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Form 990-PF

Return of Private Foundation

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

Department of the Treasury
Integral Revenue Service
Note: The foundation may be able to

The foundation may be able to use a copy of this return to satisfy state reporting requirements

2009

OMB No 1545-0052

Internal Re	venue Service Note: The roundation may b	e able to use a copy of tills	Totalli to cation, state repo	ting requirements	_
For cale	ndar year 2009, or tax year beginning		, and ending		
G Check	k all that apply Initial return	Initial return of a fo	rmer public charity	Final return	1
	Amended return	Address chang	ge <u> </u>	Name change	
11 11	Name of foundation			A Employer identification	number
Use the label	1				
Otherwi	- but batto e tamili delli D	ICESARIS FOU	NDATION	46-0473605	•
print				B Telephone number	
or typ		DAD		801-566-92	201
See Spe	P *******		I	C If exemption application is p	
Instructi	PARK CITY, UT 84060		I	D 1. Foreign organization:	
U Obser		ment erreste foundation		Foreign organizations me check here and attach or	eeting the 85% test,
			· ·	check here and attach of	omputation
		Other taxable private foundate method X Cash		E If private foundation sta	
	arket value of all assets at end of year J Accounting	•	Accrual	under section 507(b)(1	
•		ner (specify)		F If the foundation is in a	
▶\$	82,929. (Part I, colui	nn (d) must be on cash t	oasis)	under section 507(b)(1	1
Part	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(0) Disbursements for chantable purposes
	(The total of amounts in columns (b), (c), and (d) may not necessanty equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
1	Contributions, gifts, grants, etc., received			N/A	
2	Check X if the foundation is not required to attach Sch B				LUCON ALABERTANIA PROPERTY AND A STATE OF THE STATE OF TH
3	interest on savings and temporary cash investments	69.	69.		STATEMENT 1
4	Dividends and interest from securities	195.	195.		STATEMENT 2
	a Gross rents				
	Net rental income or (loss)				
_ '	Net gain or (loss) from sale of assets not on line 10		1,1111, 14, 14, 14, 14, 14, 14, 14, 14,		, , , , , , , , , , , , , , , , , , ,
۳۱	Gross sales price for all				
e le	assets of fine ou	dammili	0.		
é 7	Capital gain net income (from Part IV, line 2)				
_ 8	Net short-term capital gain	iiiiiiiii	h	<u> </u>	
9	Income modifications Gross sales less returns				ļ
10a	and allowances	en hla la midlio-dama a	1,1		
	Less Cost of goods sold				
1	Gross profit or (loss)		11 11 111		
11	Other income				
12	Total. Add lines 1 through 11	264.	264.		
13	Compensation of officers, directors, trustees, etc	0.	0.		0.
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
Se 16:	a Legal fees				
E	h Accounting fees				
Expens	c Other professional fels ECTIVED]			
\$ 17	Interest				
Operating and Administrative 12 C C C C C C C C C C C C C C C C C C	Taxes Depreciation and depletion 192010				
19	Taxes Depreciation and depletion 192010				
E 20	0				
5 2	Travel, conference of the tings				
Ž 21	Travel, comprehens, and meetings				
E 22	Timing and publications				
B 23	Other expenses			 	
E 24	•	^	0.	İ	0.
8	expenses. Add lines 13 through 23	0.	<u> </u>		6,892.
25		6,892.			0,092.
26	•		_		6 000
_	Add lines 24 and 25	6,892.	0.		6,892.
27	Subtract line 26 from line 12				
ĺ	Excess of revenue over expenses and disbursements	-6,628.			
	b Net Investment Income (if negative, enter -0-)		264.		
	c Adjusted net income (if negative, enter -0-)			N/A	

923501 D2-02-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Form 990-PF (2009) 11

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ra	u	u	4

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	Elia di	year
Part II DataTice STEETS column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing	89,557.	82,929.	82,929
2 Savings and temporary cash investments			
3 Accounts receivable ►			
Less allowance for doubtful accounts			
4 Pledges receivable ►			
Less allowance for doubtful accounts			
5 Grants receivable			
6 Receivables due from officers, directors, trustees, and other		-	
disqualified persons			
7 Other notes and loans receivable			······································
Less allowance for doubtful accounts	İ	1	
8 Inventories for sale or use 9 Prepaid expenses and deferred charges			
9 Prepaid expenses and deferred charges			······································
10a Investments - U S and state government obligations			
b Investments - corporate stock			· · ·
c Investments - corporate bonds			.,,
11 Investments - land, buildings, and equipment basis			
Less accumulated depreciation			<u> </u>
12 Investments - mortgage loans			
13 Investments - other			7.7.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
14 Land, buildings, and equipment basis			
Less accumulated depreciation			
15 Other assets (describe			
16 Total assets (to be completed by all filers)	89,557.	82,929.	82,929
17 Accounts payable and accrued expenses			
18 Grants payable	-		
lan na chianna			
20 Loans from officers, directors, trustees, and other disqualified persons			
21 Mortgages and other notes payable			
22 Other liabilities (describe ►			
	0.	0.	
23 Total liabilities (add lines 17 through 22)		<u>U.</u>	
Foundations that follow SFAS 117, check here			
and complete lines 24 through 26 and lines 30 and 31			
24 Unrestricted			
25 Temporarily restricted			
26 Permanently restricted			
Foundations that do not follow SFAS 117, check here			
and complete lines 27 through 31.		1	
27 Capital stock, trust principal, or current funds	0.	0.	
28 Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances	89,557.	82,929.	
30 Total net assets or fund balances	89,557.	82,929.	
24 Tatal liabilities and not appoint fund halaness	89,557.	82,929.	
31 Total liabilities and net assets/fund balances		02/02/1	
Part III Analysis of Changes in Net Assets or Fund B	alances		
Total net assets or fund balances at beginning of year - Part II, column (a), line	30		
(must agree with end-of-year figure reported on prior year's return)		1	89,557
The same Parks have 07e		2	-6,628
		3	(
Other increases not included in line 2 (itemize)		4	82,929
Add lines 1, 2, and 3	•	 i	(2)
Decreases not included in line 2 (itemize)	.h (h.) h 00	5	82,929
5 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	02,32.

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Part IV Capital Gains a	and Losses for Tax on I	nvestment	Income					
	be the kind(s) of property sold (e ehouse, or common stock, 200 st			P -	low acquired Purchase Donation	(c) Date ac (mo , day	cquired y, yr)	(d) Date sold (mo , day, yr)
1a								
b NOM	JE			ļ				
<u>C</u>				├				
<u>d</u>								
e	(f) Degreestes allowed	(=) Coo	t av ethau haara			(h) Co.		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				n or (loss) (f) minus (
<u>a</u>		<u> </u>				 -		
<u>b</u>								
C d			 -				 -	
e		-		-+				
	gain in column (h) and owned by	the foundation	on 12/31/69		(1) Gains (Co	l. (h) gain	minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any			(k), but no		1-0-) or
a					 <u></u>			
b								
C						-		<u>.</u> .
d								
e		<u> </u>		_	·			
2 Capital gain net income or (net cap	oital loss) { If gain, also enter-			}	2			
3 Net short-term capital gain or (loss								
If gain, also enter in Part I, line 8, o		(0)		}	3			
	nder Section 4940(e) fo	r Reduced	Tax on Net	Inve	estment Inc	ome		·
If section 4940(d)(2) applies, leave this Was the foundation liable for the section of the sect	on 4942 tax on the distributable a fy under section 4940(e) Do not c	complete this pa	rt					Yes X No
(a) Base period years	(b)			(c)	table-use assets	(6		(d) ution ratio ided by col (c))
Calendar year (or tax year beginnin 2008	9 "'/	25,000.			122,191		201 (8) 014	•204598
2007		40,637.			149,594			.271649
2006		26,000.		-	78,273			.332171
2005		8,350.			55,904			.149363
2004		15,000.			12,553	•		1.194933
2 Total of line 1, column (d)						2		2.152714
3 Average distribution ratio for the 5 the foundation has been in existen		l on line 2 by 5,	or by the number	of yea	nrs	_3		.430543
4 Enter the net value of noncharitable	e-use assets for 2009 from Part X	(. line 5				4		84,949.
5 Multiply line 4 by line 3						5		36,574.
	. (40) -4 Da1 Lua - 075							3.
6 Enter 1% of net investment incom	e (1% 01 rail 1, line 2/D)					6		
7 Add lines 5 and 6						7		36,577.
8 Enter qualifying distributions from	Part XII, line 4					8		6,892.
If line 8 is equal to or greater than See the Part VI instructions	line 7, check the box in Part VI, lin	e 1b, and comp	lete that part usin	g a 19	6 tax rate			
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	***************************************	4736			age 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s	366 III3	u	,1101	13)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
	Date of ruling or determination letter				5.
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%				
	of Part I, line 27b				
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)				0.
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) Add lines 1 and 2				5.
	7.00 11100 7 0110 2				0.
	Subtition of the Commodition and the Commodition of				5.
	Tax bases on massiment medice. Substitute and 4 from mile of 11 2010 of 1000, officer of				<u>.</u>
	Credits/Payments				
	2009 estimated tax payments and 2008 overpayment credited to 2009 Exempt foreign organizations - tax withheld at source 6b				
					0.
	Total create and paymonts ride and selection and an action of the control of the				
	Enter any penalty for anothery month of community and the community for another any				5.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
	Defended by 44				
	rt VII-A Statements Regarding Activities			-	
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		1	Yes	No
	any political campaign?	_	1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or		-		
	distributed by the foundation in connection with the activities.	1			
	Did the foundation file Form 1120-POL for this year?		1c	1	Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	-	-		
u	(1) On the foundation \blacktriangleright \$ 0 . (2) On foundation managers \blacktriangleright \$ 0 .				
٥	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?	- 1	2		X_
	If "Yes," attach a detailed description of the activities.				
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
•	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	L	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	'A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х
	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 conflict with the state law				
	remain in the governing instrument?	L	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year?	<u> </u>	7	X	
	If "Yes," complete Part II, col. (c), and Part XV.				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) NONE				
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
-	of each state as required by General Instruction G? If "No," attach explanation	L	8b	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		1		
-	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV	L	9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses		10		X
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had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ente	r "NONE."	
(a) Name and address of each person paid more than \$50,000 NONE	(b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers proof N/A	tical information such as the duced, etc	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
1 N/A	mio value	ranoun
2		
All other program-related investments. See instructions		· · · · · · · · · · · · · · · · · · ·
Total Add lines 1 through 3	.	0.

1	Fair market value of assets not used (or held for use) directly in carrying out charitab	le, etc , purposes			
а.	Average monthly fair market value of securities			1a	0. 86,243.
b.	Average of monthly cash balances			1b	86,243.
C	Fair market value of all other assets			10	
ď	Fotal (add lines 1a, b, and c)			1d	86,243.
е	Reduction claimed for blockage or other factors reported on lines 1a and				
	1c (attach detailed explanation)	1e	0.		
2 .	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	86,243.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount	t, see instructions)		4	1,294.
	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and o			5	84,949.
6	Minimum investment return. Enter 5% of line 5			6	4,247.
Pa	rt XI Distributable Amount (see Instructions) (Section 4942(I)(3) a foreign organizations check here	****	foundations an	id certain	
1	Minimum investment return from Part X, line 6			1	4,247.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	5.		
b	income tax for 2009 (This does not include the tax from Part VI)	2b			
C	Add lines 2a and 2b			2c	5.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	4,242.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	4,242.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Par	t XIII, line 1		7	4,242.
	rt XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., pui	282007			
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	10000		1a	6,892.
	Program-related investments - total from Part IX-B			1b	0.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charita	ble etc nurnoses		2	 ; ;
	Amounts set aside for specific charitable projects that satisfy the	.o.o, 0.to , pa.pooco			
	Suitability test (prior IRS approval required)			3a	
	Cash distribution test (attach the required schedule)			3b	
	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, a	and Part XIII, line 4		4	6,892.
	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inv				
	Income Enter 1% of Part I, line 27b			5	0.
	Adjusted qualifying distributions. Subtract line 5 from line 4			6	6,892.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years	when calculating whether t	he foundation		
	4940(e) reduction of tax in those years				

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,				
line 7				4,242.
2 Undistributed Income, if any, as of the end of 2009				
a Enter amount for 2008 only		######################################	0.	
b Total for prior years		_		
,,		0.		andelia and administrativa
3 Excess distributions carryover, if any, to 2009				
a From 2004 14,373.				
b From 2005 5,582.				
c From 2006 22, 153.				
d From 2007 33, 305.				
e From 2008 18,947.	04 260			
f Total of lines 3a through e	94,360.			······································
4 Qualifying distributions for 2009 from Part XII, line 4 ▶\$ 6,892.				
			0.	
a Applied to 2008, but not more than line 2a				
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)				l
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2009 distributable amount				4,242.
e Remaining amount distributed out of corpus	2,650.	•••••		-,
5 Excess distributions carryover applied to 2009	0.	www.nlallor.co/nn.alana.alallor.alall	HIPHWAND DE TOTAL	0.
(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:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	97,010.			
b Prior years' undistributed income. Subtract		_	,	
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously		0.		
assessed d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2009 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010		.1.1		0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	14,373.			
9 Excess distributions carryover to 2010.	00 605			
Subtract lines 7 and 8 from line 6a	82,637.			
10 Analysis of line 9				
a Excess from 2005 5,582.				
b Excess from 2006 22,153.				
c Excess from 2007 d Excess from 2008 33, 305.				
e Excess from 2009 2,650.	<u></u>		<u> </u>	Form 990-PF (2009)

Part XIV Private Operating For			I-A, question 9)	N/A	73005 Pag
1 a if the foundation has received a ruling or d					
foundation, and the ruling is effective for 2	009, enter the date of	the ruling	▶		
b Check box to indicate whether the foundati	on is a private operatii	ng foundation described		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed	· · · <u> </u>				
b 85% of line 2a					
c Qualifying distributions from Part XII,])	
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					·
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter	· 				
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from		1			
an exempt organization					
(4) Gross investment income			<u> </u>	1 105 000	
Part XV Supplementary Inform			if the foundation	had \$5,000 or mo	ore in assets
at any time during the		instructions.)			
1 Information Regarding Foundation	•				
a List any managers of the foundation who h			tributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed mor	e than \$5,000) (See s	section 507(a)(2))			
ONE					
b List any managers of the foundation who c			(or an equally large portio	n of the ownership of a pa	irtnership or
other entity) of which the foundation has a	10% or greater intere	SI.			
NONE					
2 Information Regarding Contribution	n, Grant, Gift, Loan,	, Scholarship, etc., P	rograms:		
Check here 🕨 📖 if the foundation only					
the foundation makes gifts, grants, etc. (se				mplete items 2a, b, c, and	<u>d</u>
a The name, address, and telephone number	r of the person to who	m applications should be	addressed		
DAVE DICESARIS					
SAME					
b The form in which applications should be s	submitted and informa	tion and materials they s	hould include.		
VRITTEN	<u></u>				<u> </u>
c Any submission deadlines					
NONE					
d Any restrictions or limitations on awards, s	such as by geographic	al areas, chantable fields	, kınds of institutions, or o	ther factors	
NONE					
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Part XV Supplementary Information	(continued)			
	ear or Approved for Future	Payment		<u> </u>
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor A Paid during the year ROVIDENT FUNDING NONE N/A HOUSING FOR NEEDY WHITE PINE CANYON RD Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation status of recipient recipient N/A HOUSING FOR NEEDY FAMILY				
PROVIDENT FUNDING SWHITE PINE CANYON RD PARK CITY, UT 84060			i l	6,892.
Total		1	<u> </u>	6,892.
b Approved for future payment NONE				
Total .			▶ 3b	0.
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I	Part XVI-A	Analysi	s of Incom	e-Producing	Activities

inter gross amounts unless otherwise indicated	Unrelated b	usiness income		y section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue	code		code	741100111	- Idiletion income
a				· · - · · · · · · · · · · · · · · · · ·	
b	 				_
<u> </u>					
d					
e	-				
<u> </u>	 				
g Fees and contracts from government agencies	—	,			
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	69.	
4 Dividends and interest from securities			14	195.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue					
a					
b					<u> </u>
C					
d					
e					
2 Subtotal Add columns (b), (d), and (e)		().	264.	
3 Total. Add line 12, columns (b), (d), and (e)				13	26
See worksheet in line 13 instructions to verify calculations)					
Part XVI-B Relationship of Activities	to the Accom	plishment of	Exempt P	urposes	
Line No. Explain below how each activity for which inco	me is reported in c	olumn (e) of Part XV	'I-A contributed	importantly to the accomp	lishment of
▼ the foundation's exempt purposes (other than	·				

Line No.						orted in column (e ling funds for such		XVI-A contributed import	antly to the accomplishm	ent of
3	INTEREST	EARNED	IS	USED	TO	FURTHER	THE	FOUNDATION	CHARITABLE	GIVING
										· · · · · · · · · · · · · · · · · · ·
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		DAVE & KATHL	EEN	DICESARIS FO	UNDATION 46-	0473605	Pa	ige 13
Part,	Information R Exempt Organ		rs To	and Transactions a	and Relationships With No	ncharitabl	е	
1 Did	the organization directly or ind	rectly engage in any of the	followi	ng with any other organization	on described in section 501(c) of		Yes	No
the	Code (other than section 501(o	c)(3) organizations) or in se	ection 5	27, relating to political organ	nizations?			
a Tra	nsfers from the reporting found	dation to a noncharitable ex	cempt o	rganization of				
(1)	Cash					1a(1)		<u> </u>
(2)	Other assets					1a(2)		X
b Oth	er transactions							
(1)	Sales of assets to a noncharita	able exempt organization				16(1)		_ X_
(2)	Purchases of assets from a no	oncharitable exempt organi	ızatıon			1b(2)		X
(3)	Rental of facilities, equipment,	, or other assets				1b(3)		X
(4)	Reimbursement arrangements	S				16(4)		X
(5)	Loans or loan guarantees					1b(5)	L	X
(6)	Performance of services or me	embership or fundraising s	olicitati	ons		1b(6)		X
c Sha	iring of facilities, equipment, ma	aılıng lists, other assets, or	paid en	nployees		10		X_
d If th	ie answer to any of the above is	"Yes," complete the follow	ing sch	edule Column (b) should alv	ways show the fair market value of the	goods, other as	sets,	
					ue in any transaction or sharing arrange			
col	umn (d) the value of the goods,	, other assets, or services r	eceived					
(a) Line n	b) Amount involved	(c) Name of none	haritab	e exempt organization	(d) Description of transfers, transaction	ons, and sharing a	rrangeme	ents
			N/A					
						· <u> </u>		
	<u> </u>							
-								
	he foundation directly or indirec				zations described			¬
	ection 501(c) of the Code (other		or in sec	CHON 527 /		L Yes	X	ר וויס
_ B II '	es," complete the following sch (a) Name of or			(b) Type of organization	(c) Description of r	elationshin		
	N/A	gamzation		(b) Type of organization	(a) Bescription err	Jationomp		
	N/ A			 				
				 				
	·							
								
Llade	e popultion of porture I declare that I	have examined this may usely	udlag oog	omponylna schedules and staten	 nents, and to the best of my knowledge and b	allef it is true con	noct .	
	complete Declaration of preparer (oth					2101, It is 400, COII	с сц	
, 9	III = IC ILC			111-17-10				
g •/	Supporture of officer or trustee				Title			
<u> </u>	Signature of officer or trustee		<u> </u>	Date	Title Check if	Preparer's identi	fvina nur	nber
Sign Here Paid reparer's	Preparer's signature	\l(\)//			Date Check if self- employed ►	. reparer a rection	,y 1141	
'aid	Firm's name (or yours PROE	FERSIDARL BU	SINI					
E 등	1706	S COUTH 500		· · · · · · · · · · · · · · · · · · ·				

801-296-1060

FORM 990-PF INTERE	ST ON SAVINGS A	ND TEMPORARY C	ASH INVESTMENTS	STATEMENT 1
SOURCE				AMOUNT
INTEREST INCOME				69.
TOTAL TO FORM 990-P	F, PART I, LINE	3, COLUMN A		69.
FORM 990-PF	DIVIDENDS AND	INTEREST FROM	SECURITIES	STATEMENT 2
SOURCE		GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
DIVIDEND INCOME		195.	0.	195.
TOTAL TO FM 990-PF,	PART I, LN 4	195.	0.	195.

Form 8868 (Rev April 2009) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

● If yo	u are filing for an Automatic 3-Month Extension, complete only Part I and check this box	▶ 🖫
Do not	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this complete Part II unless you have already been granted an automatic 3-month extension on a previously fil	torm)
Part		ed 1 offi 0000.
	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete
Part I c	nly	. ▶ 🗀
All othe o file i	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an acome tax returns.	extension of time
noted I (not au /ou mu	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic tomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or conjust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files, gov/efile and click on e-file for Charities & Nonprofits.	cally if (1) you want the additional associated.
Туре о	Name of Exempt Organization	Employer identification number
print	THE DAVE & KATHLEEN DICESARIS FOUNDATION	46-0473605
file by the due date filing you	for Number, street, and room or suite no. If a P.O. box, see instructions. 5 WHITE PINE CANYON ROAD	
etum Se nstructio		
Check	type of return to be filed (file a separate application for each return):	
F	Form 990 Form 990-T (corporation) Form 47 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52 Form 990-EZ Form 990-T (trust other than above) Form 60 Form 990-PF Form 1041-A Form 88	27 69
Tele	DAVID A DICESARIS books are in the care of ► 7655 TALL OAKS DRIVE, PARK CITY, UTAH — phone No. ► 801-566-9201 FAX No. ► e organization does not have an office or place of business in the United States, check this box is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If the . If it is for part of the group, check this box ► and attach a list with the names and EINs of all	s is for the whole group, check this
_	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt AUGUST 15, 2010 , to file the exempt organization return for the organization named a	ıl bove. The extension
	s for the organization's return for: ▶ X calendar year 2009 or	
,	tax year beginning , and ending	
2	f this tax year is for less than 12 months, check reason: Initial return	Change in accounting period
3a	f this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	
ı	nonrefundable credits. See instructions.	3a \$ 0.
b i	f this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	
1	ax payments made. Include any prior year overpayment allowed as a credit.	3b \$ 0.
c	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	
(deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	3c s 0.
	See instructions.	3c \$ U.
Cautio	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	
LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev 4-2009)

Form 8868 (Rev. 4-2009)			Pag
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and of			, X
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a pre-	eviously filed f	orm 8868.	
• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).			
Part Additional (Not Automatic) 3-Month Extension of Time. Only file the	original (no co	pies needed).
Type or print PANE A VARIANT DESCRIPTION			dentification numb
THE DAVE & KATHLEEN DICESARIS FOUNDATION		46-04	473605
due date for filling the		For IRS use	only
retum See City, town or post office, state, and ZIP code. For a foreign address, see instructions. PARK CITY, UT 84060			
	1041-A [4720 [Form 522	
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension of	on a previous	ly filed Form	n 8868.
DAVID A DICESARIS • The books are in the care of ▶ 7655 TALL OAKS DRIVE, PARK CITY, Telephone No. ▶ 801-566-9201 FAX No. ▶	UTAH -	84098	3
 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) 		is for the w	hole group, check th
box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names an			
4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.			
5 For calendar year 2009, or other tax year beginning, a	nd ending		
6 If this tax year is for less than 12 months, check reason: Initial return Final	return	Chang	e in accounting pen
7 State in detail why you need the extension INFORMATION NEEDED TO COMPLETE AN ACCURATE RETUR	RN NOT	AVAILAI	3LE
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less a	anv		
nonrefundable credits. See instructions.		8a \$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and esti	ımated	20	
tax payments made. Include any prior year overpayment allowed as a credit and any amount pa			
previously with Form 8868.		8b \$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required,	deposit		
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See	instructions	8c \$	·····
Signature and Verification			
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statement is true, correct, and complete, another I am authorized to prepare this form.	ents, and to the	Dest of my kn	lowledge and belief,

Date ► 8 (2 (10) Form 8868 (Rev 4-2009)

923832 05-26-09