on a certi	ified historic structure included	I ın (a) 2	С		
C	Number of conservation easements included	ın (c) acquired after 8/17/06	2	d		
3	Number of conservation easements modified, year ▶	transferred, released, extingu	iished, or terminated by t	he organizati	on during th	ne tax
4	Number of states where property subject to co	onservation easement is locate	ed <b>&gt;</b>			
5	Does the organization have a written policy reand enforcement of the conservation easeme	nt it holds?		f violations,	Yes	☐ No
6	Staff and volunteer hours devoted to monitoring the year					
7	Amount of expenses incurred in monitoring, is during the year	, ,		\$		
8	Does each conservation easement reported o 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the re	equirements of section		Yes	☐ No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements	s conservation easements in its to the organization's financial	revenue and expense state statements that describe	ment, and bal s the organiz	ance sheet, ation's acco	and ounting for
Pau	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical wered 'Yes' to Form 990	Treasures, or Other, Part IV, line 8.	Similar A	ssets	
1 a	If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statem	olic exhibition, education, or re	search in furtherance of i	balance she public service	et works of e, provide, in	art, historica n Part XIV,
t	<ul> <li>If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items</li> </ul>	er SFAS 116, to report in its re olic exhibition, education, or re	venue statement and bal search in furtherance of	ance sheet would be serviced	orks of art, , provide th	historical ne following
	(i) Revenues included in Form 990, Part VIII	, line 1		•	\$	
	(ii) Assets included in Form 990, Part X			•	\$ \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or othe 116 relating to these items:	er sımılar assets for fınan			
ä	Revenues included in Form 990, Part VIII, line	e 1		•	\$	
ŀ	Assets included in Form 990, Part X			•	·\$	

Schedule D (Form 990) 2009 THE I			•			26-395		ontini	Page 2
3 Using the organization's acquisition items (check all that apply)	on accession	n and otl		•	-	that are a significant us	se of its i	collecti	on
a Public exhibition			<b>—</b>		ange programs				
<b>b</b> Scholarly research	•		e   Other	·					
c Preservation for future gener									
4 Provide a description of the orga Part XIV.			·	-	_		se in		
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit of ather than to	r receive b be mai	e donations of ai ntained as part	rt, histo of the c	ricai treasures, o organization's col	r other similar lection?	Yes	Γ	No
Pari W Escrow and Custodia 9, or reported an amo	l Arranger	nents	Complete if o	organi			90, Pa	rt IV,	line
1a Is the organization an agent, trus included on Form 990, Part X?			·		ntributions or oth	ner assets not	Yes	Г	
<b>b</b> If 'Yes,' explain the arrangement						•	□	L	٠٠
2 ros, enplantino arrangement			iproto tino romon				Amount		
c Beginning balance						1c			
<b>d</b> Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance						1f			
2a Did the organization include an a	mount on Fo	orm 990.	Part X. line 21	?			Yes		No
<b>b</b> If 'Yes,' explain the arrangement							ш	_	
Part V Endowment Funds Co		rganiz	ation answer	ed 'Ye	s' to Form 99	0, Part IV, line 10			
	(a) Curren		(b) Prior yea		(c) Two years back			our year	s back
1 a Beginning of year balance	•	•							
<b>b</b> Contributions									
c Net Investment earnings, gains, and losses									
<b>d</b> Grants or scholarships									
e Other expenditures for facilities and programs									
f Administrative expenses								=:	
g End of year balance									
2 Provide the estimated percentage	e of the year	end bal	ance held as						
a Board designated or quasi-endov	vment ►		<b>%</b>						
<b>b</b> Permanent endowment ▶		;							
c Term endowment ▶									
3a Are there endowment funds not i	n the posses	ssion of	the organization	that ar	e held and admi	nistered for the	_		
organization by	,		<b>3</b>					Yes	No
(i) unrelated organizations							3a(i)		
(ii) related organizations							3a(ii)		
<b>b</b> If 'Yes' to 3a(II), are the related of	•		•				3b		
4 Describe in Part XIV the intended									
Part M Investments—Land, B		<del></del>							
Description of investment			t or other basis evestment)	<b>(b)</b> (	Cost or other isis (other)	(c) Accumulated Depreciation	(d) E	Book Va	alue 
1a Land		<u> </u>				· <del></del>			
<b>b</b> Buildings									
c Leasehold improvements		<u></u>							
d Equipment		ļ							
e Other		<u> </u>		L					
Total. Add lines 1a through 1e (Column	n (d) must e	qual For	m 990, Part X, o	column	(B), line 10(c)).	<u> </u>			<u>0.</u>
BAA						Sched	dule <b>D</b> (F	orm 99	0) 2009

Schedule D (Form 990) 2009 THE DELL LOY HAN			26-3953940 Page 3
Part VII Investments—Other Securities See	(b) Book value	<del> </del>	sthad of valuation
(a) Description of security or category (including name of security)	(b) Book value	Cost or en	ethod of valuation d-of-year market value
Financial derivatives			
Closely-held equity interests			
Other	_		
			· · · · · · · · · · · · · · · · · · ·
	-	<del> </del>	
			<del>-</del>
<del></del>			
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)			
Part VIII Investments-Program Related (See			
(a) Description of investment type	(b) Book value	(c) Me	ethod of valuation d-of-year market value
· · · · · · · · · · · · · · · · · · ·		Cost of en	d-or-year market value
<del>-</del>			
Total (Column (b) must equal Form 990, Part X, Col (B) line 13.)			
Part IX Other Assets (See Form 990, Part X	<del></del>	-	
·	Description		(b) Book value
LAYTON APARTMENT HOLDINGS, LLC			2,011,997.
ROUNDING			1.
<del>-</del>			
Total. (Column (b) must equal Form 990, Part X, col.(B),	line 15)		► 2,011,998.
Part X Other Liabilities (See Form 990, Par			_,
(a) Description of Liability	(b) Amount		
Federal Income Taxes		]	
		]	
		1	
		1	
		4	
		4	
		-	
		-	
		-	· ·
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		1	
	otnote to the organization's	Inancial statements 45	at reports the ergonization's lighting
<ol><li>FIN 48 Footnote In Part XIV, provide the text of the fo for uncertain tax positions under FIN 48</li></ol>	outote to the organization's i	manciai Statements (F	acteports the organization's liability

Schedule D (Form 990) 2009 THE DELL LOY HANSEN HEART FOUNDATION INC

26-3953940

Sche	edule <b>D</b> (Form 990) 2009 THE DELL LOY HANSEN HEART FOUNDATION INC 26	5-39 <u>5</u>	3940	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)	[		
3	Excess or (deficit) for the year. Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			_
5	Donated services and use of facilities			
6	Investment expenses .	٠, [		
7	Prior period adjustments			
8	Other (Describe in Part XIV)	[		
9	Total adjustments (net). Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	Ī		
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn	N/A	
1	Total revenue, gains, and other support per audited financial statements .	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
	a Net unrealized gains on investments			
1	Donated services and use of facilities 2b			
	Recoveries of prior year grants . 2c			
(	d Other (Describe in Part XIV)			
	e Add lines 2a through 2d.	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
	a Investments expenses not included on Form 990, Part VIII, line 7b.			
ı	b Other (Describe in Part XIV)			
	Add lines 4a and 4b	4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	-	,
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn N/A	
	Total expenses and losses per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
i	a Donated services and use of facilities 2a			
1	Prior year adjustments 2b			
	c Other losses 2c			
	d Other (Describe in Part XIV)			
	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investments expenses not included on Form 990, Part VIII, line 7b . 4a			
	b Other (Describe in Part XIV)			
	c Add lines 4a and 4b	4c		
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5		
Pa	RXIV Supplemental Information		_	
Con line info	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this primation	/, lines art to p	1b and 2b, P rovide any ad	art V, Iditional
			<b></b> _	
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Schedule **D** (Form 990) 2009

Schedule D	(Form 990) 200	9 THE	DELL LO	Y HANSEN	HEART	FOUNDATION	INC	26-3953940	Page 5
Pankan	Supplemen	<u>tal Infor</u>	mation (	continued)					
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TEEA3305L 07/10/09

Schedule D (Form 990) 2009

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# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 2009

Open to Public Inspection

Employer identification number 26-3953940 **2** 

X Yes

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990. Part I General Information on Grants and Assistance THE DELL LOY HANSEN HEART FOUNDATION INC Name of the organization

**Padell Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use SEE PART IV Part IV and Schedule I-1 (Form 990) if additional space is needed

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE DESERET FOUNDATION							TO SUPPORT THE DESERET FOUNDATION'S
325_EIGHTH AVENUESALT LAKE CITY, UT 84103	23-7062016 509 (A) (2)	509 (A) (2)	.000,000	0.			EDUCATION AND RESEARCH.
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organizations	
2 Enter total number of section 501(c)(3) and government organizations	3 Enter total number of other organizations
••	•-•

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

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Schedule I (Form 990) 2009

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... Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Parily Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 26-3953940 (e) Method of valuation (book, FMV, appraisal, other) GRANTS ARE MADE TO THE PRIMARY SUPPORTED ORGANIZATION TO BE USED FOR ITS PROGRAMS AND OPERATIONS AT THE DISCRETION OF THE SUPPORTED ORGANIZATION'S BOARD OF DIRECTORS. (d) Amount of non-cash assistance PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED THE DELL LOY HANSEN HEART FOUNDATION INC (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Park W

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Schedule I (Form 990) 2009

### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Open to Public Inspection

Employer identification number

THE DELL LOY HANSEN HEART FOUNDATION INC	26-3953940
FORM 990, PART VI, LINE 8 - EXPLANATION OF NO CONTEMPOR	ANEOUSLY DOCUMENTATION OF MEETINGS
BOARD MEETING MINUTES ARE KEPT FOR EACH MEETING OF	THE BOARD. THERE ARE NO
COMMITTEES_WITH_AUTHORITY_TO_ACT_ON_BEHALF_OF_THE	GOVERNING BODY.
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
A COPY OF THE RETURN IS PROVIDED TO EACH BOARD MEM	MBER FOR REVIEW IN PERSON, BY MAIL,
OR BY EMAIL PRIOR TO THE FILING OF THE RETURN.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMEN	ITS PUBLICLY AVAILABLE
GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATE	EMENTS ARE AVAILABLE TO THE PUBLIC
UPON REASONABLE REQUEST DURING BUSINESS/OFFICE HOU	JRS.

Schedule <b>O</b> (Form 990) 2009  Name of the organization	Page 2
Name of the organization	Employer identification number
THE DELL LOY HANSEN HEART FOUNDATION INC	26-3953940
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	<del></del>