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## **SCANNED NOV 1 7 2010**

Department of the Treasury Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052 2009

Fo	r ca	lendar	year 2009, o	r tax year begi	nning				, 2009,	and end	ling				, 20
G	Che	ck all t	hat apply	Initial retur	n				of a former p	ublic cha	<u> </u>			Final return	1
				Amended	eturn		<u> </u>	Addre	ss change			Name change			
			Name of foun	dation								A Employer ide	ntıfica	ation number	
U		he IRS oel.	DINECH A	ND KALPANA	DATE	T FOIL	דיהערונ	ON					7-1	0532423	
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			PO BOX 58	8887								(	801	1) 531-6	888
		•		· · · · · · · · · · · · · · · · · · ·	ie	·	<del></del>			<u> </u>		C If exemption ap	plication	on is	<b>D</b>
in	stru	ctions.		<b>,</b>											. ▶
			SALT LAK	E CITY, UT	8415	8-088	7					1 - *			• • •
Н	Che	ck type	of organizati	on X Section	on 501(c	c)(3) exe	mpt pr	ıvate 1	foundation			85% test, chi	eck he	re and attach	
	s	Section 4	1947(a)(1) none							ion		,			
1	Fair	marke	t value of all a	ssets at end	J Accor	unting m	ethod	X C	ash Acc	rual					. 1
	of y	ear (fro										F If the foundation	on is in	a 60-month termi	nation
	_	_				column (	d) must	be or	cash basis )		,	under section 5	07(b)(1	<del></del>	<del></del>
	art					(a) Re	venue a	nd	(b) Net inve	stment		(c) Adjusted net			
		may n	ot necessarily e	qual the amounts	in			er	1 ' '			income		purpos	es
$\neg$			<del></del>	-				400	<u> </u>				$\dashv$	(cash basis	s_only)
	1		If the for	undation is not requ	nred to [		100,	100.	1		-		$\dashv$		
		-	attach S	ch B					<del> </del>		-		-+	<del>~</del>	
			-		Г	· · · · · · · · · · · · · · · · · · ·		450.		450.	-		+	АТСН 1	<del></del>
	-				[									111 011 1	<del></del>
Otherwise, print or type. See Specific Instructions.  Section 4947(3)(1) nonexempt characteristic instructions.  I Fair market value of all assets at end of year (from Part II, col (c), line of year (from Part II, col (c), line of year (from Part II, col (c), line of year (from Part II), col (c), and (d) institute of year (from Part II, col (c), and (d) institute of year (from Part II, col (c), and (d) institute of year (from Part II, col (c), and (d) institute of year (from Part III, col (c), and															
a							-306 <sub>r</sub>	753-	DECEN	FD			寸		
ᇍ	b	Gross s	ales price for all						KEULI				$\top$		
e Ve	7			ne (from Part IV, I	ne 2) .			L		0.040	101				
œ	8	Net sho	ort-term capital	gaın	[			<del> </del>	NOV 12	2010					
	-				[			191			1 1				
ין	υa	and allo	wances • • • •	•				1	OGDE	<u> 1 U I</u>		<u> </u>			
			-										_	· <del></del>	
								657	<u> </u>	657	<u> </u>	<del></del>	$\dashv$	A TICLL C	
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ē							1,	611.		1,611.					
흕	17														
<u>i</u> st	18	Taxes (a	attach schedule) (s	ee page 14 of the insti	ructions) *			208.		208.		<del></del>			
튙	19	Depred	iation (attach s	chedule) and dep	oletion.		. v								
ই 2	20	•	•		Г								$\perp$		
힏	21			nd meetings							<u>.                                    </u>		+		
8 g	2 <b>2</b>			ons ATC				450.		450.		<del></del>	+	<del></del>	
딃	23			h schedule) ATC	ſ		_	430.		450.			$\dashv$		
<u>ا ق</u>	24		-	idministrative exp			6.	669.		6,669.			0.		C
ŏΙ,	2 5		_	23		<u></u>	243,							2	43,953
	26			ements Add lines 24			250,			6,669.			0.		43,953
	27		ct line 26 from							<del></del>		<del></del>	$\top$		
	а	Excess o	f revenue over expe	nses and disburseme	nts .		-367,	868.							
				ne (if negative, en						-0-					
$\perp$				(if negative, enter								-0	- 1		
For	Pri	vacy Ac	t and Paperwo	ork Reduction Ac	t Notice	see page								Form 990-	PF (2009
2	. 550	66933	BE 700V				V 0	9-8.	. 3	SAL	TI	LAKE-87-05	324	23	$\cap$

Form 990-PF (2009)

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of	<del>/</del>
amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing	-4,702.	46,195.	46,195
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			<del> </del>
disqualified persons (attach schedule) (see page 16 of the instructions)			
7 Other notes and loans receivable (attach schedule)			
Less allowance for doubtful accounts ▶			
8 Inventories for sale or use			
9 Prepaid expenses and deferred charges			
- 1	679,896.	261,131.	275,316
<b>b</b> Investments - corporate stock (attach schedule) ATCH .7	6/9,896.	201,131.	273,316
c Investments - corporate bonds (attach schedule)			
11 Investments - land, buildings, and equipment basis			
and equipment basis  Less accumulated depreciation (attach schedule)			
12 Investments - mortgage loans		· · · · · · · · · · · · · · · · · · ·	
13 Investments - other (attach schedule) ATCH 8	100,000.	100,000.	100,000
14 Land, buildings, and equipment basis			
14 Land, buildings, and equipment basis Less accumulated depreciation (attach schedule)			
15 Other assets (describe )			
16 Total assets (to be completed by all filers - see the			
instructions Also, see page 1, item I)	775,194.	407,326.	421,511
17 Accounts payable and accrued expenses			
18 Grants payable			
1			
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule)	30,000.	30,000.	ATCH 9
21 Mortgages and other notes payable (attach schedule)			
22 Other liabilities (describe			
22 Other habilities (describe P	<del></del>		
23 Total liabilities (add lines 17 through 22)	30,000.	30,000.	
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,			
Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
5 27 Capital stock, trust principal, or current funds			
28 Paid-in or capital surplus, or land, bldg, and equipment fund	745,194.	377,326.	
		<u> </u>	
n lotal liet assets of land balances (see page 11 of the	745,194.	377,326.	
	745,154.	377,320.	
31 Total liabilities and net assets/fund balances (see page 17	775 104	407,326.	
of the instructions)	775,194.	407,320.	<del></del>
Part III Analysis of Changes in Net Assets or Fund B			
1 Total net assets or fund balances at beginning of year - Part II,			715 101
end-of-year figure reported on prior year's return)			745,194
2 Enter amount from Part I, line 27a		2	-367,868
3 Other increases not included in line 2 (itemize) ▶		3	
4 Add lines 1, 2, and 3		4	377,326
<ul> <li>5 Decreases not included in line 2 (itemize) ►</li> <li>6 Total net assets or fund balances at end of year (line 4 minus l</li> </ul>		5	
6 Total net assets or fund balances at end of year (line 4 minus l	ine 5) - Part II, column (b)	, line 30 <b>6</b>	377,326

Form 990-PF (2009)		87-05324	23		Page 3
Part IV Capital Gains	and Losses for Tax on Inve	estment Income			
	d describe the kind(s) of property sold (e	<del></del>	(b) How acquired	(c) Date	(d) Date sold
	rick warehouse, or common stock, 200 s		P-Purchase D-Donation	acquired (mo , day, yr )	(mo , day, yr )
1a SEE PART IV SCHE			D-DOI INION		
ia			_		
<u>b</u>			<u> </u>		
<u>C</u>		· · · · · · · · · · · · · · · · · · ·			
<u>d</u>			ľ		
<u>e</u>	(0.00	(g) Cost or other basis	<u> </u>	(h) Cara as (la	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale		(h) Gain or (lo (e) plus (f) mini	,
	(0. 2	Free areas			(3)
<u>a</u>					
_b					<del></del>
<u>c</u>				·	
<u>d</u>					
е					
Complete only for assets sh	nowing gain in column (h) and own	ed by the foundation on 12/31/69		Gains (Col (h) g	
(I) F M V as of 12/31/69	(j) Adjusted basis	(k) Excess of col (i)	col	(k), but not less to Losses (from co	
(7)	as of 12/31/69	over col (j), if any		Losses (Holli CC	· (11))
a					
b		· · · · · · · · · · · · · · · · · · ·			
С					
d					
е					
	( If	gain, also enter in Part I, line 7 🦙			
2 Capital gain net income or	(net capital loss) {	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2	-	306,753.
3 Net short-term capital gain	or (loss) as defined in sections 12:				
If gain, also enter in Part I,	line 8, column (c) (see pages 13 a	and 17 of the instructions)			
<del>-</del>	ine 8		3		
Part V Qualification Un	der Section 4940(e) for Redu	ced Tax on Net Investment Inc	ome		
	private foundations subject to the			me )	
(i or opinonar doe by domestic	, , , , , , , , , , , , , , , , , , , ,			,,,	
If section 4940(d)(2) applies,	leave this part blank				
11 30001011 40 40(d)(2) applied,	iouvo tino part olarit.				
Was the foundation liable for	the section 4942 tax on the distrib	utable amount of any year in the b	ase perior	12	Yes X No
	not qualify under section 4940(e)		acc peno	· · · · · <u></u>	_ 163 140
	ount in each column for each year,		ofore mak	ing any entries	<del></del>
(a)				(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra	
	167,636.	575,981.	<del> </del>	(col (b) divided by	0.291044
2008	308,067.	785,895.	<del></del>	- <del>-</del>	0.391995
2007	· · · · · · · · · · · · · · · · · · ·	·			
2006	222,323.	724,909.	ļ		$\frac{0.306691}{0.176136}$
2005	121,751.	691,231.			0.176136
2004	117,841.	776,901.			0.151681
2 Total of line 1, column (d)			2		1.317547
3 Average distribution ratio	for the 5-year base period - divide	the total on line 2 by 5, or by the			
number of years the found	dation has been in existence if less	than 5 years	3		0.263509
				· ·	
4 Enter the net value of non	charitable-use assets for 2009 from	m Part X, line 5	4		335,812.
5 Multiply line 4 by line 3			5		88,489.
			<del>  -   -  </del>		
6 Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		
Cine 170 OF Het Hivestille	in moonie (170 of Fait I, Illie 270).		<del>                                     </del>		<del></del>
7 Add lines F and 6			,		88,489.
7 Add lines 5 and 6			7		
O Falance attack to the term	an from Dark VIII Land				243,953.
8 Enter qualifying distributio	ns from Part XII, line 4	n Part VI line 1h and complete t	hat part	using 2 10/ +=-	v roto Con the
Part VI instructions on pag	e 18	ir rais vi, inte 15, and complete t	nat part	using a 170 ta	ate 3ee tile

Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	he ins	truction	ons)
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)			
b	Domestic_foundations that meet the section 4940(e) requirements in Part V, check			0.
	here $\blacktriangleright$ X and enter 1% of Part I, line 27b			
С	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			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			0.
6	Credits/Payments			
a	2009 estimated tax payments and 2008 overpayment credited to 2009 6a			
b	Exempt foreign organizations-tax withheld at source 6b 0.			
С	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			0.
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			0.
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			
Pai	t VII-A Statements Regarding Activities		1	
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1 b		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			٠
¢	Did the foundation file Form 1120-POL for this year?	1 c		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶\$ (2) On foundation managers ▶\$	1		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
•	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3_		X
<b>4</b> a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or	ŀ		
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that	ŀ	'	
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7_	X	
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) $\blacktriangleright$ UT,			
b	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	8 b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		X

Par	t VII-A Statements Regarding Activities (continued)	<del>,</del> ,		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address N/A			
14	The books are in care of DINESH C. PATEL  Telephone no   801-58		<del>4</del> 5	
	The books are in care of ▶ DINESH C. PATEL  Located at ▶P.O. BOX 58887, SALT LAKE CITY, UTAH  ZIP+4 ▶ 84158-	0887		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			T
	and enter the amount of tax-exempt interest received or accrued during the year			_
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	1		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if			
	the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days )			
<b>b</b>	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
U	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1 b		
	Organizations relying on a current notice regarding disaster assistance check here	1.5		
_				
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1 c		Х
•	were not corrected before the first day of the tax year beginning in 2009?			
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
d	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?			
	If "Yes," list the years			
<b>L</b>				
D	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	2 b		
_	to all years listed, answer "No" and attach statement - see page 20 of the instructions )	20		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
2.	Did the favordation held more than a 20% direct or indirect interest in any business			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  Yes  No			
	enterprise at any time during the year?			
D				
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse			
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	, .		
	foundation had excess business holdings in 2009 )	3 b	$\vdash$	X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	-	
þ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	1		Х
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4 b	<u> </u>	Λ

If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  1 Eyes, did the foundation receive any proceeds or have any net income attributable to the transaction?  1 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Title, and average devoted to position devoted to position from the paid, enter and deferred compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (c) Expense account, other allowances  2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (a) Name and address of each employee paid more than \$50,000 (b) Title, and average devoted to position from the paid, enter monager and deferred compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (b) Title, and average devoted to position from the paid of the instructions of the instructions).  (c) Compensation (c) Compensation (e) Expense account, other allowances of each employee paid more than \$50,000 (b) Title, and average devoted to position form and deferred compensation other allowances.	Part VII-B Statements Regarding Activities for	r Which Form 4	720 May Be Requ	ired (continued)		
directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (3) Provide a grant to an organization other than a charitable, etc., organization described in section 59(8(11), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions),			1 4945(e))?	Yes X No	<b>,</b>	
(3) Provide a grant to an individual for travel, study, or other similar purposes?			•			
14) Provide a grant to an organization other than a charitable, etc., organization described in section 598(a)(1), (2), or (3), or section 4940(b)(2)? (see page 22 of the instructions).				·    '''    '''		
section 598(a)(1), (2), or (3), or section 4940(b)(2)? (see page 22 of the instructions). Yes X No (5) Provide for any purpose other than religious, charitable, scenific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b If any answer is "Yes" to 56(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance check here.  c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  drives, "attach the statement required by Regulations section 53 4945-5(d)  a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  (a) Name and address  C If the indirectors, trustees, foundation managers and their compensation (see page 22 of the instructions).  C Information of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  C If the indirectors of the compensation of five highest-paid employees paid over \$50,000  C Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  C C Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  C C C C C C C C C C C C C C C C C C C	•			Yes^ No	<b>'</b>	
(5) Provide for any purpose other than religious, charlable, scentific, literary, or educational purposes, or for the prevention of cruelly to children or aminals?  b if any answer is "Yes to S(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?  Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)?  Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)?  Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)?  If "Yes" to question 53 (4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes" to 6b, the Form 8570  Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 6b, the Form 8570  A 1 any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes X No  b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  It is all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (b) Title, and average devoted to position  (c) Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  In one, enter "NONE."  (a) Name and address of each employee pad more than \$50,000  (b) Title, and average devoted to position  (b) Title, and average devoted to position  (c) Compensation  (d) Contributions to employee benefit or position of the position o				Yes X No	,	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	, , , , , , , , , , , , , , , , , , , ,					
Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?  C if the answer is "Yes" to question 53 4(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7a At any time during the lax year, was the foundation a party to a prohibited tax shelter transaction?  7b If yes, and the foundation receive any proceeds or have any net income attributable to the transaction?  1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Time, and exerge (c) Compensation (see page 23 of the instructions).  (c) Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (d) Contributions to employee benefit (in the propertion) and defense compensation.  (e) Expense account, other allowances.  (e) Compensation (d) Contributions to employee benefit (in the propertion) and defense compensation.  (e) Expense account, other allowances.  (f) Compensation (d) Contributions to employee benefit (in the propertion) and defense compensation.  (e) Expense account, other allowances.  (e) Compensation (d) Contributions to employee benefit (in position) (in the propertion) (in	purposes, or for the prevention of cruelty to children of	r anımals?		Yes X No	,	
Organizations relying on a current notice regarding disaster assistance check here.  c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  lf "Yes," attach the statement required by Regulations section 53 4945-5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  7yes "to 6b. file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  1 List all officers, directors, brustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Title, and average hours per week.  (c) Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (a) Name and address of each employee pad more than \$50,000  (b) Title, and average hours per week.  (c) Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (a) Name and address of each employee pad more than \$50,000  (b) Title, and average hours per week.  (c) Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (d) Contributions to employee bonding plant plants and deferred compensation.  (e) Expense account, other allowances.  (e) Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (d) Contributions to employee bonding plant plants and deferred compensation.  (e) Expense account, other allowances.						
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  7b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  1 List all officers, directors, trustees, foundation managers, and their compensation (see page 22 of the instructions).  (a) Name and address (ii) Title, and exerging (if) Title, and exerging (if) Compensation (contributions to employee benefit plans and deferred compensation (contributions to employee benefit plans and deferred compensation).  (a) Name and address of each employee paid more than \$50,000  (b) Title, and exerging (c) Compensation (d) Contributions to employee benefit plans and deferred compensation.  (c) Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions). (d) Contributions to employee benefit plans and deferred compensation.  (a) Name and address of each employee paid more than \$50,000  (b) Title and exerging the plans and deferred compensation.  (c) Compensation (d) Contributions to employee benefit plans and deferred compensation.  (d) Contributions to employee benefit plans and deferred compensation.  (e) Expense account, other allowances.		-		. [ 77 ]	5b	
because it maintained expenditure responsibility for the grant?				•		
If "Yes," attach the statement required by Regulations section 53 4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 8b. life Form 870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes" to 8b. life Form 870 7b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address (a) Name and address (a) Name and address (b) Title, and average devoted to position (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours expert week devoted to position (c) Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (d) Contributions to employee benefit properties of the instructions of their allowances of each employee paid more than \$50,000 (b) Title, and average hours expert week devoted to position (c) Compensation (d) Contributions to employee to the first and deferred compensation (d) Contributions to employee the paid and deferred compensation (e) Expense account, cherral coverned coverned compensation (e) Expense account, cherral coverned compensation (e) Expense account, cherral coverned covern				Yes No	,	
6 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  6 b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  6 b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 a At any furme during the tax year, was the foundation a party to a prohibited tax shelter transaction?  7 a At any furme during the tax year, was the foundation a party to a prohibited tax shelter transaction?  9 b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  1 List all officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Trustees, and seepage (c) Compensation  (c) Compensation  (d) Compensation  (e) Expense account, other allowances  (e) Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (e) Compensation  (f) Compensation  (g) Compensation  (g) Compensation  (g) Contributions to employee benefit plans and deferred compensation  (g) Expense account, other allowances  (g) Compensation						
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 86, the Form 8870 7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If yes did the foundation receive any proceeds or have any net income attributable to the transaction?  If yes with the foundation receive any proceeds or have any net income attributable to the transaction?  If yes with the foundation receive any proceeds or have any net income attributable to the transaction?  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Title, and average hours per week devoted to position  (c) Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (a) Name and address of each employee pad 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.  (e) Expense account, other allowances of the allowances of the recompensation.  NONE  Total number of other employees paid over \$50,000			pay premiums			
If "Yes" to 6b. file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  To be if yes, did the foundation receive any proceedes or have any net income attributable to the transaction?  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Title, and average devoted to position  (c) Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (d) Cantibutions to employee benefit plans and deferred compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (d) Cantributions (e) Expense account, other allowances of each employee benefit plans and deferred compensation of the allowances of each employee paid more than \$50,000  NONE  Total number of other employees paid over \$50,000				• —	·	,,
Total number of other employees paid over \$50,000	•	tly or indirectly, on a	personal benefit contrac	ct?	6 b	X
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		ty to a prohibited tay	shelter transaction?	Vos X No		
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors   List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (a) Name and address   (b) Title, and average devoted to position   (c) Compensation   (d) Controlutions to employee benefit plans and deferred compensation   (e) Expense account, other allowances   (f) Compensation   (f) Compensation   (e) Expense account, other allowances   (f) Compensation						X
List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).   (a) Name and address   (b) Title, and average hours per week devoted to position   (f) not paid, enter deferred compensation of their allowances and deferred compensation of their allowances of the relationship of the relat	Part VIII Information About Officers, Directors					<u> </u>
(a) Name and address (b) Title, and average hours per week devoted to position  ATTACHMENT 10  2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation (g) Contributions to employee and deferred compensation (the rallowances).  (d) Contributions to employee benefit plans and deferred compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (e) Expense account, other allowances 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 of the rallowances of employee benefit plans and deferred compensation of the rallowances.  (e) Expense account, other allowances of each employee paid more than \$50,000 or contributions to employee benefit plans and deferred compensation of the rallowances.	and Contractors  1 List all officers, directors, trustees, foundation management	anagers and their	compensation (see	page 22 of the instr	uctions).	
ATTACHMENT 10  -000-  Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (e) Expense account, other allowances  Total number of other employees paid over \$50,000		(b) Title, and average		(d) Contributions to	(e) Expens	
ATTACHMENT 10 -000-  2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position  NONE  NONE  Total number of other employees paid over \$50,000		devoted to position	-0-)		other an	
2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (a) Name and address of each employee paid more than \$50,000  NONE  NONE  Total number of other employees paid over \$50,000  Total number of other employees paid over \$50,000  Total number of other employees paid over \$50,000  Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances			-0-	-0-	_	0 -
2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (a) Name and address of each employee paid more than \$50,000  NONE  NONE  (b) Tritle, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (other allowances)						
2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (a) 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 employee paid more than \$50,000 with the following and deferred compensation  (e) Expense account, other allowances  Total number of other employees paid over \$50,000						
If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  NONE  Total number of other employees paid over \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (e) Expense account, other allowances  Total number of other employees paid over \$50,000						,
If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  NONE  Total number of other employees paid over \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (e) Expense account, other allowances  Total number of other employees paid over \$50,000						
If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  NONE  Total number of other employees paid over \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (e) Expense account, other allowances  Total number of other employees paid over \$50,000						
If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  NONE  Total number of other employees paid over \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (e) Expense account, other allowances  Total number of other employees paid over \$50,000	2 Compensation of five highest-paid employees (ot	ner than those inc	luded on line 1 - se	e page 23 of the inst	tructions).	
(a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (e) Expense account, other allowances  (e) Expense account, other allowances  (f) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position						
Total number of other employees paid over \$50,000	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		
<del></del>	NONE					
<del></del>						
<del></del>		,				
<del></del>						
<del></del>						
FORM 33U-FF (A)	Total number of other employees paid over \$50,000 .				Form 99	0-PF (2009)

Form 990-PF	(2009)	87-0532423	Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundation Manand Contractors (continued)	nagers, Highly Paid Emplo	
3 Five high	nest-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 numb	er of others receiving over \$50,000 for professional services		▶ NONE
Part IX-A	Summary of Direct Charitable Activities		
	ndation's four largest direct charitable activities during the tax year. Include relevant statistical info ions and other beneficianes served, conferences convened, research papers produced, etc.	rmation such as the number	Expenses
1 N/A			
2			
3			-
4			-
Part IX-B	Summary of Program-Related Investments (see page 23 of the ins	structions)	
Describe th	e two largest program-related investments made by the foundation during the tax year on lines 1 a	nd 2	Amount
1 NONE			
2			
All other pro	ogram-related investments See page 24 of the instructions		
3 NONE			
			· · · · · · · · · · · · · · · · · · ·
Intal Add	lines 1 through 3		

Form 990-PF (2009)

Pa		nvestment Return (All domestic foundations must complete this part. Foreight 4 of the instructions.)	gn foundation	ons,
1	Fair market value o	f assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes			
а	Average monthly fa	r market value of securities	1a	320,179.
b	Average of monthly	cash balances	1 b	20,747.
С	Fair market value o	f all other assets (see page 24 of the instructions)	1 c	0.
d	Total (add lines 1a,	b, and c)	1 d	340,926.
е	Reduction claimed	or blockage or other factors reported on lines 1a and		
	1c (attach detailed	explanation)1e		
2	Acquisition indebted	Iness applicable to line 1 assets	2	0.
3	Subtract line 2 from	line 1d	3	340,926.
4	Cash deemed held	for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
			4	5,114.
5	Net value of nonch	aritable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	335,812.
6		nt return. Enter 5% of line 5	6	16,791.
Pa	rt XI Distributal	ole Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) priva		
		and certain foreign organizations check here  and do not complete this p		16 701
1		t return from Part X, line 6	1	16,791.
2 a	Tax on investment i	ncome for 2009 from Part VI, line 5		
þ	Income tax for 2009	(This does not include the tax from Part VI) [26]	ļ	0
С	Add lines 2a and 2b	nt before adjustments Subtract line 2c from line 1	2c	0.
3	Distributable amour	it before adjustments. Subtract line 2c from line 1		16,791.
4		unts treated as qualifying distributions	4	
5	Add lines 3 and 4	. , , , , , , , , , , , , , , , , , , ,	5	16,791.
6		ributable amount (see page 25 of the instructions)	6	<del>.</del>
7		nt as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1 · · · · · · ·		7	16,791.
Pa	art XII Qualifying	Distributions (see page 25 of the instructions)		
1	Amounts paid (incl	uding administrative expenses) to accomplish charitable, etc., purposes		~ <del></del>
a		itions, gifts, etc - total from Part I, column (d), line 26	1a	243,953.
b		vestments - total from Part IX-B	1b	0.
2	Amounts haid to a	equire assets used (or held for use) directly in carrying out charitable, etc.,		· · · · · · · · · · · · · · · · · · ·
_	•		2	0.
3	Amounts set aside	for specific charitable projects that satisfy the	<del>-</del>	
a	Suitability test (nri	or IRS approval required)	3a	0.
b	Coch distribution to	est (attach the required schedule)	3 b	0.
4	Ouglifying distribution	ns. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	243,953.
5		ualify under section 4940(e) for the reduced rate of tax on net investment income	<del>                                     </del>	
3		•	5	
_			6	243,953.
6	Aujustea qualityir	g distributions. Subtract line 5 from line 4	L	
	qualifies for	on line 6 will be used in Part V, column (b), in subsequent years when calculating w the section 4940(e) reduction of tax in those years	mether the 10	unuation

Form **990-PF** (2009)

Pa	rt XIII Undistributed Income (see page	e 26 of the instruction	ns)		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
•		00.000			16,791.
_	line 7				
2	Undistributed income, if any, as of the end of 2009				
	Enter amount for 2008 only			<del></del>	<del> </del>
	Total for prior years 20,20,20				<del> </del>
3	Excess distributions carryover, if any, to 2009				
a	From 2004				
b	From 2005				
C					
		762 504			
	Total of lines 3a through e	762,504.			<del> </del>
4	Qualifying distributions for 2009 from Part XII, line 4 \(\bigstyre{\bigsty}				
а	Applied to 2008, but not more than line 2a				
b	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)				
d	Applied to 2009 distributable amount				16,791.
	Remaining amount distributed out of corpus	227,162.			
5	Excess distributions carryover applied to 2009				
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	989,666.			
b	Prior years' undistributed income Subtract line 4b from line 2b				
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
е	amount - see page 27 of the instructions 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				
8	Instructions)	79,490.			
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	910,176.			
10	Analysis of line 9				
	Excess from 2005				
	Excess from 2006				
¢	Excess from 2007 270, 362.				
d	Excess from 2008 139, 239.	1			
е	Excess from 2009 227, 162.				

та	If the foundation has in foundation, and the ruling	•			erating ▶	
b	Check box to indicate wh			· · · · · · · · · · ·	on 4942	(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	·	(e) Total
	justed net income from Part I or the minimum investment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(0, 1533)
b	85% of line 2a					
С	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					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c			:		
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i)					<u>-                                    </u>
b	"Endowment' alternative test- enter 2/3 of minimum invest- ment return shown in Part X					
С	line 6 for each year listed "Support" alternative test - enter			<u> </u>		
	(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)					
	(4) Gross investment income.		<u> </u>			
Pa	Tt XV Supplements	ary Information (Columbia)	omplete this part page 28 of the in	only if the foun	idation had \$5,000	or more in assets
1	Information Regarding					<del></del>
а	List any managers of	the foundation who h	ave contributed more	e than 2% of the to	otal contributions rece	ived by the foundation
	before the close of any		ey nave contributed i	more than \$5,000)	(See Section 507(d)(2)	)
_	DINESH C.	PATEL	400/	f the steel of a sec		L. Inner
Q	List any managers of ownership of a partner					ly large portion of the
	NONE					
2	Information Regarding	g Contribution, Grant	Gift, Loan, Scholarst	hip, etc., Programs:		
	Check here ► X if the unsolicited requests for organizations under other contents.	or funds. If the found	dation makes gifts, g	grants, etc (see pa	aritable organizations ge 28 of the instruct	and does not accept ions) to individuals or
a	The name, address, a	nd telephone number	of the person to whor	m applications should	be addressed	
b	The form in which appl	lications should be sub	omitted and information	on and materials the	ey should include	
c	Any submission deadli	nes				
d	Any restrictions or lift factors	mitations on awards,	such as by geogra	aphical areas, char	itable fields, kinds of	institutions, or other

Supplementary information (continued)  3 Graits and Contributions Paid During the Year or Approved for Future Payment  Recipient  Name and address (home or business)  a Paid during the year  ATTACHMENT 11  Total.  Total.  Total.  Total.  Total.	Form 990-PF (2009)			87-0532423	Page 11
Accepted Face of the Page of P	Part XV Supplementary Information (co	ontinued)			
Total	3 Grants and Contributions Paid Duri	ng the Year or Appl	roved for I	Future Payment	· - · · ·
Total		If recipient is an individual show any relationship to	Foundation status of	Purpose of grant or	Amount
Total		or substantial contributor	recipient	Contribution	
Total ▶ 3a 243, 953. b Approved for future payment	a Paid during the year				
Total ▶ 3a 243, 953. b Approved for future payment	ATTACUMENT 11				
b Approved for future payment	ATTACHMENT II				
b Approved for future payment					
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b Approved for future payment		1			
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b Approved for future payment	Total	<u> </u>	<u> </u>	▶ 32	243.953.
		T	<del></del>		
Total.	a ripprovod for fatare payment				
Total.					
Total Description 3 h					
Total Data Sh					
	Total			▶ 3h	

er gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)
Program service revenue DONATIONS				-	the instructions )
·				-	·
b					<del></del>
			<del></del>		
					<del></del>
					<del></del>
Fees and contracts from government agencies					
Membership dues and assessments					
nterest on savings and temporary cash investments			14	450	
Dividends and interest from securities			14	450.	
let rental income or (loss) from real estate	<u> </u>				
Debt-financed property					
Not debt-financed property					
et rental income or (loss) from personal property					
Other investment income					6.
ain or (loss) from sales of assets other than inventory					-306,7
let income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
ther revenue a					
					•
Subtotal Add columns (b), (d), and (e)				450.	-306,0
worksheet in line 13 instructions on page 28 t XVI-B Relationship of Activities	to verify calc	ulations )	xempt Purp	oses	
rt XVI-B Relationship of Activities  e No. Explain below how each activities the accomplishment of the form	to verify calco to the Ac ity for whi	ulations) complishment of Exchange is reported.	xempt Purp	oses (e) of Part XVI-A cont	ributed important
worksheet in line 13 instructions on page 28  TEXVI-B Relationship of Activities  e No. Explain below how each activithe accomplishment of the for page 29 of the instructions )	to verify calco to the Ac ity for whi	ulations) complishment of Exchange is reported.	xempt Purp	oses (e) of Part XVI-A cont	ributed important
worksheet in line 13 instructions on page 28  1 XVI-B Relationship of Activities  e No. Explain below how each activithe accomplishment of the form	to verify calco to the Ac ity for whi	ulations) complishment of Exchange is reported.	xempt Purp	oses (e) of Part XVI-A cont	ributed important
worksheet in line 13 instructions on page 28  **T XVI-B Relationship of Activities*  **No.**  Explain below how each active the accomplishment of the form page 29 of the instructions.)	to verify calco to the Ac ity for whi	ulations) complishment of Exchange is reported.	xempt Purp	oses (e) of Part XVI-A cont	ributed important
worksheet in line 13 instructions on page 28  **T XVI-B Relationship of Activities*  **No.** Explain below how each activities the accomplishment of the form page 29 of the instructions )	to verify calco to the Ac ity for whi	ulations) complishment of Exchange is reported.	xempt Purp	oses (e) of Part XVI-A cont	ributed important
t XVI-B Relationship of Activities  No. Explain below how each activities the accomplishment of the for page 29 of the instructions )	to verify calco to the Ac ity for whi	ulations) complishment of Exchange is reported.	xempt Purp	oses (e) of Part XVI-A cont	ributed important
t XVI-B Relationship of Activities  No. Explain below how each activities the accomplishment of the for page 29 of the instructions )	to verify calco to the Ac ity for whi	ulations) complishment of Exchange is reported.	xempt Purp	oses (e) of Part XVI-A cont	ributed important
t XVI-B Relationship of Activities  No. Explain below how each activities the accomplishment of the for page 29 of the instructions )	to verify calco to the Ac ity for whi	ulations) complishment of Exchange is reported.	xempt Purp	oses (e) of Part XVI-A cont	ributed important
t XVI-B Relationship of Activities  No. Explain below how each activities the accomplishment of the for page 29 of the instructions )	to verify calco to the Ac ity for whi	ulations) complishment of Exchange is reported.	xempt Purp	oses (e) of Part XVI-A cont	ributed important
t XVI-B Relationship of Activities  No. Explain below how each activities the accomplishment of the for page 29 of the instructions )	to verify calco to the Ac ity for whi	ulations) complishment of Exchange is reported.	xempt Purp	oses (e) of Part XVI-A cont	ributed important
t XVI-B Relationship of Activities  No. Explain below how each activities the accomplishment of the for page 29 of the instructions )	to verify calco to the Ac ity for whi	ulations) complishment of Exchange is reported.	xempt Purp	oses (e) of Part XVI-A cont	ributed important
t XVI-B Relationship of Activities  No. Explain below how each activities the accomplishment of the for page 29 of the instructions )	to verify calco to the Ac ity for whi	ulations) complishment of Exchange is reported.	xempt Purp	oses (e) of Part XVI-A cont	ributed important
t XVI-B Relationship of Activities  No. Explain below how each activities the accomplishment of the for page 29 of the instructions )	to verify calco to the Ac ity for whi	ulations) complishment of Exchange is reported.	xempt Purp	oses (e) of Part XVI-A cont	ributed important
t XVI-B Relationship of Activities  No. Explain below how each activities the accomplishment of the for page 29 of the instructions )	to verify calco to the Ac ity for whi	ulations) complishment of Exchange is reported.	xempt Purp	oses (e) of Part XVI-A cont	ributed important
t XVI-B Relationship of Activities  No. Explain below how each activities the accomplishment of the for page 29 of the instructions )	to verify calco to the Ac ity for whi	ulations) complishment of Exchange is reported.	xempt Purp	oses (e) of Part XVI-A cont	ributed important
t XVI-B Relationship of Activities  No. Explain below how each activities the accomplishment of the for page 29 of the instructions )	to verify calco to the Ac ity for whi	ulations) complishment of Exchange is reported.	xempt Purp	oses (e) of Part XVI-A cont	ributed important
t XVI-B Relationship of Activities  No. Explain below how each activities the accomplishment of the for page 29 of the instructions )	to verify calco to the Ac ity for whi	ulations) complishment of Exchange is reported.	xempt Purp	oses (e) of Part XVI-A cont	ributed important
t XVI-B Relationship of Activities  No. Explain below how each activities the accomplishment of the for page 29 of the instructions )	to verify calco to the Ac ity for whi	ulations) complishment of Exchange is reported.	xempt Purp	oses (e) of Part XVI-A cont	ributed important
t XVI-B Relationship of Activities  No. Explain below how each activities the accomplishment of the for page 29 of the instructions )	to verify calco to the Ac ity for whi	ulations) complishment of Exchange is reported.	xempt Purp	oses (e) of Part XVI-A cont	ributed important
t XVI-B Relationship of Activities  No. Explain below how each activities the accomplishment of the for page 29 of the instructions )	to verify calco to the Ac ity for whi	ulations) complishment of Exchange is reported.	xempt Purp	oses (e) of Part XVI-A cont	ributed important
t XVI-B Relationship of Activities  No. Explain below how each activities the accomplishment of the for page 29 of the instructions )	to verify calco to the Ac ity for whi	ulations) complishment of Exchange is reported.	xempt Purp	oses (e) of Part XVI-A cont	ributed important
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worksheet in line 13 instructions on page 28  **T XVI-B Relationship of Activities*  **No.**  Explain below how each active the accomplishment of the form page 29 of the instructions.)	to verify calco to the Ac ity for whi	ulations) complishment of Exchange is reported.	xempt Purp	oses (e) of Part XVI-A cont	ributed importantl
worksheet in line 13 instructions on page 28  TEXVI-B Relationship of Activities  e No. Explain below how each activithe accomplishment of the for page 29 of the instructions )	to verify calco to the Ac ity for whi	ulations) complishment of Exchange is reported.	xempt Purp	oses (e) of Part XVI-A cont	ributed importantl
the accomplishment of the for page 29 of the instructions )	to verify calco to the Ac ity for whi	ulations) complishment of Exchange is reported.	xempt Purp	oses (e) of Part XVI-A cont	ributed important

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<b></b> .	rt XVII	Exempt Org			and mans		and Relationships with	NOITE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	auie
1	ın se	ction 501(c) of the (	Code (other tha	n section 501(c)	(3) organization	ns) or in s	any other organization described section 527, relating to political		Yes	No
а	organi Trans	zations? fers from the reporting	foundation to a r	oncharitable exem	npt organization o	f				
	(1) C	ash						. <u>1a(1)</u>		X
	(2) 0	ther assets						1a(2)	ļ	X
b		transactions								١
									1	X
									1	X
								1	1	X
								1	1	X
										X
r									<u>'</u>	X
d							Column (b) should always sho		fair r	–– marke
-		-			=		If the foundation received less			
		<del>-</del>		-	_		of the goods, other assets, or			
		· · · · · · · · · · · · · · · · · · ·								
(a) l	ine no	(b) Amount involved	(c) Name of	noncharitable exem	pt organization		cription of transfers, transactions, and sh	aring arra	angeme	nts
		N/A				N/A			•	
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	sectio	on 501(c) of the Code (of	ther than section				exempt organizations described in		es 🗀	No.
	ii re:	s," complete the following (a) Name of organization		(b) Typ	e of organization		(c) Description of relation	nship		
	~~				· · · · · · · · · · · · · · · · · · ·			····		
					·					
									<del></del>	
		····	<del> </del>	L						
							dules and statements, and to the best used on all information of which prepar			
<u>a</u>	Sı	gnature of officer or trustee	)			Date	Title			
Sign Here	Paid Preparer's Use Only	Preparer's signature	A E.	AL	Date	2/2010	Check if self-employed Preparer's number (\$ page 30 of 100	See Signa	ature o	
	Paid Preparer' Use Onty	Firm's name (or yours self-employed), addres		THORNTON DORTH 400 WI		500	EIN ▶ 36-6055	558		

Form 990-PF (2009)

Phone no 801-531-6888

SALT LAKE CITY, UT

84103

and ZIP code

### Schedule B

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No 1545-0047

2009

Name of the organization			Employer identification number
DINESH AND KALPANA	PATEL FOUNDATION		87-0532423
Organization type (check one	)	<del></del>	
Filers of:	Section:		
Form 990 or 990-EZ	501(c)( ) (enter number) organiz	ation	
	4947(a)(1) nonexempt charitable trus	st not treated as a private for	Indation
	527 political organization		
Form 990-PF	X 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trus	st treated as a private founda	tion
	501(c)(3) taxable private foundation		
· · ·	covered by the <b>General Rule</b> or a <b>Special Rule</b> . ), (8), or (10) organization can check boxes for	both the General Rule and a S	Special Rule See
General Rule			
	filing Form 990, 990-EZ, or 990-PF that receione contributor. Complete Parts I and II	ved, during the year, \$5,000	or more (in money or
Special Rules			
sections 509(a)(1)	)(3) organization filing Form 990 or 990-EZ that and 170(b)(1)(A)(vi), and received from any or 2% of the amount on (i) Form 990, Part VIII, I	e contributor, during the yea	r, a contribution of the greater
the year, aggregate	)(7), (8), or (10) organization filing Form 990 or e contributions of more than \$1,000 for use <i>exc</i> es, or the prevention of cruelty to children or a	<i>lusively</i> for religious, charitab	le, scientific, literary, or
the year, contribution aggregate to more year for an exclusive applies to this organized.	(7), (8), or (10) organization filing Form 990 cons for use exclusively for religious, charitable, than \$1,000. If this box is checked, enter here ely religious, charitable, etc., purpose. Do not conization because it received nonexclusively religious.	etc, purposes, but these cor the total contributions that w complete any of the parts unle- gious, charitable, etc, contri	tributions did not ere received during the ss the <b>General Rule</b>
990-EZ, or 990-PF), but it mu	is not covered by the General Rule and/or the st answer "No" on Part IV, line 2 of its Form 99 F, to certify that it does not meet the filing req	90, or check the box on line H	of its Form 990-EZ,
For Privacy Act and Panerwork Red	uction Act Notice, see the Instructions	Schadula	B (Form 990, 990-F7, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2009) Page DINESH AND KALPANA PATEL FOUNDATION Name of organization Employer identification number 87-0532423 Part I Contributors (see instructions) (a) (c) (d) Name, address, and ZIP + 4 Type of contribution No. Aggregate contributions DINESH & KALPANA PATEL 1 Person Payroll PO BOX 58887 188,400. Noncash (Complete Part II if there is SALT LAKE CITY, UT 84158 a noncash contribution ) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person **Payroll** Noncash (Complete Part II if there is a noncash contribution) (c) (a) (b) (d) Νo Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) No Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payrol! Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person

JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

(Complete Part II if there is a noncash contribution)

**Payroll** Noncash

Name of organization DINESH AND KALPANA PATEL FOUNDATION

Employer identification number

87-0532423

stimate) uctions)  188,400.  stimate) uctions)	(d) Date received  10/15/2009  (d) Date received
) stimate)	(d)
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stimate)	
) stimate) uctions)	(d) Date received
stimate) uctions)	(d) Date received
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66933E 700V

DINESH AND KALPANA PATEL FOUNDATION 87-053
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME								
Kind of Property		Description			or D	Date acquired	Date sold	
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		WATSON PHAR				D	12/18/2008	02/09/2009
56,339.		48,620.	re. SECORI	ILO			7,719.	
		UBS VARIOUS PROPERTY TY				Р	VARIOUS	VARIOUS
17,287.		17,728.					-441.	
		UBS VARIOUS PROPERTY TY			3	Р	VARIOUS	VARIOUS
57,272.		104,913.					-47,641.	0.4.40.7.40.000
44 170		BANK OF AME PROPERTY TY 34,895.		TIES		P	02/09/2009 9,275.	04/27/2009
44,170.		DAVIS NEW Y	ORK VENTURI	: C		P	VARIOUS	04/24/2009
11,583.		PROPERTY TY					-8,478.	01,21,2003
,		DAVIS NEW Y	ORK VENTURI	E C		P	12/02/2008	04/24/2009
42.		PROPERTY TY 38.	PE: SECURI	TIES			4.	
		FRANKLIN TE PROPERTY TY				Ρ	VARIOUS	04/24/2009
114,118.		213,430.					-99,312.	04/04/0000
4 272		FRANKLIN TE PROPERTY TY 4,244.				P	12/31/2008	04/24/2009
4,272.		GENERAL ELE	CTRIC CO			P	02/09/2009	05/06/2009
35,517.		PROPERTY TY 32,990.		ΓIES			2,527.	00,00,2003
·		HENDERSON E	UROPEAN FO	CUS		P	VARIOUS	04/24/2009
471.		PROPERTY TY 1,147.	PE: SECURI	ΓΙΕS			-676.	
		HENDERSON E				P	12/08/2008	04/24/2009
93.		PROPERTY TY 69.	rE: SECURI	1152			24.	
		PROSHARES U				Р	02/09/2009	VARIOUS
37,401.		33,495.	is. Second				3,906.	

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME								
Kind of P	roperty		Desc	ription		7 2 7	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		PROSHARES U				Р	05/01/2009	VARIOUS
24,027.		31,793.		. 120			-7,766.	
		RYDEX INVRS PROPERTY TY				P	VARIUOS	04/24/2009
19,667.		26,681.					-7,014.	
61,545.		UBS GLOBAL . 124,397.	ALLOCATION	С			VARIOUS -62,852.	04/24/2009
11,688.		UBS GLOBAL . 11,460.	ALLOCATION	С			12/18/2008 228.	04/24/2009
149,948.		US TREASURY 149,869.	BILL				09/21/2009 79.	VARIOUS
		WATSON PHARI PROPERTY TY				D	10/15/2009	12/23/2009
39,749.		135,180.					-95,431.	
		UBS PACE STI			INVESTME	Ρ		01/02/2009
10,000.		10,932.					-932.	
TOTAL GAIN(LO	)SS)						-306,753.	
LCA .	<del></del>							

### - DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PE,

NET INVESTMENT INCOME	236.	450.
REVENUE AND EXPENSES PER BOOKS	236.	450.
		TOTAL
DESCRIPTION	USB 01687 MORGAN STANLEY 140	

ATTACHMENT 2

PART I - OTHER INCOME FORM 990PF,

DINESH AND KALPANA PATEL FOUNDATION

REVENUE

AND EXPENSES PER BOOKS

NET INVESTMENT

INCOME

657.

657.

657.

657.

TOTALS

DESCRIPTION OTHER INCOME

SALT LAKE-87-0532423

ATTACHMENT 2

ATTACHMENT 3

ATTACHMENT 3

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UNITENTION
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<b>-</b>
PART
990PF

DINESH AND KALPANA PATEL FOUNDATION

CHARITABLE PURPOSES		0
ADJUSTED NET INCOME		0
NET INVESTMENT INCOME	4,400.	4,400.
REVENUE AND EXPENSES PER BOOKS	4,400.	4,400.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

4

ATTACHMENT

1,611.

1,611.

1,611.

1,611.

INVESTMENT FEES

DESCRIPTION

NET INVESTMENT INCOME

OTHER PROFESSIONAL FEES

PART I

FORM 990PF,

DINESH AND KALPANA PATEL FOUNDATION

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TAXES
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PART
990PF,
FORM

NETINVESTMENT	INCOME	208.
REVENUE AND EXPENSES	PER BOOKS	208.
	DESCRIPTION	FEDERAL TAXES

TOTALS

INVESTMENT	208.	208.
EXPENSES PER BOOKS	208.	208.

ATTACHMENT 6

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DINESH AND KALPANA PATEL FOUNDATION

DESCRIPTION MISCELLANEOUS

REVENUE AND EXPENSES PER BOOKS

450. NET INVESTMENT INCOME

TOTALS

450.

450.

0

ATTACHMENT

SALT LAKE-87-0532423

ATTACHMENT 7

ATTACHMENT PART II - CORPORATE STOCK FORM 990PE,

DESCRIPTION

BOOK VALUE ENDING

ENDING

275,316. FMV

VARIOUS CORPORATE STOCK

261,131.

261,131.

275,316.

TOTALS

100,000.

ENDING FMV

BOOK VALUE ENDING

ATTACHMENT 8

- OTHER INVESTMENTS

PART II

FORM 990PF,

DINESH AND KALPANA PATEL FOUNDATION

100,000.

100,000.

100,000.

OTHER INVESTMENTS

DESCRIPTION

ATTACHMENT 8

SALT LAKE-87-0532423

	ATTACHMENT 9
FORM 990PF, PART II - LOANS FROM OFFICERS, DIRECTORS, E	ETC.
LENDER: DINESH PATEL ORIGINAL AMOUNT: 30,000.	
BEGINNING BALANCE DUE	30,000.
ENDING BALANCE DUE	30,000.
TOTAL BEGINNING LOANS FROM OFFICERS, DIRECTORS, ETC.	30,000.
TOTAL ENDING LOANS FROM OFFICERS, DIRECTORS, ETC.	30,000.

ATTACHMENT 10

DIRECTORS, AND TRUSTEES - LIST OF OFFICERS, PART FORM 990PE,

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

DINESH C. PATEL

TRUSTEE

SALT LAKE CITY, UT 84158 P.O. BOX 58887

KALPANA D. PATEL

P.O. BOX 58887 SALT LAKE CITY, UT 84158

TRUSTEE

KIRAN C. PATEL 11609 CARROLWOOD DRIVE

TRUSTEE

TAMPA, FL 33612

GRAND TOTALS

ATTACHMENT 10

87-0532423

A LTACHMENT 11

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
BAPS CARE INTERNATIONAL 12401 PELLISSIER ROAD WHITTIER, CA 90601-1544	NONE	FOOTNOTE 1	5,000
RADHA KRISHNA TEMPLE 8628 SOUTH STATE ROAD SPANISH FORK, UT 84660	NONE	FOOTNOTE 1	2,001
PIONEER THEATRE CO 300 SO 1400 E, RM 325, SALT LAKE CITY, UT 84112-0660	NONE	FOOTNOTE 1	250
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL	NONE	FOOTNOTE 1	7.5
THE WATERFORD SCHOOL 1480 EAST 9400 SOUTH SANDY, UT 84093	NONE	FOOTNOTE 1	2,500
UNIVERSITY OF UTAH-COLLEGE OF PHAMACEUTICALS 540 ARAPEEN DRIVE, SUITE 250 SALT LAKE CITY, UT 84108-1238	NONE	FOOTNOTE 1	200

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SALT LAKE-87-0532423

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	•	
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
UTAH SYMPHONY & OPERA 123 WEST SOUTH TEMPLE SALT LAKE CITY, UT 84101	NONE	FOOTNOTE 1	10,250
UTAH YOUTH VILLAGE 5800 SOUTH HIGHLAND DRIVE SALT LAKE CITY, UT 84121	NONE	FOOTNOTE 1	2,800
WORLD WILDLIFE FUND 1250 TWENTY-FOURTH STREET, NW WASHINGTON, DC 20037	NONE	FOOTNOTE 1	450
CARE 151 ELLIS STREET, NE ATLANTA, GA 30303-2440	NONE 501(C)3 EXEMPT	FOOTNOTE 1	250
CHILDREN FIRST UTAH 455 EAST SOUTH TEMPLE SALT LAKE CITY, UT 84111	NONE	FOOTNOTE 1	2,000
GREENPEACE 702 H STREET NW SUITE 300 WASHINGTON, DC 20001	NONE	FOOTNOTE 1	180

ATTACHMENT 11

YEAR	İ
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FORM	

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
UTAH STATE UNIVERSITY 1420 OLD MAIN HILL LOGAN, UT 84322	NONE	FOOTNOTE 1	10,000
HUNTSMAN CANCER INSTITUTE 2000 CIRCLE OF HOPE SALT LAKE CITY, UT 84112	NONE	FOOTNOTE 1	2,750
US FUND FOR UNICEF 333 EAST 38TH ST NEW YORK, NY 10016	NONE	FOOTNOTE 1	525
DOCTORS WITHOUT BORDERS 333 SEVENTH AVENUE, 2ND FLOOR NEW YORK, NY 10001	NONE	FOOTNOTE 1	250
NATIONAL ETHNIC COALITION OF ORGANIZATIONS FOUND 232 MADISON AVENUE, SUITE 900 NEW YORK, NY 10016	NONE	FOOTNOTE 1	275
AMNESTY INTL USA 5 PENN PLAZA NEW YORK, NY 10001	NONE	FOOTNOTE 1	200

AMOUNT	2,750	1,000	250	100	50	5, 000
PURPOSE OF GRANT OR CONTRIBUTION	FOOTWOTE 1	FOOTNOTE 1	FOOTNOTE 1	FOOTWOTE 1	FOOTWOTE 1	FOOTNOTE 1
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE	NONE	NONE	NONE	NONE	NONE
RECIPIENT NAME AND ADDRESS	INDIAN STUDENTS ASSOCIATION- USU 3530 OLD MAIN HILL LOGAN, UT 84322	U OF U FOR KUED 101 S WASATCH DRIVE SALT LAKE CITY, UT 84112	U OF U FOR THE UTAH MUSEUM OF FINE ARTS MARCIA & JOHN PRICE MUSEUM BUILDING 410 CAMPUS CENTER DRIVE SALT LAKE CITY, UT 84112-0350	UNIVERSITY OF PENNSYLVANIA 433 FRANKLIN BUILDING PHILADELPHIA, PA 19104-6285	VETS OF FOREIGN WARS 406 WEST 34TH STREET KANSAS CITY, MO 64111	WESTMINSTER COLLEGE 1840 SOUTH 1300 EAST SALT LAKE CITY, UT 84105

ATTACHMENT 11 (CONT'D)

NONE	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND			
TY         NONE         FOOTHOTE I 2009 PORTION OF LEGACY BRIDGE         3.3           4111         SOI (C) 3 EXEMPT         ENDOMBENT CAMPAIGN FINAL INSTALLMENT         1.04.8           FOOTHOTE I         FOOTHOTE I         1.04.8           R         NONE         FOOTHOTE I         1.04.8           S5         NONE         FOOTHOTE I         1.04.8           F 300         NONE         FOOTHOTE I         FOOTHOTE I           TON         STREET         FOOTHOTE I         FOOTHOTE I	RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
111   104,8   100   10	WCA OF SALT LAKE CITY	NONE	FOOTNOTE 1 2009 PORTION OF LEGACY BRIDGE	3,334
104.8   NONE   FOOTNOTE   FOOTNOTE   104.8	322 EAST 300 SOUTH	501 (C) 3 EXEMPT	ENDOWMENT CAMPAIGN FINAL INSTALLMENT	
FOOTHOTE 1         FOOTHOTE 1         104.8           R         NONE         FOOTHOTE 1         104.8           NONE         FOOTHOTE 1         FOOTHOTE 1         104.8           E 300         NONE         FOOTHOTE 1         FOOTHOTE 1           10N         NONE         FOOTHOTE 1         FOOTHOTE 1	SALT LAKE CITY, UT 841111			
NOME   NOME   FOOTNOTE 1   104,8	DISABLED VETRANS FOUNDATION	NONE	FOOTNOTE 1	90
NONE   NONE   FOOTWOTE 1   104.8   1	3725 ALEXANDRIA PIKE			
RAN PARKWAN     NONE     FOOTNOTE 1       B 300     FOOTNOTE 1       ION     FOOTNOTE 1	COLD SPRING, KY 41076			
AN PARKWAY  95  NONE  10N  POOTNOTE 1  FOOTNOTE 1  FOOTNOTE 1  10N  FOOTNOTE 1	NDIA CULTURAL CENTER	NONE	FOOTNOTE 1	104,802
95  NONE  NONE  FOOTNOTE 1  FOOTNOTE 1  FOOTNOTE 1  FOOTNOTE 1  10N  NONE  FOOTNOTE 1  FOOTNOTE 1	142 WEST SOUTH JORDAN PARKWAY			
E 300         FOOTNOTE 1           ION         NONE           ION         NONE           FOOTNOTE 1           FOOTNOTE 1	OUTH JORDAN, UT 84095			
FOOTNOTE 1  NONE FOOTNOTE 1  TON NONE FOOTNOTE 1  TON FOOTNOTE 1	MKE-A-WISH	NONE	FOOTNOTE 1	75
E 300  E 300  NONE  NONE  NONE  NONE  FOOTNOTE 1	71 EAST WINCHESTER			
E 300  NONE  NONE  NONE  FOOTNOTE 1  10 N  FOOTNOTE 1	UDRAY, UT 84107			
E 300  ION  FOOTNOTE 1  FOOTNOTE 1	ATIONAL FOREST FUND	NONE	FOOTNOTE 1	75
TON FOOTNOTE 1  STREET	02 H STREET NW SUITE 300			
ION NONE FOOTNOTE 1	ASHINGTON, DC 20001			
701 NORTH BEAUREGARD STREET LEXANDRIA, VA 22311	DA RESEARCH FOUNDATION	NONE	FOOTNOTE 1	100
LEXANDRIA, VA 22311	701 NORTH BEAUREGARD STREET			
	LEXANDRIA, VA 22311			

FORM 990PE, PART (V - GRAVITS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	FOOTNOTE 1	1,000
CANINE COMPANIONS FOR INDEPENDENCE PO BOX 446 SANTA ROSA, CA 95402-0446	NONE	POOTNOTE 1	25
HABITAT FOR HUMANITY 121 HABITAT STREET AMERICUS, GA 31709-3498	NONE	FOOTNOTE 1	230
HINDU AMERICAN FOUNDATION 5268G NICHOLSON LANE #164 KENSINGTON, MD 20895	NONE	FOOTNOTE 1	253
LARRY H MILLER CHARITIES 301 WEST SOUTH TEMPLE SALT LAKE CITY, UT 84101	NONE	FOOTNOTE 1	100
MADD 511 E JOHN CARPENTER FREEWAY SUITE 700 IRVING, TX 75062	NONE	FOOTNOTE 1	50

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# FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
MALIHEH FREE CLINIC 415 EAST 3900 SOUTH SALT LAKE CITY, UT 84107	NONE	FOOTNOTE 1	250
MARTIN LUTHER KING JR NATIONAL MEMORIAL FOUNDATIO 2000 DANIEL ISLAND DRIVE CHARLESTON, SC 29492-7541	NONE	FOOTNOTE 1	150
REGULATORY AFFAIRS PROFESSIONALS SOCIETY 5635 FISHERS LANE SUITE 550 ROCKVILLE, MD 20852	NONE	FOOTNOTE 1	2,222
UTAH NEPAL SAMAJ 7757 S CHAD HEIGHTS LN MIDVALE, UT 84047	NONE	FOOTNOTE 1	320
THE LEONARDO 209 EAST 500 SOUTH SALT LAKE CITY, UT 84111	NONE	FOOTNOTE 1	2,500
THE PA GAZETTE 3910 CHESNUT STREET, THIRD FLOOR PHILADELPHIA, PA 19104-3111	NONE	FOOTNOTE 1	100

ATTACHMENT 11 (CONT'D)

FORM 990FE, PART YV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
THE ROAD HOME 210 S RIO GRANDE ST SALT LAKE CITY, UT 84101-1104	NONE	FOOTNOTE 1	200
THE SECOND CHANCE FOUNDATION 201 WEST 72ND STREET SUITE 16E NEW YORK, NY 10023	NONE	FOOTNOTE 1	5, 000
UNIVERSITY OF MICHIGAN COLLEGE OF PHARMACY 428 CHURCH STREET ANN ARBOR, MI 48109-1065	NONE	FOOTWOTE 1	67,000
VEGESNA FOUNDATION 14014 LABURNUM AVENUE FLUSHING, NT 11355	NONE	FOOTNOTE 1	201
YOGI DIVINE SOCIETY 140 LINCOLN AVE LAKE HIAWATHA, NJ 07034	NONE	FOOTNOTE 1	5, 000
ZAMBIA'S SCHOLARSHIP FUND BRIGHAM CITY, UT 84302	NONE 501(C)(3)	FOOTNOTE 1	1,200

FORM 990PF, PART YV - GRAPTS AND CONTRIBUTIONS PAID DURING THE YEAR

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ATTACHMENT 11

			ATTACHMENT 11 (CONT'D)
	RELATIONSPIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
DJSS	NONE	FOOTNOTE 1	250
BRADY CAMPAIGN	NONE	FOOTNOTE 1	06
1225 J ST NW #1100	501(C)(3)		
WASHINGTON, DC			

243,953

TOTAL CONTRIBUTIONS PAID

### SCHEDULE D (Form 1041)

**Capital Gains and Losses** 

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2009

Department of the Treasury Internal Revenue Service Name of estate or trust

DINESH AND KALPANA PATEL FOUNDATION

Employer identification number

87-0532423

Par	Short-Term Capital Gains and Lo	sses - Assets	Held One Ye	ar or Less			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other ba (see page 4 of the instructions)		(f) Gain or (loss) for the entire year Subtract (e) from (d)
1 a							
						-	······································
							, , ,
			<u> </u>				
b	Enter the short-term gain or (loss), if any,	from Schedule D	-1, line 1b			1 b	-79,848.
2	Short-term capital gain or (loss) from Form	ns 4684, 6252,	6781, and 882	4		2	
-							
3	Net short-term gain or (loss) from partner Short-term capital loss carryover Enter the			•		3	
4	Carryover Worksheet			•		4	(
5	Net short-term gain or (loss). Combine lin	es 1a through 4	ın column (f)	Enter here and on lin	ne 13,		30.00
Par	column (3) on the back					5	-79,848.
Γai	(a) Description of property	(b) Date acquired	(c) Date sold	(d) Sales price	(e) Cost or other ba		(f) Gain or (loss) for the entire year
	(Example 100 shares 7% preferred of "Z" Co )	(mo , day, yr )	(mo , day, yr )	(u) Sales price	instructions)		Subtract (e) from (d)
6 a							
							· · · · · · · · · · · · · · · · · · ·
						_	
		<del>                                     </del>					
							005 005
b	Enter the long-term gain or (loss), if any, f	rom Schedule D-	1, line 6b			6b	-226,905.
7	Long-term capital gain or (loss) from Form	ns 2439, 4684,	6252, 6781, aı	nd 8824		7	
8	Net long-term gain or (loss) from partners	hips, S corporat	ions, and other	estates or trusts		8	
9	Capital gain distributions					9	
10	Gain from Form 4797, Part I					10	
11	Long-term capital loss carryover Enter th	e amount, if any	, from line 14 o	of the 2008 Capital Lo	ss		
12	Carryover Worksheet			Enter here and on li		11	<u>(</u>
12	column (3) on the back					12	-226,905.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2009

Par	till Summary of Parts I and II		(1) Beneficiaries'	(2) Esta	te's	Page 2
- 21	Caution: Read the instructions before completing this	part	(see page 5)	or trus		(3) Total
13	Net short-term gain or (loss)	13	······································		-	-79,848.
14	Net long-term gain or (loss):					
а	Total for year	14a				-226,905.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b				
	28% rate gain					206 75
	Total net gain or (loss). Combine lines 13 and 14a ▶	15				-306,753.
Note to Pa	: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Fort V, and <b>do not</b> complete Part IV. If line 15, column (3), is a net loss, complete F	rm 990 Part IV a	-T, Part I, line 4a) If line and the Capital Loss Car	s 14a and 15 ryover Works	column	n (2), are net gains, go necessary
Par	t IV Capital Loss Limitation					
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F	Part I, I	ne 4c, if a trust), the sr	naller of		3,000:
a Note Cany	The loss on line 15, column (3) or b \$3,000	e 1, lin	ne 22 (or Form 990-T, li	L ne 34), is a lo	16   ( ss, com	plete the Capital Loss
Par						
_	1041 filers. Complete this part only if both lines 14a and 15 in cold		?) are gains, or an an	nount is ente	ered in	Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mo					
	ion: Skip this part and complete the worksheet on page 8 of the instru	ctions	ıf			
	ther line 14b, col. (2) or line 14c, col. (2) is more than zero, or oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.					
	n 990-T trusts. Complete this part only if both lines 14a and 15 ar	e gair	ns, or qualified divide	ends are inc	luded	in income in Part I
of F	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this pa					
eithe	er line 14b, col (2) or line 14c, col (2) is more than zero					
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	34) .	17			
18	Enter the smaller of line 14a or 15 in column (2)			ļ		
	but not less than zero		_			
19	Enter the estate's or trust's qualified dividends					
	from Form 1041, line 2b(2) (or enter the qualified					
	dividends included in income in Part I of Form 990-T) 19					
20	Add lines 18 and 19					
21	If the estate or trust is filing Form 4952, enter the					
	amount from line 4g, otherwise, enter -0 ▶ 21					
22	Subtract line 21 from line 20 If zero or less, enter -0		· · · · · · · · · · · · · · · · · · ·			
23	Subtract line 22 from line 17 If zero or less, enter -0		23			
0.4	Fatas the amplian of the amount on line 17 or \$2,200		24			
24	Enter the <b>smaller</b> of the amount on line 17 or \$2,300		24			
25	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box					
	No. Enter the amount from line 23		25			
26	Subtract line 25 from line 24					
27	Are the amounts on lines 22 and 26 the same?					
~ '	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or I	ine 22	27			
					ļ	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28			
	, , , , , , , , , , , , , , , , , , , ,					
29	Subtract line 28 from line 27		29			
30	Multiply line 29 by 15% ( 15)				30	
31	Figure the tax on the amount on line 23 Use the 2009 Tax Rat			nd Trusts		
	(see the Schedule Ginstructions in the instructions for Form 1041).			I .	31	
32	Add lines 30 and 31				32	
33	Figure the tax on the amount on line 17 Use the 2009 Tax Rat	e Sch	edule for Estates ar			
	(see the Schedule G instructions in the instructions for Form 1041) .				33	
34	Tax on all taxable income. Enter the smaller of line 32 or line 33	here a	and on Form 1041,	Schedule	- !	

G, line 1a (or Form 990-T, line 36) . . . .

### SCHEDULE D-1 (Form 1041)

Continuation Sheet for Schedule D
(Form 1041)

► See instructions for Schedule D (Form 1041).

► Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No 1545-0092

2009

Department of the Treasury Internal Revenue Service Name of estate or trust

DINESH AND KALPANA PATEL FOUNDATION

Employer identification number

87-0532423

art I Short-Term Capital Gains and	Losses - Asset	s Held One Year			
(a) Description of property (Example 100 sh 7% preferred of "Z" Co )	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (
WATSON PHARMACEUTICAL INC UBS VARIOUS ST- SEE	12/18/2008	02/09/2009	56,339.	48,620.	7,71
ATTACHMENT A	VARIOUS	VARIOUS	17,287.	17,728.	- 4 4
BANK OF AMERICA CORP	02/09/2009	04/27/2009	44,170.	34,895.	9,27
DAVIS NEW YORK VENTURE C FRANKLIN TEMP FOUND ALLOC	12/02/2008	04/24/2009	42.	38.	
C C	12/31/2008	04/24/2009	4,272.	4,244.	2
GENERAL ELECTRIC CO	02/09/2009	05/06/2009	35,517.	32,990.	2,52
HENDERSON EUROPEAN FOCUS	12/08/2008	04/24/2009	93.	69.	2
PROSHARES ULTRA FINANCIALS	02/09/2009	VARIOUS	37,401.	33,495.	3,90
PROSHARES ULTRASHORT S&P500	05/01/2009	VARIOUS	24,027.	31,793.	-7,76
UBS GLOBAL ALLOCATION C	12/18/2008	04/24/2009	11,688.	11,460.	2.2
US TREASURY BILL	09/21/2009	VARIOUS	149,948.	149,869.	7
WATSON PHARMACEUTICAL INC	10/15/2009	12/23/2009	39,749.	135,180.	-95,43
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			<u> </u>		
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-79,848.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b . .

Schedule D-1 (Form 1041) 2009

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side

Employer Identification number

(a) Description of property (Example	(b) Date	(c) Date sold	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	acquired (mo , day, yr )	(mo , day, yr )	(see page 4 of the instructions)	(see page 4 of the instructions)	Subtract (e) from
BS VARIOUS LT - SEE ATTACHMENT B	VARIOUS	VARIOUS	57,272.	104,913.	-47,64
ATTACHMENT B	VARIOUS	VARIOUS	51,272.	104,913.	-47,02
AVIS NEW YORK VENTURE C	VARIOUS	04/24/2009	11,583.	20,061.	-8,4
RANKLIN TEMP FOUND ALLOC					
C	VARIOUS	04/24/2009	114,118.	213,430.	-99,3
ENDERSON EUROPEAN FOCUS	VARIOUS	04/24/2009	471.	1,147.	<del>-</del> 6
YDEX INVRS GOVT LG BD STR					
INV	VARIUOS	04/24/2009	19,667.	26,681.	-7,01
BS GLOBAL ALLOCATION C	VARIOUS	04/24/2009	61,545.	124,397.	-62,85
BS PACE STRATEGIC FIXED	V///(1005	01/21/2003	01, 313.	124/35/	02,00
INCOME INVESTMENT FUND CL	VARIOUS	01/02/2009	10,000.	10,932.	-93
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### Realized gains and losses (continued)

# Short-term capital gains and losses (continued)

Security description	Method	Quantity or face value (\$)	Purchase date	Sale date	Sale amount (\$)	Purchase amount (\$)	Loss (\$)	Gain (\$)	Net gain or loss (\$)
UBS PACE INTL EMERGING MKTS EQUITY INVESTMENT									
FUND CLASS P	FIFO	4 987	Dec 17, 08	Feb 09, 09	36 64	38 20	-1 56		
	FIFO	5 824	Dec 17, 08	Feb 09, 09	42 79	44 61	-1 82		
	FIFO	120 572	Dec 17, 08	Feb 09, 09	885 84	923 58	-37 74		
	FIFO	75 608	Dec 03, 08	Feb 09, 09	555 49	734 15	-178 66		
UBS PACE LARGE COMPANY									
GROWTH EQUITY INVESTIMENT FUND CLASS P	FIFO	2 823	Dec 17, 08	Feb 09, 09	33 13	32 94		0 19	
	FIFO	10 310	Dec 17, 08	Feb 09, 09	120 98	120 32		99 0	
	FIFO	240 650	Dec 03, 08	Feb 09, 09	2,823 86	2,676 03		147 83	1
UBS PACE LARGE COMPANY									
FUND CLASS P	FIFO	46 868	Dec 17, 08	Feb 09, 09	516 42	542 26	-25 84		
	FIFO	351 779	Dec 03, 08	Feb 09, 09	3,876 12	3,961 03	-84 91		
UBS PACE MONEY MARKET									
INVESTMENT FUND CLASS P	FIFO	0 250	Dec 15, 08	Feb 09, 09	0 25	0 25			
	FIFO	15 660	Feb 14, 08	Feb 09, 09	15 66	15 66			
	FIFO	13 460	Mar 17, 08	Feb 09, 09	13 46	13 46			
	FIFO	098 6	Apr 15, 08	Feb 09, 09	98 6	98 6			
	FIFO	9 030	May 15, 08	Feb 09, 09	9 03	9 03			
	FIFO	8 630	Jun 16, 08	Feb 09, 09	8 63	8 63			
	FIFO	7 000	Jul 15, 08	Feb 09, 09	7 00	2 00			
	FIFO	6 170	Aug 14, 08	Feb 09, 09	6 17	617			
	FIFO	5 850	Sep 15, 08	Feb 09, 09	2 85	5 8 5			
	FIFO	5 300	Oct 16, 08	Feb 09, 09	2 30	2 30			
	FIFO	4 880	Nov 17, 08	Feb 09, 09	4 88	4 88			
	FIFO	3 970	Dec 31, 08	Feb 09, 09	3 97	3 97			
	FIFO	0 8 0	Earnings	Feb 09, 09	0 89	68 0			
UBS PACE SMALL/MEDIUM CO GROWTH EQUITY INVESTMENT FUND CLASS P	FIFO	129 682	Dec 03, 08	Feb 09, 09	1,139 71	1,059 50		80 21 continue	0 21 contrined next page

Page 14 of 18

ATTACHMENT A

Account name: Account number:

Business Services Account February 2009

DINESH & KALPANA PATEL LM 01687 18

Your Financial Advisor: FREDERIK A CONSTANTINESCO 214-373-8400/800-323-8424

## Realized gains and losses (continued)

## Short-term capital gains and losses (continued)

Security description	Method	Quantity or face value (\$)	Purchase date	Sale date	Sale amount (\$)	Purchase amount (\$)	Loss (\$)	Gain (\$)	Net gain or loss (\$)
UBS PACE SMALL/MEDIUM CO VALUE EQUITY INVESTMENT									
FUND CLASS P	FIFO	4 828	Dec 17, 08	Feb 09, 09	46 48	48 52	-2 04		
	FIFO	0 138	Dec 17, 08	Feb 09, 09	1 33	1 39	90 0		
	FIFO	110 537	Dec 03, 08	Feb 09, 09	1,064 17	1,042 36		21 81	
UBS PACE STRATEGIC FIXED INCOME INVESTMENT FUND									
CLASS P	FIFO	46 698	Dec 23, 08	Feb 09, 09	572 52	574 86	-2 34		
	FIFO	7 557	Feb 22, 08	Feb 09, 09	92 65	106 86	-14 21		
	FIFO	6 958	Mar 24, 08	Feb 09, 09	85 31	97 76	-12 45		
	FIFO	6 658	Apr 23, 08	Feb 09, 09	81 63	93 28	-11 65		
	FIFO	6 371	May 22, 08	Feb 09, 09	78 11	89 32	-11 21		
	FIFO	9 6 625	Jun 23, 08	Feb 09, 09	81 22	06 06	-9 68		
	FIFO	6 033	Jul 24, 08	Feb 09, 09	73 96	82 47	-8 51		
	FIFO	5 907	Aug 22, 08	Feb 09, 09	72 42	81 22	-8 80		
	FIFO	6 224	Sep 23, 08	Feb 09, 09	76 31	83 15	-6 84		
	FIFO	695 9	Oct 24, 08	Feb 09, 09	80 54	84 67	-4 13		
	FIFO	9 9	Nov 21, 08	Feb 09, 09	80 92	83 29	-2 37		
	FIFO	13 542	Dec 23, 08	Feb 09, 09	166 03	166 70	-0 67		
	FIFO	20 407	Dec 23, 08	Feb 09, 09	250 19	251 21	-1 02		
	FIFO	0 580	Earnings	Feb 09, 09	7 11	7 13	-0 05		
Total					\$17,286.74	\$17,728.40	-\$692.36	\$250.70	-\$441.66

**ATTACHMENT A** 

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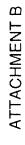
Long-term capital gains and losses

Security description	Method	Quantity or face value (\$)	Purchase date	Sale date	Sale amount (\$)	Purchase amount (\$)	Loss (\$)	Gan (\$)	Net gain or loss (\$)
UBS PACE INTERNATIONAL EQUITY INVESTMENT FUND									
CLASS P	FIFO	54 462	Dec 18, 07	Feb 09, 09	507 07	1,016 27	-509 20		
	FIFO	30 314	Dec 18, 07	Feb 09, 09	282 24	99 595	-283 42		
	FIFO	256 278	Dec 19, 06	Feb 09, 09	2,386 08	4,951 29	-2,565 21		
	FIFO	146 895	Dec 18, 07	Feb 09, 09	1,367 67	2,741 06	-1,373 39		

Realized gains and losses (continued)

Business Services Account February 2009

ATTACHMENT B



Page 16 of 18

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Security description	Method	Quantity or face value (\$)	Purchase date	Sale date	Sale amount (\$)	Purchase amount (\$)	Loss (\$)	Gain (\$)	Net gain or loss (\$)
	FIFO	65 343	Earnings	Feb 09, 09	608 38	1,262 43	-654 05		
	FIFO	573 818	Oct 12, 06	Feb 09, 09	5,342 55	11,522 27	-6,179 72		
	FIFO	183 629	Apr 13, 07	Feb 09, 09	1,709 68	3,824 99	-2,115 31		
UBS PACE INTL EMERGING MKTS EQUITY INVESTMENT									
FUND CLASS P	FIFO	13 330	Dec 18, 07	Feb 09, 09	97.94	288 98	-191 04		
	FIFO	3 459	Dec 18, 07	Feb 09, 09	25 41	74 99	-49 58		
	FIFO	49 300	Dec 19, 06	Feb 09, 09	362 21	928 81	-566 60		
	FIFO	30 409	Dec 18, 07	Feb 09, 09	223 42	92 659	-435 84		
	FIFO	29 875	Earnings	Feb 09, 09	219 49	562 85	-343 36		
	FIFO	62 486	Oct 12, 06	Feb 09, 09	459 09	1,213 48	-754 39		
	FIFO	32 343	Apr 13, 07	Feb 09, 09	237 62	675 00	-437 38		
UBS PACE LARGE COMPANY GROWTH EQUITY INVESTMENT									
FUND CLASS P	FIFO	8 110	Earnings	Feb 09, 09	95 17	145 33	-50 16		
	FIFO	4 024	Dec 18, 07	Feb 09, 09	47 22	76 78	-29 56		
	FIFO	55 334	Dec 18, 07	Feb 09, 09	649 31	1,055 78	-406 47		
	FIFO	94 372	Aug 29, 06	Feb 09, 09	1,107 39	1,540 15	-432 76		
	FIFO	880 441	Oct 12, 06	Feb 09, 09	10,331 37	15,170 00	-4,838 63		
	FIFO	248 282	Apr 13, 07	Feb 09, 09	2,913 42	4,551 01	-1,637 59		
	FIFO	259 308	Sep 21, 07	Feb 09, 09	3,042 80	5,136 89	-2,094 09		
UBS PACE LARGE COMPANY VALUE EQUITY INVESTMENT	İ								
FUND CLASS P	FIFO	85 669	Dec 18, 07	Feb 09, 09	910 90	1,631 06	-720 16		
	FIFO	16 254	Dec 18, 07	Feb 09, 09	179 10	320 69	-141 59		
	FIFO	302 436	Dec 19, 06	Feb 09, 09	3,332 42	6,553 79	-3,221 37		
	FIFO	154 300	Dec 18, 07	Feb 09, 09	1,700 17	3,044 33	-1,344 16		
	FIFO	104 008	Earnings	Feb 09, 09	1,146 02	2,253 85	-1,107 83		
	FIFO	555 344	Oct 12, 06	Feb 09, 09	6,119 12	13,072 80	-6,953 68		
	FIFO	201 818	Apr 13, 07	Feb 09, 09	2,223 75	4,551 00	-2,327 25		
UBS PACE MONEY MARKET INVESTMENT FUND CLASS P	FIFO	16 890	Oct 16, 07	Feb 09, 09	16 89	16 89			
								contrnue	continued next page

### Realized gains and losses (continued)

Business Services Account February 2009

# Long-term capital gains and losses (continued)

		Ouantity or	Purchase	Sale	Sale	Purchase			Net gain
Security description	Method	face value (\$)	date	date	amount (\$)	amount (\$)	Loss (\$)	Gain (\$)	or loss (\$)
	FIFO	22 390	Nov 15, 07	Feb 09, 09	22 39	22 39			
	FIFO	30 750	Dec 31, 07	Feb 09, 09	30 75	30 75			
	FIFO	9 350	Jan 15, 08	Feb 09, 09	9 35	9 35			
	FIFO	2,400 520	Sep 21, 07	Feb 09, 09	2,400 52	2,400 52			
UBS PACE SMALL/MEDIUM CO GROWTH EQUITY INVESTMENT									
FUND CLASS P	FIFO	27 807	Dec 18, 07	Feb 09, 09	244 38	424 33	-179 95		
	FIFO	25 521	Dec 19, 06	Feb 09, 09	224 29	403 48	-179 19		
	FIFO	58 622	Dec 18, 07	Feb 09, 09	515 20	894 57	-379 37		
	FIFO	18 738	Aug 29, 06	Feb 09, 09	164 68	276 76	-112 08		
	FIFO	212 916	Oct 12, 06	Feb 09, 09	1,871 22	3,330 01	-1,458 79		
	FIFO	58 455	Apr 13, 07	Feb 09, 09	513 73	00 666	-485 27		
UBS PACE SMALL/MEDIUM CO		;							
FUND CLASS P	FIFO	17 122	Dec 18, 07	Feb 09, 09	164 84	273 95	-109 11		
	FIFO	0 796	Dec 18, 07	Feb 09, 09	99 /	12 74	-5 08		
	FIFO	22 616	Dec 19, 06	Feb 09, 09	217 73	417 72	-199 99		
	FIFO	43 607	Dec 18, 07	Feb 09, 09	41981	17 269	-277 90		
	FIFO	10 199	Earnings	Feb 09, 09	98 19	188 37	-90 18		
	FIFO	30 359	Aug 29, 06	Feb 09, 09	292 27	533 41	-241 14		
	FIFO	178 648	Oct 12, 06	Feb 09, 09	1,719 89	3,330 00	-1,610 11		
	FIFO	20 000	Apr 13, 07	Feb 09, 09	481 36	00 666	-517 64		
UBS PACE STRATEGIC FIXED INCOME INVESTMENT FUND									
CLASS P	FIFO	4 096	Nov 21, 07	Feb 09, 09	50 22	56 45	-6 23		
	FIFO	7 303	Dec 21, 07	Feb 09, 09	89 53	100 34	-10 81		
	FIFO	7 345	Jan 24, 08	Feb 09, 09	90 08	104 74	-14 69		
Total					\$57,271.96	\$104,913.28	-\$47,641.32	•	-\$47,641.32
Net capital gains/losses:								•	-\$48,082.98

ATTACHMENT B

### FEDERAL FOOTNOTES

THESE GRANTS AND CONTRIBUTIONS ARE UNRESTRICTED AND HAVE BEEN AWARDED TO HELP PROVIDE AND GIVE DIRECT PUBLIC SUPPORT TO HELP THE CHARITABLE ORGANIZATIONS TO ACCOMPLISH THEIR EXEMPT GOALS AND PURPOSES.

Form 8868 (Re					Page 2
•	e filing for an Additional (Not Automatic) 3-Month Extension, complete only Fe complete Part II if you have already been granted an automatic 3-month exte				
If you ar	e filing for an Automatic 3-Month Extension, complete only Part I (on page 1)				
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file	e the c			
Type or	Name of Exempt Organization	٠.	Employer identific	ation	number
rype or print	DINESH AND KALPANA PATEL FOUNDATION	,	87-053242	3	
File by the	Number, street, and room or suite no. If a P.O. box, see instructions		For IRS use only		
extended	PO BOX 58887				
due date for filing the	City, town or post office, state, and ZIP code. For a foreign address, see instructions	<b>,</b> ,	, 4		
eturn See nstructions	SALT LAKE CITY, UT 84158-0887	• -	ŧ		4 7,
	e of return to be filed (File a separate application for each return)				
$\overline{}$	n 990 X Form 990-PF		Form 1041-A		Form 6069
$\vdash$	n 990-BL Form 990-T (sec 401(a) or 408(a) trust)		Form 4720		Form 8870
			Form 5227	L	_ · o oo. o
	n 990-EZ Form 990-T (trust other than above) not complete Part II if you were not already granted an automatic 3-mont	h exter		ıslv f	iled Form 8868
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he boo	ks are in the care of ▶ DINESH C. PATEL  ne No. ▶ 801 588-6245 FAX No. ▶		· · · · · · · · · · · · · · · · · · ·		-
Telepho		1. Al			
	ganization does not have an office or place of business in the United States, ch				•
	for a Group Return, enter the organization's four digit Group Exemption Number				
	ole group, check this box $\dots$ $\blacktriangleright$ If it is for part of the group, check this b	юх	. > and attac	ha	
	e names and EINs of all members the extension is for				
	uest an additional 3-month extension of time until $\frac{11/15/2010}{}$			_	
5 For c		and en			
6 If this		ınal reti			ccounting period
7 State	e in detail why you need the extensionADDITIONAL TIME IS REQUES			E	
INFO	DRMATION NECESSARY TO FILE A COMPLETE AND ACCURATE !	RETUR	N		
8a If this	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	tentatıv	e tax, less any		
	efundable credits. See instructions			8a	\$ 0
b If this	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable	credits	and estimated	.	
	payments made Include any prior year overpayment allowed as a credit a			. 4	
	ously with Form 8868		•	8b	<b>\$</b> 0
	nce Due. Subtract line 8b from line 8a Include your payment with this form,	or, if re	quired, deposit		
	FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Sy			8c	<b>s</b> 0
WICH	Signature and Verification				·
Under penalt	ies of perjury, I declare that I have examined this form, including accompanying schedules and	stateme	nts, and to the best o	f my k	nowledge and beli
	ect, and complete and that I am authorized to prepare this form			-	-
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Signature >	GRANT THORNTON LLP	<u>#</u>	Date j	Form	8/6/20/0 8868 (Rev 4-200
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155 NORTH 400 WEST, SUITE 500 SALT LAKE CITY, UT 84103