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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 2000

	ntemal R	evenue Service	Note	: The foundation	may b	e able to use a copy of	this return to	satisfy state	reporti	ng requirements	ک	\cup UJ	
		lendar year 200						, and end		<u> </u>		, 20	_
		ck all that apply.		Initial return	5	Initial return					Final re		_
	•	on an ende apply.		Amended re	turn		ss change		_	ime change			
-		Name of	founda							Employer identific	ation num	ber	_
	Use th	7	. • • • • • • • • • • • • • • • • • • •		& VI	ERA E. ECCLES	FAMILY F	OUNDAT		87-04785			
	lab		O1111	<i>D.</i> 200220	~	5. 500220		001121			-		
	Other	· .	and stre	eet (or P.O. hox ni	ımber if	mail is not delivered to street	address)	Room/su	ute F	3 Telephone number (see	page 10 of the	instructions)	-
	pr		-	4700 SOUT		Them to the delivered to office	. add, 655,			801-915-		,	
	or t	ype.	11101	4700 5001	• • •					001 310			
		pecific City or to	wn ets	ate, and ZIP code				<u> </u>	- 	If exemption applicate	on is		Т
	Instru	ctions. OGDEN							1	pending, check here		· · · ∑ ⊢	┪
		OGDEN	, 01	04403					10	1. Foreign organization			۷
				. Turlocata	504/	-1/2)				Foreign organizati 85% test, check he			٦
						c)(3) exempt private f				computation		≯اــــ	لـ
		ection 4947(a)(1)				Other taxable pr			€	If private foundation	status was te	erminated	٦
		market value of		10	_	unting method X C	asn Acc	crual		under section 507(b)	1)(A), check	here . 🟲 🔙	ل
		ear (from Part II,	COI (C	s), line	O	ther (specify) column (d) must be or			F	If the foundation is in		1	٦
1		▶ \$				column (a) must be or	l Casii Dasis.)	<u>'</u>		under section 507(b)(ᆚ
- 1	Part	Analysis of Re	evenue un colur	e and Expense: nns (b), (c), and (S (Ine) (d)	(a) Revenue and	(b) Net inv	estment	(c)	Adjusted net		bursements charitable	
		may not necessa	anly equ	ual the amounts in	n	expenses per books	incon	ne		income		irposes	
~		column (a) (see	page 1	1 of the instruction	ns))						(cash	basis only)	_
Z03	1	Contributions, gifts, gr	ants, etc.,	received (attach sched	od to	61,800							
7	2	Check ▶ att	tach Sch	В	}								_
∌ ≾	3	Interest on savings	and tem	porary cash investr	nents	28		28	F	RECEI	7617		
	4	Dividends and in	terest f	rom securities .		5,869		5,869	-	NEUE	עטי	-0 	
1	5a	Gross rents					ļ			<u></u>			_
7	b	Net rental income of	or (loss) .			2 007				<u> </u>	2010	101	
<u>_</u>	9 6a	Net gain or (loss) for Gross sales pince for				3,097				2		Ś	
Ú		assets on line 6a	л an	3,0	19/			1 20.6			117	<u> </u>	
	enue 6a b	Capital gain net		•	· I			4,326		OGDEN	<u>, U I</u>		
į '	8	Net short-term c											
Š	9	Income modifica			• • •								_
עו	10 4	Gross sales less retu and allowances • •											_
		Less Cost of goods											
	С	Gross profit or (lo											
	11	Other income (at	ttach so	chedule)		45,560	ļ			45,560			_
	12_	Total. Add lines				116,354	<u> </u>	.0,223		45,560			_
	13	Compensation of o	officers, d	lirectors, trustees, et	tc	7,000				1,935		5,065	
	ທ 14	Other employee				81,449				22,521		58,928	<u>;</u>
	15 16 a b c 17 18 19 20 20 20 20 20 20 20 20 20 20 20 20 20	Pension plans, e					 		<u> </u>				_
	9 16a	Legal fees (attac				1 050			 			1 417	
ı	i) b	Accounting fees				1,953			<u> </u>	540		1,413	ذ
	E C	Other profession											
·	17	Interest				7 100				1 074			,
	18	Taxes (attach sched				7,128			<u> </u>	1,971		5,157	_
•	E 19	Depreciation (att		•		30,281	 		<u> </u>	8,373			_
	20	Occupancy				5,725	ļ			1,583		4,142	<u>}</u>
•	일 21	Travel, conference							Ļ				
	ন 22 স	Printing and pub							ļ				_
,	Ĕ 23	Other expenses				31,223			<u> </u>	8,637		22,586	_
•	23 24	Total operating				.				,			
	<u>ă</u>	Add lines 13 thro	-			164,759				45,560		97,291	
	25	Contributions, gi				400	 		<u> </u>			400	_
	26	Total expenses and d			and 25_	165,159	 		<u> </u>	45,560		97,691	L
	27	Subtract line 26				40.00=			1	į			
	- 1	Excess of revenue ov				-48,805	 		ļ				
	. h	Not investment	income	a lif nogativa, anto	۱ - O	1	. 1	0 223	1	J			

JSA

c Adjusted net income (if negative, enter -0-). .

P	art II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of	d of year		
_	Q1 C 10	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing	24,812	42,251	42,251		
	2	Savings and temporary cash investments	29,408	16,049	16,049		
	3	Accounts receivable					
١		Less. allowance for doubtful accounts ▶	2,118				
	4	Pledges receivable					
		Less allowance for doubtful accounts ▶					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other			· · · · · · · · · · · · · · · · · · ·		
		disqualified persons (attach schedule) (see page 16 of the instructions)]			
	7	Other notes and loans receivable (attach schedule)					
	,			•			
		Less. allowance for doubtful accounts ▶					
ssets		Inventories for sale or use					
SSE	9	Prepaid expenses and deferred charges					
Ä		Investments - U S and state government obligations (attach schedule)	100 110	100 (10	127 070		
		Investments - corporate stock (attach schedule)	190,410	190,410	177,872		
	C	Investments - corporate bonds (attach schedule)					
	11	Investments - land, buildings, and equipment basis					
		Less accumulated depreciation (attach schedule)					
	12	Investments - mortgage loans					
	13	Investments - other (attach schedule)					
	14	Land, buildings, and equipment basis					
		Less accumulated depreciation 255.764	837,596	783,637	783,636		
	15	(attach schedule) Other assets (describe					
	16	Total assets (to be completed by all filers - see the					
	. •	, , ,	1,084,344	1,032,347	1,019,808		
-	17	Accounts payable and accrued expenses	2,180				
	18						
/۸	l	Grants payable					
Liabilities	19	Deferred revenue	9,852	4,678			
E	20	Loans from officers, directors, trustees, and other disqualified persons	9,032	4,070			
į	21	Mortgages and other notes payable (attach schedule)		· 			
_	22	Other liabilities (describe					
			10.000	4 670			
_	23	Total liabilities (add lines 17 through 22)	12,032	4,678			
		Foundations that follow SFAS 117, check here ▶			1		
		and complete lines 24 through 26 and lines 30 and 31.					
ces	24	Unrestricted					
lan	25 26	Temporarily restricted					
Ba	26	Permanently restricted					
p	 	Foundations that do not follow SFAS 117,					
Fund	ļ	check here and complete lines 27 through 31. ▶					
٥	27	Capital stock, trust principal, or current funds	81,411	81,411			
ts	28	Paid-in or capital surplus, or land, bldg, and equipment fund					
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	990,901	946,258			
×	30	Total net assets or fund balances (see page 17 of the	- · · · · · · · · · · · · · · · · · · ·				
Zet	•	instructions)	1,072,312	1,027,669			
_	31	Total liabilities and net assets/fund balances (see page 17					
	• •	of the instructions)	1,084,344	1 022 247			
1	arti	Analysis of Changes in Net Assets or Fund E		1,032,347			
				Seres with			
ı		I net assets or fund balances at beginning of year - Part II,			4 000 0		
2	Enta	of-year figure reported on prior year's return)	• • • • • • • • • • • • • • • • • • • •		1,072,312 -48,805		
2		r amount from Part I, line 27a er increases not included in line 2 (itemize) ▶ CAPITAL (77.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7	<u>2</u>			
3	Othe	er increases not included in line 2 (itemize) CAPITAL (SAIN INCOME	3	4,326		
4	Add	lines 1, 2, and 3		4	1,027,833		
5	Deci	eases not included in line 2 (itemize) PRIOR YEAR A	DJUSTMENT - FEDE	RAL TAX PAIDS	164		
<u>6</u>	rota	l net assets or fund balances at end of year (line 4 minus li	ne 5) - Part II, column (b),	line 30 6	1,027,669		
					- ^^^		

Part	IV Capital Gains	and Losses for Tax on Inv	estment Income			
		d describe the kind(s) of property sold (rick warehouse; or common stock, 200		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr)	(d) Date sold (mo., day, ут.)
1a FURNITURE AND FIXTURES					VARIOUS	06/01/09
b						
<u>c</u>						
d						
<u>e</u>			,			<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) min	
а	28,004	95,722	119,400			4,326
b						
_c						_
<u>d</u>						
<u>e</u>	<u></u>					
Com	plete only for assets sl	nowing gain in column (h) and owr	ned by the foundation on 12/31/69		Gains (Col (h) g	
(i)	F.M.V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less Losses (from co	
а						4,326
b	-					
С						<u> </u>
d						
_e						
2 Ca	pital gain net income or	(net capital loss) $\left\{ \begin{array}{c} \text{lf} \\ \text{lf} \end{array} \right.$	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		4,326
3 Ne	t short-term capital gain	or (loss) as defined in sections 12				
lf g	jain, also enter in Part I,	line 8, column (c) (see pages 13	and 17 of the instructions).			
lf (loss), enter -0- in Part I, I	ine 8	<u> </u>	3		
Part	V Qualification Ur	nder Section 4940(e) for Redu	uced Tax on Net Investment Inc	ome		
Was			outable amount of any year in the b	ase perio	^{d?} [Yes X No
			, see page 18 of the instructions be	efore mak	ing any entries	
	(a) Base penod years idar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution r	
	2008	312,894	1,107,581		(col (b) divided by	0.2825
	2007	346,950	1,217,015			0.2851
	2006	280,054	1,232,167			0.2273
	2005	263,171	1,175,275	-	, 	0.2239
	2004	255,511	1,204,181			0.2122
				 		
2 T	otal of line 1. column (d)			2		1.2310
3 A	verage distribution ratio	for the 5-year base period - divide	the total on line 2 by 5, or by the	-		
			s than 5 years	3		0.2462
•	, , , , , , , , , , , , , , , , , , , ,					
4 E	nter the net value of non	ncharitable-use assets for 2009 fro	m Part X, line 5	4		980,586
5 M	lultiply line 4 by line 3 .			5		241,420
6 E	nter 1% of net investme	nt income (1% of Part I, line 27b)		6		102
7 A	dd lines 5 and 6			7		241,522
8 E						143,251
lf Pa	line 8 is equal to or great VI instructions on pag	eater than line 7, check the box in 18.	n Part VI, line 1b, and complete t	hat part	using a 1% ta	x rate See the

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

			_		_
-orm	99	0-1	PF	(20	กดา

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Χ

8b

9

10

names and addresses .

(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)

If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

3a Did the foundation hold more than a 2% direct or indirect interest in any business

to all years listed, answer "No" and attach statement - see page 20 of the instructions.)

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

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

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Χ

X

2h

3b

4a

Pa	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	red (continued)				
5 a	During the year did the foundation pay or incur any amou (1) Carry on propaganda, or otherwise attempt to influer (2) Influence the outcome of any specific public election	ice legislation (section		Yes X No	•			
	directly or indirectly, any voter registration drive?							
•	(3) Provide a grant to an individual for travel, study, or other similar purposes?							
	(4) Provide a grant to an organization other than a chari							
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the ins	structions)	Yes X No	,			
	(5) Provide for any purpose other than religious, charital	ole, scientific, literary,	or educational					
	purposes, or for the prevention of cruelty to children o	r anımals?		. Yes X No	,			
b	If any answer is "Yes" to 5a(1)-(5), did any of the trans-	actions fail to qualify	under the exceptions	described in				
	Regulations section 53.4945 or in a current notice regard	ing disaster assistanc	e (see page 22 of the	nstructions)?	<u>5</u> b			
	Organizations relying on a current notice regarding disast	er assistance check h	ere	▶ 📖				
С	If the answer is "Yes" to question 5a(4), does the foundation	ation claim exemption t	rom the tax	<u> </u>				
	because it maintained expenditure responsibility for the gi	rant?		Yes No	>]		
	If "Yes," attach the statement required by Regulations sec	tion 53 4945-5(d)						
6a	Did the foundation, during the year, receive any funds, d	irectly or indirectly, to	pay premiums		- [
	on a personal benefit contract?				1	,,		
b	Did the foundation, during the year, pay premiums, direct	tly or indirectly, on a p	personal benefit contrac	it ⁹	6b	X		
_	If "Yes" to 6b, file Form 8870		1.11.1	Yes X No				
	At any time during the tax year, was the foundation a pa	-	-	•				
	If yes, did the foundation receive any proceeds or have a trivill Information About Officers, Directors					l		
	and Contractors							
1_	List all officers, directors, trustees, foundation m							
	(a) Name 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		se account, lowances		
	RA E. ECCLES	BOARD	^			0		
	DEN, UTAH	40 HOURS	0	0		0		
	/ID ECCLES	BOARD	7 000			0		
	DEN, UTAH	40 HOURS	7,000	0		0		
	RAH TAYLOR	BOARD 40 HOURS	0	0		0		
<u>B</u> 00	INTIFUL, UTAH	CAUUN UP	<u>-</u>		******			
2	Compensation of five highest-paid employees (ot If none, enter "NONE."	her than those inc	luded on line 1 - se		tructions).			
(a	n) Name 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		se account, lowances		
пои	NE							
] [
					-			
						 		
Tota	al number of other employees paid over \$50,000 .			· · · · · · · · · · · · · · · · · · ·		▶		

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued)	oyees,
3 Five high	est-paid independent contractors for professional services (see page 23 of the instructions). If none	, enter "NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
		
		·
		
Total number	er of others receiving over \$50,000 for professional services	<u> </u>
Part IX-A	Summary of Direct Charitable Activities	
	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number ons and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 NONE		
INONE		
		
2		
	•	
3		ļ
		ļ
4		
5 11V 5	O CO	<u> </u>
Part IX-B	Summary of Program-Related Investments (see page 23 of the instructions)	Amount
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2 SSORI SCHOOL - PRIVATE SCHOOL FOR KINDERGARTEN AGE THROUGH 8TH GRAI	
	RED PROGRAMS FOR PRIVATE EDUCATION ARE OFFERED ALONG WITH ACTIVITIES	
	HANCE LEARNING	45,560
2	*	
All other pro	gram-related investments See page 24 of the instructions	
3		1
	page 4 through 2	45 500

Pa	Minimum Investment Return (All domestic foundations must complete this part see page 24 of the instructions.)	Foreign foundation	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
а	Average monthly fair market value of securities	1a	153,106
b	Average of monthly cash balances	1b	58,777
С	Fair market value of all other assets (see page 24 of the instructions)	1c	783,636
d	Total (add lines 1a, b, and c)	1d	995,519
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	995,519
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 2	5	
	of the instructions)	4	14,933
5	of the instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line	4 5	980,586
6	Minimum investment return. Enter 5% of line 5	6	49,029
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5 foundations and certain foreign organizations check here ► X and do not complete	b) private operating	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2009 from Part VI, line 5 2a		
b			
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	<u> </u>
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	
Pa	art XII Qualifying Distributions (see page 25 of the instructions)	-	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а		1a	97,691
b		1b	45,560
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		····
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	• • •	
а		3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		143,251
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		2.0,202
	Enter 1% of Part I, line 27b (see page 26 of the instructions)		
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	143,251
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculated an experience of the column (b), in subsequent years when calculated an experience of the column (b), in subsequent years when calculated an experience of the column (b), in subsequent years when calculated an experience of the column (b), in subsequent years when calculated an experience of the column (b), in subsequent years when calculated an experience of the column (b), in subsequent years when calculated an experience of the column (b), in subsequent years when calculated an experience of the column (b), in subsequent years when calculated an experience of the column (c) and column (c	ating whether the fou	
	qualifies for the section 4940(e) reduction of tax in those years.	amig whomor the loc	1001011

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Page 9

Pa	Part XIII Undistributed Income (see page 26 of the instructions)								
		(a)	(b)	(c)	(d)				
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009				
	line 7	_1	•	,					
2	Undistributed income, if any, as of the end of 2009								
а	Enter amount for 2008 only								
	Total for pnor years 20,20,20								
	Excess distributions carryover, if any, to 2009				'				
a	From 2004								
	From 2005								
	From 2006								
	From 2007								
	From 2008								
	Total of lines 3a through e								
	Qualifying distributions for 2009 from Part XII,								
	line 4 ▶ \$								
а	Applied to 2008, but not more than line 2a								
	Applied to undistributed income of prior years (Election								
_	required - see page 26 of the instructions)								
С	Treated as distributions out of corpus (Election								
	required - see page 26 of the instructions)	······································							
	Applied to 2009 distributable amount								
	Remaining amount distributed out of corpus								
5	Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same	w							
	amount must be shown in column (a))	* -		,	-				
6	Enter the net total of each column as				• .				
	indicated below:								
	Corpus Add lines 3f, 4c, and 4e. Subtract line 5								
b	Prior years' undistributed income Subtract								
c	line 4b from line 2b 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			ļ	- ,				
	been previously assessed								
d	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions								
е	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								
7	Amounts treated as distributions out of corpus		 						
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the								
	instructions)								
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the				đ				
	instructions)				-,);				
9	Excess distributions carryover to 2010.]		,				
	Subtract lines 7 and 8 from line 6a	<u> </u>							
	Analysis of line 9.								
	Excess from 2005								
	Excess from 2006								
	Excess from 2007								
d	Excess from 2008		1						
_ <u>e</u>	Excess from 2009	<u> </u>	<u></u>						

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

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation status of recipient Recipient Purpose of grant or contribution Amount Name and address (home or business) a Paid during the year KSL QUARTERS FOR CHRISTMAS SALT LAKE CITY, UTAH N/A PUBLIC SHOES FOR THE NEEDY 400 400 **b** Approved for future payment

▶ 3b

Part XV	-A Analysis of Income-Produ	ucing Acti	vities			
	s amounts unless otherwise indicated.	Unrei (a)	ated business income (b)	(c)	v section 512, 513, or 514 (d)	(e) Related or exempt function income (See page 28 of
•	m service revenue.	Business code	Amount	Exclusion code	Amount	the instructions)
`a <u>TU</u>	JITION					45,560
b						
_						
d						··
е						·
f						
g Fee	es and contracts from government agencies					
2 Membe	ership dues and assessments					
3 Interest	on savings and temporary cash investments	ļ		14	28	
4 Dividen	ids and interest from securities	L		14	5,869	
5 Net ren	ital income or (loss) from real estate.					
a Del	bt-financed property					
	t debt-financed property					
	al income or (loss) from personal property .					
7 Other ii	nvestment income					
	(loss) from sales of assets other than inventory	1		18	3,097	
	ome or (loss) from special events					
	profit or (loss) from sales of inventory					
	evenue: a					
_						<u> </u>
е						
	al. Add columns (b), (d), and (e)				8,994	45,560
	Add line 12, columns (b), (d), and (e)				13	54,554
	sheet in line 13 instructions on page 28			• • • • • • •		
	I-B Relationship of Activities			Exempt Purp	oses	
Line No.	Explain below how each active the accomplishment of the formage 29 of the instructions.)	ity for wh	ch income is report	ted in column	(e) of Part XVI-A con	
1a	TUITION AND MISCELLAN	FOIIS RE	VENUE ALLOWED	FOR TEACH	IING OF STUDENTS	AND OTHER
<u></u>	ACTIVITIES ASSOCIATED			FOR TEACT	IING OF STODENTS	AND OTHER
	ACTIVITIES ASSOCIATED	AA T T II T	HE SCHOOL.			
	 					
			 			
						
	,		····			
					······································	
						
				<u>-</u> -		
				-··· <u> </u>		
		 				
						
						
						

	Transfers To and Transactions	Page 1: s and Relationships With Noncharitable
value of the goods, other assets, or se	an section 501(c)(3) organizations) or in noncharitable exempt organization of. t organization e exempt organization sets or fundraising solicitations other assets, or paid employees "Yes," complete the following schedule envices given by the reporting foundation	1 section 527, relating to political 1a(1) X 1a(2) X 1b(1) X 1b(2) X 1b(3) X 1b(4) X 1b(5) X 1b(6) X
(a) Line no (b) Amount involved (c) Name of the following state of the foundation directly or indirectly affi	leted with or related to one or more to	v exempt executations described in
section 501(c) of the Code (other than section by If "Yes," complete the following schedule (a) Name of organization		,

		(a) Name of organization	(b) Type of organization	(c) Description	on of relationship
	Deliet,	penalties of perjury, I declare that I have entries correct, and complete Declaration	xamined this return, including accompanying scher of preparer (other than taxpayer or fiduciary) is ba	dules and statements, and tased on all information of w	hich preparer has any knowled
Sign Here	reparer's Jse Only	. ^	Inglitor 8/26/10	Check if self-employed	Preparer's identifying number (See Signature on page 30 of the instructions) P00331736
のしる	rep. Use	Firm's name (or yours if STEVE)	DAV Ú S & ASSOCIATES, P.C.	EIN ▶	26-0261947

OGDEN, UT 84405

Schedule B

(Form 990, 990-EZ, or 990-PF)

Internal Revenue Service

Department of the Treasury

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

Employer identification number Name of the organization 87-0478574 THE JOHN D. ECCLES & VERA E. ECCLES FAMILY FOUNDATION Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

of	of	P	aı	d	ĺ

Name of organization

THE JOHN D. ECCLES & VERA E. ECCLES FAMILY FOUNDATION

Employer identification number 87-0478574

Page

Part I	Contributors	(see	instructions
--------	--------------	------	--------------

՝ (a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
1	F. Q. LAWSON 4294 ADONIS DR. SALT LAKE CITY, UT 84124	\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
2	VERA E. ECCLES 1509 EAST 4700 SOUTH OGDEN, UTAH 84403	\$ \$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
		\$ 	Person Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)		

THE JOHN D. ECCLES & VERA E. ECCLES FAMILY FOUNDATION . 87-0478574 2009

PART I LINE 1:			
F. Q. LAWSON		10,0	00
WE HONG HSU		4,8	00
VERA E. ECCLES		47,0	00
		\$ 61,8	00
PART I LINE 11:			
TUITION AND MISCELLANEOUS INCOME		\$ 45,5	60
	·		
PART I LINE 16b:			
STEVEN DAVIS & ASSOCIATES, P.C.		\$ 1,9	53
PART I LINE 18:			
PAYROLL TAXES		7,0	
LICENSES		\$ 7,1	78
		<u> </u>	20
PART I LINE 23:			
SCHOOL SUPPLIES		8,2	28
ACTIVITIES		•	84
INSURANCE		16,9	
TELEPHONE			88
REPAIRS		2,7	90
JANITOR		1	91
ADVERTISING			50
BANK CHARGES		1	99
OTHER LABOR		1,8	
		\$ 31,2	23
PART II LINE 6:	•		_
GROSS SALES PRICE OF BOOKS AND TEACHING M	ATERIALS	3,0	97
PURCHASED AT VARIOUS TIMES			
COST BASIS - EXPENSED IN PRIOR YEARS NET GAIN		\$ 3,0	07
NET GAIN		\$ 3,0	91
PART II LINE 10b:	воок	FAIR	
	VALUE	VALUE	
4,658 SHARES WELLS FARGO	111,178	125,7	
182 SHARES SUPERVALUE	5,319	2,3	
1,000 SHARES GENERAL ELECTRIC	24,650	15,1	
3,000 SCUDDER STRATEGIC	49,263	34,7	
	\$ 190,410	\$ 177,8	

08/26/2010 10:28 AM Page 1

FYE: 12/31/2009

		Date In	Tax	Tax Prior	Tax Current	Tax		
Asset	Property Description	Service	Cost	Depreciation	Depreciation	End Depr		
Date In Service for Year End: 12/31/07								
73	SHARP DIGITAL COPIER	8/29/07	2,495 00	665 33	499 00	1,164 33		
		Year End Total: 12/31/07	2,495 00	665 33	499 00	1,164 33		
Date In	Service for Year End: 12/31/06							
50	FRONT WOOD BENCH 3 THEATRE BENCHES	1/01/06 1/01/06	50 00	21 42	7 14 8 57	28 56 34 28		
57 60	KITCHEN SHELVING UNIT	1/01/06	60 00 35 00	25 71 15 00	5 00	20 00		
67	SIDE BY SIDE REFRIG	1/01/06	300 00	128 58	42 86	171 44		
		Year End Total: 12/31/06	445 00	190 71	63 57	254 28		
Date Ir	Service for Year End: 12/31/04							
45	3 5 TON CONDENSER	5/31/04	1,683 01	514 25	112 20	626 45		
		Year End Total: 12/31/04	1,683 01	514 25	112 20	626 45		
Date Ir	Service for Year End: 12/31/02							
41	AC/HEAT UNIT	9/10/02	9,709 50	1,576 75	248 96	1,825 71		
38 39	FENCING SHED	7/29/02 7/25/02	18,110 00 3,526.50	11,620 58 1,508 56	1,811 00 235.10	13,431 58 1,743 66		
39	SHLD	Year End Total: 12/31/02	31,346.00	14,705 89	2,295 06	17,000 95		
		Teal End Total: 12/51/02	31,340.00	14,705 05	2,273 00	17,000 33		
Date In	Service for Year End: 12/31/01							
34	LANDSCAPING	8/31/01	4,000.00	2,933.33	400 00	3,333 33		
		Year End Total: 12/31/01	4,000.00	2,933.33	400 00	3,333 33		
Date In	Service for Year End: 12/31/00							
14	BACK ENTRY DOORS	11/20/00	1,982 00	410 80	50 82	461 62		
13 12	OGDEN AUTO METAL GYM WALLS	11/15/00 9/14/00	130 00 522 28	27 20 111 58	3 33 13 39	30.53 124 97		
11	STORAGE ROOM	9/05/00	1,014.86	216 83	26 02	242 85		
30 9	BACK DOORS & WINDOWS ROOFING	9/01/00 8/04/00	290.00 3,990 00	62.00 861.11	7.44 102 31	69 44 963 42		
29	STORAGE ROOM/GARDEN WIND	OW 8/04/00	1,000 00	215 80	25 64	241 44		
8 27	AWNINGS LANDSCAPING	6/03/00 6/01/00	1,422 69 1,412 00	313 12 807 95	36 48 94 13	349 60 902 08		
7	AIR CONDITIONING	5/15/00	1,621 56	360 36	41 58	401 94		
		Year End Total: 12/31/00	13,385 39	3,386 75	401 14	3,787 89		
<u>Date I</u>	Service for Year End: 12/31/99							
3	BUILDING	9/01/99	852,970 00	203,228 27	21,871 03	225,099 30		
4 5	THEATRE SEATS CARPET	9/01/99 9/01/99	3,600 00 1,483 00	2,240 00 1,483 00	240 00 0 00	2,480 00 1,483 00		
6	MAIL BOX SYSTEM	9/01/99	535 00	499 50	35 50	535 00		
2	LAND-TURN AROUND	7/01/99	4,295 00	0 00	0 00	0 00		
_		Year End Total: 12/31/99	862,883 00	207,450 77	22,146.53	229,597 30		
Date In Service for Year End: 12/31/98								
I	LAND	7/01/98	123,164.00	0 00	0 00	0 00		
		Year End Total: 12/31/98	123,164 00	0 00	0 00	0 00		
		Grand Total	1,039,401 40	229,847 03	25,917.50	255,764 53		
					25,517.50	200,104 00		

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

• If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this bo filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II plete Part II unless you have already been granted an automatic 3-month extension on a Automatic 3-Month Extension of Time. Only submit original (no copies need)	(on page 2 of this form) previously filed Form 8868
	, -	•
A corporate Part I only	on required to file Form 990-T and requesting an automatic 6-month extension—chec · · · · · · · · · · · · · · · · · · ·	this box and complete
	rporations (including 1120-C filers), partnerships, REMICs, and trusts must use Formincome tax returns	7004 to request an extension of
one of the electronical returns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au returns noted below (6 months for a corporation required to file Form 990-T). Howe y if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T Instead, you must submit the fully completed an lore details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file	ever, you cannot file Form 8868 s 990-BL, 6069, or 8870, group nd signed page 2 (Part II) of Form
Type or print	Name of Exempt Organization THE JOHN D. ECCLES & VERA E. ECCLES FAMILY FOUNDATION	Employer identification number 87 0478574
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions 1509 EAST 4700 SOUTH	04,0014
filing your return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions OGDEN, UTAH 84403	
Check type Form 99 Form 99 Form 99	0-BL	☐ Form 4720 ☐ Form 5227 ☐ Form 6069 ☐ Form 8870
Telephone If the orga If this is for the who	s are in the care of ► SARAH TAYLOR No. ► (801) 915-5666 FAX No. ► () anization does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN), e group, check this box ► ☐ If it is for part of the group, check this box	box ▶ □
1 I requuntil for the	lest an automatic 3-month (6 months for a corporation required to file For AUGUST 15 , 20.10 , to file the exempt organization return for the organization organization's return for. calendar year 20.09 or tax year beginning , 20 , and ending	named above The extension is
2 If this	tax year is for less than 12 months, check reason 🔲 Initial return 🔲 Final return [☐ Change in accounting period
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax nonrefundable credits. See instructions	3a \$ 250
b If this	application is for Form 990-PF or 990-T, enter any refundable credits and estimated tains made. Include any prior year overpayment allowed as a credit.	
c Baland depos	ce Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required twith FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymern). See instructions	1, 615 <u>1</u>
	you are going to make an electronic fund withdrawal with this Form 8868, see Form 84 instructions	53-EO and Form 8879-EO

Form 8868 (Rev. 4-2009)						
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box . • □						
Note	Only c	emplete Part II if you have already been granted an automatic 3-month exter	ision on a pre			3.
		filing for an Automatic 3-Month Extension, complete only Part I (on pa				
Par	t II	Additional (Not Automatic) 3-Month Extension of Time. Only file	the origina			
Type print		Name of Exempt Organization	2			
File by	y the ded ate for	Number, street, and room or suite no. If a PO box, see instructions	95 m	For IRS use	only	
filing t return instru	the See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		2 2 7 7	THE STATE OF THE S	李溪!
Che	ck type	of return to be filed (File a separate application for each return):		_		
	orm 990		orm 1041-A		Form 606	9
□ F	orm 990	0-BL	orm 4720		Form 887	0
□ F	orm 990		orm 5227			
STO	P! Do no	t complete Part II if you were not already granted an automatic 3-month	n extension o	n a previous	sly filed Fo	orm 8868.
		are in the care of ▶		• • • • • • • • • • • • • • • • • • • •	· <u>·</u>	
		No. ► () FAX No. ► ()				
	•	nization does not have an office or place of business in the United States				▶ □
		a Group Return, enter the organization's four digit Group Exemption Nu			If th	ne ie
		e group, check this box				
		names and EINs of all members the extension is for.	3011 11110 3011		and and	
4	_	st an additional 3-month extension of time until		20		
5		endar year , or other tax year beginning , 20 , 20				20
6		ax year is for less than 12 months, check reason. Initial return				
7		detail why you need the extension		•		
•	Otate II	detail why you need the extension				
8a	If this a	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	tentative tax	ζ.		
		nonrefundable credits See instructions.			\$	
b		pplication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundab	le credits an	d 🤼		
_		ed tax payments made Include any prior year overpayment allowed as a		v See		
		paid previously with Form 8868.		8b	\$	
_		Due. Subtract line 8b from line 8a. Include your payment with this form, or, if re	agured dence	,+	<u>T</u>	
C		coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). S			\$	
Signature and Verification						
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form						
Signa	ture 🕨	Title ▶		Date ►		

Form	8868 (Rev	v 4-2009)			_	Page 2
Note	. Only c	filing for an Additional (Not Automatic) 3-Month Extension, complete complete Part II if you have already been granted an automatic 3-month extension, complete only Part I (on part I)	ision on a pre			. ► 🛛
Par		Additional (Not Automatic) 3-Month Extension of Time. Only file		(no copie	s neede	ed).
Type or print Name of Exempt Organization THE JOHN D. ECCLES & VERA E. ECCLES FAMILY FOUNDATION 87 0478574						
File b	y the ded	Number, street, and room or suite no if a P O box, see instructions 1509 EAST 4700 SOUTH	72 - 14	For IRS use	only	
filing return		City, town or post office, state, and ZIP code For a foreign address, see instructions OGDEN, UT 84403	/ 3/	Selection of the select		
		of return to be filed (File a separate application for each return):	1 11 % A 1 A 1	\$11 · · · · ·		enterpolitic transfer
	Form 99		orm 1041-A		Form 60	069
	Form 99		orm 4720	П	Form 88	
	Form 99		orm 5227		. 0 00	J. 0
STO	P! Do n	ot complete Part II if you were not already granted an automatic 3-month		n a previou	slv filed	Form 8868.
		. SAPAH TAVI OP			,	<u> </u>
Tel	lenhone	No ► (801) 915-5666 FAX No ► ()				
	•	nization does not have an office or place of business in the United States				▶ □
	-	or a Group Return, enter the organization's four digit Group Exemption Nu	•		If	,
		e group, check this box \blacktriangleright \Box If it is for part of the group, che				
		names and EINs of all members the extension is for.				
4	1 reque	est an additional 3-month extension of time until NOVEMBER 1	5	20.10		
5	For cal	endar year 2009, or other tax year beginning, 20.	and ending	1		. 20
6	If this t	ax year is for less than 12 months, check reason: Initial return	Final return	Change	n accou	ntina period
7	State	n detail why you need the extension TRUSTEE PASSED AWAY IN MAY MENTS AND INFORMATION READILY AVAILABLE.	2010. THIS	HAS DELA	YED GE	TTING
8a		application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the ly nonrefundable credits. See instructions	tentative tax	8a	\$	250
b		application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundabled tax payments made. Include any prior year overpayment allowed as a		1 /5357624		
	amoun	t paid previously with Form 8868.		8b	\$	250
С		e Due. Subtract line 8b from line 8a Include your payment with this form, or, if red coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). S			\$	0
Under	r penalties rue, correc	Signature and Verification of perjury, I declare that I have examined this form, including accompanying schedules and st, and complete, and that I am authorized to prepare this form	statements, and t	o the best of n	ny knowlec	dge and belief,

Signature ▶