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Form 990-PF

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

OMB No 1545-0052

		the Treasury	M.A. =1 *.		u as a Filvate i			_	_	2003	
		ue Service			to use a copy of this ret	um to sat	isfy state repor	ting re	equirements		—
			ax year beginning	-	ind ending_				٦		
ن ف	neck all	that apply	Initial return Amended return		um of a former public			L	Final return		
		1		I I Add	ress change		Name chang				
	the IRS	Name of found	ation						oyer identification numb -0545846	per	
	abel.	Rounti	ful Foundat	ion						N = 4 (b =	—
	erwise,		reet (or P O box number if			D/-			one number (see page 10 . –295–7200	of the instructions)	
•	rint type.		aglewood Lo		to street address)	Room/s					\Box
	specific		tate, and ZIP code		<u>,, </u>				nption application is pendi		Н
	uctions	L City or town, st	Salt Lake	UT	84054		Ì		eign organizations, check		Ш
<u> </u>	back tur		Section 501(c)						eign organizations meetin % test, check here and att	-	П
_		-	empt charitable trust	_	e private foundation		l _E		ite foundation status was		ш
		et value of all ass	· ·	counting method		crual		•	n 507(b)(1)(A), check here		
		om Part II, col. (c	_	Other (specify)		za uai	F	f the f	oundation is in a 60-mont	h termination	
	e 16) ▶			column (d) must b	ne on cash basis)		1 ' '		section 507(b)(1)(B), chec		
	irt i		Revenue and Exp		(a) Revenue and		I	T		(d) Disbursements	_
		•	umns (b), (c), and (d) may not ne	-	expenses per	(b)	Net investmen	nt	(c) Adjusted net	for chaπtable	
			(a) (see page 11 of the instructi		books		income		income	purposes (cash basis only)	
	1 (Contributions, aifts.	grants, etc , received (atta	ch schedule)						(cash basis only)	_
			he foundation is not requir			1		****			*****
			gs and temporary cash			1	•••••				
			terest from securities		-						
	5a (Gross rents		•							
Φ.	ь і	Net rental income	e or (loss)								
Ž			sale of assets not on line 10								
Revenue		Gross sales pnce for all									
Re	7 (Capital gain net i	ncome (from Part IV, lir	ne 2)				0			
	8 1	Net short-term ca	apital gain	·					0		
	9 1	Income modificat	tions								
	10a (Gross sales less re	turns & allowances								
	ь	Less: Cost of god	ods sold								
	c (Gross profit or (k	oss) (attach schedule)								
	11 (Other income (at	tach schedule)								
	12	Total. Add lines	1 through 11			0		0	.0		
(A)	13 (Compensation of	f officers, directors, trus	tees, etc							
Ses	14 (Other employee	salaries and wages								
e	15 I	Pension plans, e	mployee benefits								
X	16a I	Legal fees (attac	h schedule)								
≾©pejtatińg∕atjd⁄Administrative Expen	l	=	(attach schedule)					_			
Ę	c (Other professional f	fees (attach schedule)							ļ	
tra	17 1	Interest								ļ	
ij) (see page 14 of the instructions			_				ļ	
_≣.			n schedule) and debietion	<u>/</u>		+					
Ţ,	I	Occupancy {		S		_		_		ļ	
₹	21	Travel, conference	ces, and meetings? () 11	080		+				ļ	
ar Te	22	Printing and publ	ications	S		+		_			
ήğ		Other expenses (att. sc	Landa atas and a service	一点				\dashv	<u> </u>	_	
aţii			and administrative by	penses.							_
Ď.	I	Add lines 13 thro	-			0					0
Ö		Contributions, gif	-		50		·····		<u>-</u>		00
14			nd disbursements.Add I	ines 24 and 25	50	O]		의	0	5	00
マグゴング	l	Subtract line 26 f									
جَرِّ			ie over expenses and di		-50	<u>U</u>		<u> </u>			
19	l		income (if negative, er	· · · · · · · · · · · · · · · · · · ·		-		의			
	_ C /	<u>Adjusted net inc</u>	come (if negative, enter	· - 0-)	l				0	I	

1 Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with 998 end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 2 -500 3 Other increases not included in line 2 (itemize) ▶ 3 498 Add lines 1, 2, and 3 4 Decreases not included in line 2 (itemize) ▶ 5 498 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

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Part IV Capital Gains as	nd Losses for Tax on Inves	stment Income					
	be the kind(s) of property sold (e.g., real ehouse, or common stock, 200 shs MLC		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
1a N/A							
b							
C			_				
d							
_ө							
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)	1 107	or other basis bense of sale	(h) Gain or (loss) (e) plus (f) minus (g)			
b					· .		
c		*					
d			_		•		
0					•		
Complete only for assets showing	g gain in column (h) and owned by t	the foundation on 12/31/69)	(I) Gains (Col	(h) gain minus		
(i) F M ∨ as of 12/31/69	(j) Adjusted basis as of 12/31/69	1 ' '	ess of col (ı) ol (ı), ıf any	col (k), but not	less than -0-) or om col (h))		
a							
b							
d							
			<u> </u>				
2 Capital gain net income or (net ca	apital loss)	nter in Part I, line 7 r -0- in Part I, line 7		2			
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) a	ind (6).					
If gain, also enter in Part I, line 8,	column (c) (see pages 13 and 17 c	of the instructions)					
If (loss), enter -0- in Part I, line 8		<u></u>		3			
Part V Qualification U	nder Section 4940(e) for Re	<u>educed Tax on Net l</u>	nvestment Incom	16			
(For optional use by domestic private	foundations subject to the section	4940(a) tax on net investri	nent income.)				
If section 4940(d)(2) applies, leave th	is part blank.						
	·			п.,	N/A		
Was the foundation liable for the section		• •	ise period? Y	es 📙 No			
If "Yes," the foundation does not qual							
1 Enter the appropriate amount in e	each column for each year; see pag	ge 18 of the instructions be	fore making any entrie	<u>s.</u>	(4)		
(a) Base period years Calendar year (or tax year beginning	(b) 3 in) Adjusted qualifying dis	stributions Net valu	(c) ue of nonchantable-use as:		(d) Distribution ratio (col (b) divided by col (c))		
2008							
2007			<u> </u>				
2006					 		
2005							
2004	ŀ						
2 Total of line 1, column (d)				. 2			
3 Average distribution ratio for the							
number of years the foundation h	has been in existence if less than 5	years .		3			
4 Enter the net value of noncharital	ble-use assets for 2009 from Part X	C, line 5		4			
5 Multiply line 4 by line 3				5			
6 Enter 1% of net investment incon	ne (1% of Part I, line 27b)			6	· · · · · · · · · · · · · · · · · · ·		
7 Add lines 5 and 6	_			7			
	·	•					
8 Enter qualifying distributions from	n Part XII, line 4			8			
	n line 7, check the box in Part VI, lir	ne 1b, and complete that p	art using a 1% tax rate	. See the			
Part VI instructions on page 18							
					Form 990-PF (2009)		

orm	990-PF (2009) Bountiful Foundation 68-0545846		P	age 4
Pa	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)		
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 (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			
	here ▶			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	·····		
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009			
b	Exempt foreign organizations—tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c			
đ	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ Refunded ▶ 11			
	art VII-A Statements Regarding Activities	<u> </u>	1	T
1a	Dunng the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No X
	participate or intervene in any political campaign?	. 1a	 	1-2
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			x
	of the instructions for definition)?	1b	 	1~
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		1	1
_	published or distributed by the foundation in connection with the activities	1	1	x
C	Did the foundation file Form 1120-POL for this year?	. <u>1c</u>	 	1
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$			1
_	(1) On the foundation. ▶ \$ (2) On foundation managers ▶ \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			I
0	on foundation managers. > \$			1
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	1	x
-	If "Yes," attach a detailed description of the activities.		+	1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		1	1
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	İ	x
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		1	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			1
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			1
	conflict with the state law remain in the governing instrument?	6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	1	X
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			1
	instructions) ▶ UT			1
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			1
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV	9	↓	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		<u> </u>

<u>Form</u>	990-PF (2009)	Bountiful	Foundation		68-0	545846			Pa	age 6
Pa	rt VII-B	Statements Rega	arding Activities for Which	Form 472	20 May Be Red	quired (conti	nued)			
5a	During the year	r did the foundation pa	y or incur any amount to							
	(1) Carry on p	ropaganda, or otherwi	se attempt to influence legislation (section 4945	(e)) [?]	□ \	'es 🗶 No		1	
	(2) Influence ti	he outcome of any spe	ecific public election (see section 4	955), or to ca	пу оп,		_		1	
	directly or i	indirectly, any voter re	gistration drive?			\ \\	es X No		1	
	(3) Provide a g	grant to an individual fo	or travel, study, or other similar pur	poses?		□ \	res 🗓 No		I	
	(4) Provide a	grant to an organizatio	n other than a chantable, etc., orga	ınızatıon desc	cribed in				1	
	section 509	9(a)(1), (2), or (3), or s	ection 4940(d)(2)? (see page 22 o	f the instruction	ons)	\	′es 🗶 No		1	
	(5) Provide for	r any purpose other th	an religious, chantable, scientific, li	terary, or edu	icational		_		1	
	purposes,	or for the prevention of	f cruelty to children or animals?				res X No		1	
b	If any answer is	s "Yes" to 5a(1)-(5), di	d any of the transactions fail to qua	alify under the	e exceptions descr	nbed in				
	Regulations se	ection 53.4945 or in a d	current notice regarding disaster as	sistance (see	e page 22 of the in	structions)?	N/A	5b		
			otice regarding disaster assistance				▶ 🗌			
C	If the answer is	s "Yes" to question 5a((4), does the foundation claim exen	nption from th	e tax	•	_			
			esponsibility for the grant?	•		N/A 🗌	res No			
			d by Regulations section 53.4945-	5(d).	•	_				
6a	· ·	•	eceive any funds, directly or indire		emiums					
		benefit contract?	, , ,				res X No			÷
ь	•		pay premiums, directly or indirectly,	on a persona	al benefit contract	?		6ь	ĺ	X
	If "Yes" to 6b, f		, ,,,,,,	-		•				
7a	•		the foundation a party to a prohibite	ed tax shelter	transaction?		res X No			
b	-		proceeds or have any net income		•	. –	N/A	7b		
Pa			Officers, Directors, Trust							
		nd Contractors		,	3	, 	,	-,		
1 1			foundation managers and their c	ompensatio	n (see page 22 of	f the instructions	s).			
		(a) Name	e and address		(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		pense ac er allowan	
Se	e Statement	1							•	
		•••				-				
•	· ·	• ••			•					
									-	
2	Compensation	• •	d employees (other than those in	cluded on li	ne 1—see page 2	23 of the instruct	ions).	.		
	(a) Na	ame and address of each	employee paid more than \$50,000		(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		opense ao er allowan	
NO	NE									
		· · · · · · · · · · · · · · · · · · ·				-		\vdash		
	•									
			-							
Tota	number of other	er employees paid ove	- \$50,000			<u> </u>	<u> </u>		\neg	

Form 990-PF (2009)	Bountiful Foundation		68-0545846	Page 7
	formation About Officers, Directors, Trund Contractors (continued)	stees, Foundation N	Managers, Highly Paid Emp	
	paid independent contractors for professional serv	vices (see page 23 of the	instructions). If none, enter "NON	IE."
	(a) Name and address of each person paid more than \$	· · · · · · · · · · · · · · · · · ·	(b) Type of service	(c) Compensation
NONE	- · · · · · · · · · · · · · · · · · · ·			
· 				
		 		
	·			
Total number of other	rs receiving over \$50,000 for professional services			
Total number of othe	is receiving over \$50,000 for professional services			<u> </u>
Part IX-A	Summary of Direct Charitable Activities			
List the foundation's fo	our largest direct charitable activities during the tax year. Include	de relevant statistical informatic	on such as the number of	
	er beneficiaries served, conferences convened, research pape			Expenses
1 N/A		· -	***	
			<u> </u>	_
2			_	
3				-
		•		
		-		
4				
•	••			
Part IX-B	Summary of Program-Related Investmen	nts (see page 24 of	the instructions)	
	est program-related investments made by the foundation during			Amount
1 N/A				
•				
	•			
2 .				
	ted investments. See page 24 of the instructions.			
3	• •		-	
			ı	

Total. Add lines 1 through 3

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

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

Form 990-PF (2009)

6

500

Pa	rt XIII Undistributed Income (see page 26 of the	ne instructions)		·	
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				48
2	Undistributed income, if any, as of the end of 2009:				
а	Enter amount for 2008 only				
	Total for prior years: 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2009			······································	
	From 2004				
b	From 2005				
	From 2006				
C	From 2007				
d	From 2008 9,650				
8		0.650			
	Total of lines 3a through e	9,650			<u> </u>
4	Qualifying distributions for 2009 from Part XII,				
	line 4 ▶ \$500				
	Applied to 2008, but not more than line 2a				
Þ	Applied to undistributed income of prior years				
	(Election required—see page 26 of the instructions)				<u> </u>
С	Treated as distributions out of corpus (Election				
	required—see page 26 of the instructions)				
d	Applied to 2009 distributable amount				48
9	Remaining amount distributed out of corpus	452			
5	Excess distributions carryover applied to 2009				
	(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:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	10,102		···,···········	
þ	Prior years' undistributed income Subtract				1
	line 4b from line 2b				
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
	amount—see page 27 of the instructions				<u> </u>
θ	Undistributed income for 2008. Subtract line				
	4a from line 2a. Taxable amount—see page				
	27 of the instructions				
f	Undistributed income for 2009 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2010				0
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				1
	instructions)				
8	Excess distributions carryover from 2004 not				
	applied on line 5 or line 7 (see page 27 of the				
	instructions)				
9	Excess distributions carryover to 2010.				1
	Subtract lines 7 and 8 from line 6a	10,102			
10	Analysis of line 9				
а	Excess from 2005				1
b	Excess from 2006				1
c	Excess from 2007				
d	Excess from 2008 9,650				1
θ	Excess from 2009 452				

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

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

N/A

N/A

N/A

c Any submission deadlines.

Part XV Supplementary Information (co			······································	_
3 Grants and Contributions Paid During the		ture Payment	1	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
LDS Church				
50 East North Temple St		Gene	ral Fund	500
Salt Lake City UT 84150				
			ĺ	
			İ	
			ĺ	
			ľ	
Total			▶ 3a	500
b Approved for future payment		T	Ja	300
N/A				
]	
-	<u> </u>	<u> </u>		<u> </u>
Total			▶ 3b	

DAA

_	Part XVLA	Analysis of Income-Producing Activ	vities				
		unts unless otherwise indicated	1,	d business income	Exclude	d by section 512, 513, or 514	(e)
	or grood arriod	and aniess streamse makes	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1	Program serv	vice revenue		· · · - · · · · · · · · · · · · · · · ·			the instructions)
						, ,	-
					+		
	_		-		+		
	e				 		
	T	d contracts from government agencies			+		
2	-	dues and assessments		-			
		avings and temporary cash investments					
4		d interest from securities					· ·
-		come or (loss) from real estate					
		anced property					
		-financed property					
6		come or (loss) from personal property					
7	Other investr	ment income					-
8	Gain or (loss)) from sales of assets other than inventory					
9	Net income o	or (loss) from special events					
		or (loss) from sales of inventory					
11	Other revenu	ue: a					·
	b						
	d				 		
	e				_		
		d columns (b), (d), and (e)	L	'	0	0	0
		ne 12, columns (b), (d), and (e)	- \$. 13 _	
	art XVI-B	n line 13 instructions on page 28 to verify calculations Relationship of Activities to the Ac		ent of Exempt Pu	rnoses	:	
	Line No. ▼	Explain below how each activity for which income is accomplishment of the foundation's exempt purpos	s reported in col	lumn (e) of Part XVI-A	contribut	ed importantly to the	the
_	N/A	instructions)					
	N/A					· · · · · · · · · · · · · · · · · · ·	
_				<u>.</u>			
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<u>Form</u>	990-PF (2	009) Bountiful	Found	lation		68-0545	846				Pag	e 13
P	rt XVII	Information Rega Exempt Organiza	_	nsfers To and Transaction	ons and	d Relationship	s With Nor	ncharita	able			
1	Did the or			in any of the following with any	other orga	anization described				Y	es	No
		•		501(c)(3) organizations) or in se	_							**********
	organizati			, , , ,								
а	_		ation to a non	charitable exempt organization of	f						1	
	(1) Cash	• •							18	(1)	Ī	X
	(2) Other			•		••	• •	٠		(2)		X
ь	Other tran	•		•		•		•		`-/		
		of assets to a noncharita	ble exempt o	rganization					11	(1)	Ī	X
	• •	ases of assets from a no	•	•					• • —	(2)		X
		of facilities, equipment,		· -					••• —	(3)		X
	• •	bursement arrangements						• •		(4)		X
	• •	or loan guarantees								(5)		X
	• •	rmance of services or me	mbership or	fundraising solicitations		•		•		(6)		X
c			•	er assets, or paid employees				•		ic		X
	_		-	plete the following schedule Colu	mn (b) st	nould always show	the fair marke	t				
_		•		en by the reporting foundation. If		•						
		-	_	t, show in column (d) the value of								
	(a) Line no	(b) Amount involved	(c) Name	of noncharitable exempt organization		(d) Description of tra	ansfers, transac	ons, and	sharing arr	angem	ents	
<u>N/.</u>	<u> </u>	_										
		_				_						
			<u> </u>									
												
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			<u>.</u>									
						·						
2a	Is the four	ndation directly or indirect	tly affiliated w	vith, or related to, one or more tax	-exempt	organizations		_				
	described	in section 501(c) of the C	Code (other ti	han section 501(c)(3)) or in section	on 527?	-				Yes	X	No
b	If "Yes," c	omplete the following sch	nedule			•						
		(a) Name of organization		(b) Type of organization		(c) Description of	f relations	hip			
	N/A											
							·	-	•			
							· - ·		_			
	Under pena	alties of penulty. I declare that	I have examin	ed this return, including accompanying	schedule	s and statements, and	to the best of n	v knowled	de and			
ŀ	belief, it is t	rue correct and compolete D	eclaration of	eparer (other than taxpayer or fiducia	ry) is base	d on all information of	which preparer	has any kr	nowledge			
ı		Iller	\sim		\ /II		Truste	е				
ا م	Signat	ure of officer or trustee		Date		— ▼ ⊤₁	itle					
후	T					Date	Γ	1	Preparer's			
Sign Here	_	Preparer's		***************************************		Date	Check if		number (se page 30 of	e Signa	ture o	n N
<u>.</u> 5	고유		ر s Trader	· CPA		10/27/11	self-employed	▶ □	P006			
တ	Paid Preparer's Use Only	· · · · · · · · · · · · · · · · · · ·		Roberts & Asso	ciate		<u> </u>		1000		, 72	
	- F S	Firm's name (or yours if		Highway 89 Ste		JU, ELLL		EINI N	27-1	312	56	n
	-	self-employed), address, and ZIP code	Bount					EIN ▶	801-			
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BOUNTIFULFO Bountiful Foundation 68-0545846 FYE: 12/31/2009

Federal Statements

Etc.
Trustees,
Directors,
of Officers,
I - List o
Line 1
Part VIII.
990-PF, F
1 - Form
Statement '

Andrea P Edwards 306 E. 96 St New York NY 10128 Sarah Price Edwards 1121 Eaglewood Loop	0.00	0	0
Matthew Decker Brice Matthew Decker Brice Matthew Decker Brice	0.00	0 0	0 0

Power of Attorney and Declaration of Representative

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F	OF	R#	Upp	Q _P	hy

	Special Services	rate instructions.		N	rno			
	Power of Att	omey					lephone	
	Caution: Form 2	2848 will not be honored for any purp	urpose other then representation before the IRS.				nction	
, Y		Taxpayer(s) must sign and date this for				D:	MB / /	
офау	er name(s) and addre			Social security number(s		Brigleyer Identification number		
1121	Englowood Loop		j j				88 0645848 san number (if applicable)	
lorti	sait Laka, UT 84	954						
				()				
-	• •	ing representative(a) as attornoy(a)-in-fa						
	Representative(s) mu and address	et aign and date this form on page 2, i	Pert IL	CAF No.	3006-050	36R	 	
			1	Telephone No		5-0353		
	is Trader, CPA i 8 Hijshway 80 Ste	tho	ļ	Fex No.				
	ntiful, UT 84010		Check if	Fex No	elephone	No. 🗆	Fax No. 🗆	
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Inco	жне Так		990		2007,	2007,2008,2009,2010,2011		
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Name of representative to receive refund checks) >

Form :	2848 (Flav. 6-2008)				Page 2						
7		niostions, Original notices rı line 2.	and other written co	mmunications will be sent to you and a cop	y to the first						
	If you also went the ascond representative listed to receive a copy of notices and communications, check this box										
8	Retention/revocation of prior power(s) of atterney. The filing of this power of atterney automatically revokes all earlier power(s) of atterney on the with the internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of atterney, check here. YOU MRIST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.										
9	Signature of texperency. If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardien, tax metters pertner, executor, receiver, administrator, or trustee on behalf of the texperyer, I certify that I have the authority to execute this form on behalf of the texperyer. If NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.										
				Director							
		Signature		Date Title	if applicable)						
Jol	nn C. Edwards	, r	/ מכורורונ	Bountiful Foundation							
	P	9/	PIN Number	Print name of texpeyer from line 1 i	other than individual						
			Renew!	19411							
←		Signature		Dates Title	(if applicable)						
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D.	e al Declaratio	on of Representative	D								
<i>k er</i> Und	of §, see the instruction for penalties of penusy.	e for Part II. I declare that:		Low Income Texpeyer Clinics or the Student the Internal Revenue Service;	Tax Clinic Program (javala						
• I	em sware of moutation	e contained in Circular 29 sta, enrolled actuaries, and	0 (51 CFR, Part 10), a	is amended, concerning the practice of etto	neys, certified public						
• !	am authorized to repre	eant the texpayor(e) Identi	lied in Part I for the to	ox matter(s) apecified there; and							
_	am one of the following Attorney—a member	in cood standing of the b	ser of the Highest cou	rt of the jurisdiction shown below.							
b	Certified Public Acco	partent—duly qualified to (plied as an agent under th	practice as a certified a requirements of Circ	public accountant in the jurisdiction shown pulser 230.	Delow.						
d	Officer—a bona fide	officer of the texpeyor's o	rganization.								
•		-a full-time employee of t nember of the textever's		gogypia, appuse, perent, child, brother, or s	istor).						
	f Family Member—a member of the texpeyor's immediate family (for example, epouse, parent, child, brother, or eleter). g Enrolled Actuary—enrolled so an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to										
ŀ	practice before the internel Revenue Service is limited by section 10.3(d) of Circular 290. In Unenrolled Return Preparer—the authority to practice before the internel Revenue Service is limited by Circular 290, section 10.7(c)(1)(vii). You must have prepared the return in question and the return must be under examination by the IRS. See Unenrolled										
1	Fletum Preparer on page 1 of the instructions. K Student Attorney—student who receives permission to practice before the IRS by virtue of their status as a law student under section 10,7(d) of Circular 230.										
1	Student CPA stude	nt who receives permissic	on to practice before t	he IRS by virtue of their status as a CPA st.	ident under section						
1	10.7(d) of Circular 280. P Enrolled Rethement Plan Agent—enrolled as a rethement plan agent under the requirements of Circular 280 (the authority to practice before the internal Revenue Service is limited by section 10.3(e)).										
	► IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL. BE RETURNED. See the Part II Instructions.										
	Designation—Insert above letter (e-r)	Jurisdiction (state) or Identification		Signature	Date						
_	,	litah	~ -		10/4/11						