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

2009

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

For calendar year 2009, or tax year beginning

, 2009, and ending

, 20

G Check all that apply

Initial return

Initial return of a former public charity

Final return

Amended return

Address change

Name change

Use the IRS  
label.Otherwise,  
print  
or type.See Specific  
Instructions.

Name of foundation

KENNETH P &amp; SALLY R BURBIDGE FOUNDATION

A Employer identification number

87-0622260

Number and street (or P.O. box number if mail is not delivered to street address)

1725 YALECREST AVE

Room/suite

B Telephone number (see instructions)

(801) 531-3921

City or town, state, and ZIP code

SALT LAKE CITY UT 84108-1839

C If exempt application is pending, check here

D 1. Foreign organizations, check here

2. Foreign organizations meeting the 85% test, check here and attach computation

E If private foundation status was terminated under section 507(b)(1)(A), check here

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

H Check type of organization:

☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16)

\$ 6,669,132

J Accounting method: ☒ Cash ☐ Accrual☐ Other (specify)

(Part I, column (d) must be on cash basis.)

## Part I Analysis of Revenue and Expenses

(The total of amounts in columns (b), (c), &amp; (d) may not necessarily equal the amounts in column (a) (see instructions).)

(a) Revenue and expenses per books

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes (cash basis only)

1 Contributions, gifts, grants, etc., received (attach schedule)

1,021,778

2 Check ☐ if the foundation is not required to attach Sch. B

3 Interest on savings and temp. cash investments

35,917

35,917

35,917

4 Dividends and interest from securities

139,419

139,419

139,419

5 a Gross rents

b Net rental income or (loss)

6 a Net gain/(loss) from sale of assets not on line 10

-387,061

b Gross sales price for all assets on line 6a

2,491,487

7 Capital gain net income (from Part IV, line 2)

0

8 Net short-term capital gain

9 Income modifications

10 a Gross sales less rtns. &amp; allowances

0

b Less Cost of goods sold

c Gross profit or (loss) (attach schedule)

11 Other income (attach schedule) #1

46,465

43,815

43,815

12 Total. Add lines 1 through 11

856,518

219,151

219,151

13 Compensation of officers, directors, trustees, etc.

0

14 Other employee salaries and wages

15 Pension plans, employee benefits

16 a Legal fees (attach schedule)

b Accounting fees (attach schedule) #2

1,600

1,600

1,600

c Other professional fees (attach schedule)

17 Interest

18 Taxes (attach schedule) (see instructions) #3

11,110

19 Depreciation (attach sch.) and depletion

20 Occupancy

21 Travel, conferences, and meetings

22 Printing and publications

23 Other expenses (attach schedule) #4

46,772

46,772

46,772

24 Total operating and administrative expenses. Add lines 13 through 23

59,482

48,372

48,372

0

25 Contributions, gifts, grants paid

256,920

256,920

26 Total exp. &amp; disbursements. Add lines 24 and 25

316,402

48,372

48,372

256,920

27 Subtract line 26 from line 12:

a Excess of revenue over expenses and disbursements

540,116

b Net investment income (if neg, enter -0-)

170,779

c Adjusted net income (if neg, enter -0-)

170,779

OPERATING &amp; ADMINISTRATIVE EXPENSES

P 24

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See inst.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
ASSETS	1	Cash -- non-interest-bearing .....		587,232	494,184	494,184
	2	Savings and temporary cash investments .....				
	3	Accounts receivable ▶ Less: allowance for doubtful accts ▶	89,087			
	4	Pledges receivable ▶ Less allowance for doubtful accts ▶				
	5	Grants receivable .....				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see 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 .....				
	10a	Investments -- U S and state govt. obligations (attach sch)				
	b	Investments -- corporate stock (attach schedule) ..... #5	6,102,902	6,160,153	5,509,948	
	c	Investments -- corporate bonds (attach schedule) .....				
	11	Investments -- land, buildings, and equipment basis ..... #6 Less accumulated depreciation (attach schedule) ▶	665,000	665,000	665,000	
	12	Investments -- mortgage loans .....				
	13	Investments -- other (attach schedule) .....				
	14	Land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶				
15	Other assets (describe ▶)					
16	<b>Total assets</b> (to be completed by all filers -- see the instructions. Also, see page 1, item I) .....	6,779,221	7,319,337	6,669,132		
LIABILITIES	17	Accounts payable and accrued expenses .....				
	18	Grants payable .....				
	19	Deferred revenue .....				
	20	Loans from officers, directors, trustees, and other disqualified persons ..				
	21	Mortgages and other notes payable (attach schedule) ..				
	22	Other liabilities (describe ▶)				
	23	<b>Total liabilities</b> (add lines 17 through 22) .....	0	0		
NET ASSETS OR FUND BALANCES	Foundations that follow SFAS 117, check here. ... <input type="checkbox"/> 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, ck. here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds .....				
	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds ..	6,779,221	7,319,337		
	30	<b>Total net assets or fund balances</b> (see the instructions) ..	6,779,221	7,319,337		
31	<b>Total liabilities and net assets/fund balances</b> (see the inst.)	6,779,221	7,319,337			

## Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year -- Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) .....	1	6,779,221
2	Enter amount from Part I, line 27a .....	2	540,116
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3 .....	4	7,319,337
5	Decreases not included in line 2 (itemize) ▶	5	
6	<b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) -- Part II, column (b), line 30 .....	6	7,319,337

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P -- Purchase D -- Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b> SEE ATTACHMENT #7			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

<b>2</b> Capital gain net income or (net capital loss) . . . . .	<div style="border: 1px solid black; padding: 2px;">           If gain, also enter in Part I, line 7            If (loss), enter -0- in Part I, line 7         </div>	<b>2</b>	-387,061
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6). If gain, also enter in Part I, line 8, column (c) (see the instructions) . . . . . If (loss), enter -0- in Part I, line 8 . . . . .		<b>3</b>	49,113

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

 Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? . . . . . ☐ Yes ☒ No  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

(a) Base period years Calendar year (or tax year beg. in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	82,795	5,857,229	0.014136
2007	39,400	1,185,850	0.033225
2006	19,500	537,651	0.036269
2005	20,000	528,509	0.037842
2004	20,375	385,031	0.052918

  

<b>2</b> Total of line 1, column (d) . . . . .	<b>2</b>	0.174390
<b>3</b> Average distribution ratio for the 5-year base period -- divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years. . . . .	<b>3</b>	0.034878
<b>4</b> Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 . . . . .	<b>4</b>	5,387,707
<b>5</b> Multiply line 4 by line 3 . . . . .	<b>5</b>	187,912
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b) . . . . .	<b>6</b>	1,708
<b>7</b> Add lines 5 and 6 . . . . .	<b>7</b>	189,620
<b>8</b> Enter qualifying distributions from Part XII, line 4 . . . . .	<b>8</b>	256,920

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -- see the instructions)**

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> 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 here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	1,708
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0
3 Add lines 1 and 2		3	1,708
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0
5 <b>Tax based on Investment Income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	1,708
6 Credits/Payments:			
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6a	5,000	
b Exempt foreign organizations -- tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	5,000	
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9		
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	3,292	
11 Enter amount of line 10 to be: <b>Credited to 2010 estimated tax</b> 3,292 <b>Refunded</b>	11		

**Part VII-A Statements Regarding Activities**

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? 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.		X
c Did the foundation file <b>Form 1120-POL</b> for this year?	N/A	
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ 0 (2) On foundation managers \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
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		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
7 Did the foundation have at least \$5,000 in assets at any time during the yr.? If "Yes," complete Part II, col (c), & Part XV.	X	
8 a Enter the states to which the foundation reports or with which it is registered (see the instructions) ▶ 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	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)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during tax year? If "Yes," attach a schedule listing their names and addresses	X	

**Part VII-A Statements Regarding Activities** (continued)

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 instructions) . . . . .	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? . . . . .	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . . . . . Website address ▶ N/A	13	X	
14	The books are in care of ▶ SEE ATTACHMENT #9 Telephone no ▶ Located at ▶ ZIP+4 ▶			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 -- Check here . . . . . and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶ 15			

**Part 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? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(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.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? . . . . . N/A . . . . . Organizations relying on a current notice regarding disaster assistance check here . . . . . ▶ <input type="checkbox"/>	1b	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009? . . . . .	1c	X
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)):		
a	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? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years . . . ▶ 20 __, 20 __, 20 __, 20 __		
b	Are there any years listed in 2a for which the foundation is not 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) to all years listed, answer "No" and attach statement -- see the instructions.) . . . . . N/A . . . . .	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20 __, 20 __, 20 __, 20 __		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or 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) . . . . . N/A . . . . .	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009? . . . . .	4b	X

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions).

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ 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 the instructions)?

N/A

**5b**

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?N/A ☐ Yes ☐ No

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?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.**6b**

X

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?**7b**

X

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation (see the instructions).

(a) Name and address	(b) Title, and avg hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred comp	(e) Expense account, other allowances
SEE ATTACHMENT #10				

**2** Compensation of five highest-paid employees (other than those included on line 1 -- see the instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and avg hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total** number of other employees paid over \$50,000 0

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services (see the instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services . . . . . ▶

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

	Expenses
1 SEE ATTACHMENT #11	
	256,920
2	
3	
4	

**Part IX-B** Summary of Program-Related Investments (see the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1	
2	
All other program-related investments. See the instructions.	
3	

Total. Add lines 1 through 3 . . . . . ▶



**Part X** **Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see the instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	4,833,195
<b>b</b>	Average of monthly cash balances	<b>1b</b>	544,287
<b>c</b>	Fair market value of all other assets (see the instructions)	<b>1c</b>	92,271
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	5,469,753
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	5,469,753
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see the instructions)	<b>4</b>	82,046
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	5,387,707
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	269,385

**Part XI** **Distributable Amount** (see the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	269,385
<b>2a</b>	Tax on investment income for 2009 from Part VI, line 5	<b>2a</b>	1,708
<b>b</b>	Income tax for 2009. (This does not include the tax from Part VI.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	1,708
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	267,677
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	
<b>5</b>	Add lines 3 and 4	<b>5</b>	267,677
<b>6</b>	Deduction from distributable amount (see the instructions)	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	267,677

**Part XII** **Qualifying Distributions** (see the instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc. -- total from Part I, column (d), line 26	<b>1a</b>	256,920
<b>b</b>	Program-related investments -- total from Part IX-B	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	256,920
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see the instructions)	<b>5</b>	1,708
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	255,212

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
<b>1</b> Distributable amount for 2009 from Part XI, line 7 . . . . .				267,677
<b>2</b> Undistributed income, if any, as of the end of 2009				
<b>a</b> Enter amount for 2008 only . . . . .			255,594	
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2009				
<b>a</b> From 2004 . . . . .				
<b>b</b> From 2005 . . . . .				
<b>c</b> From 2006 . . . . .				
<b>d</b> From 2007 . . . . .				
<b>e</b> From 2008 . . . . .				
<b>f</b> Total of lines 3a through e . . . . .	0			
<b>4</b> Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 256,920				
<b>a</b> Applied to 2008, but not more than line 2a			255,594	
<b>b</b> Applied to undistributed income of prior years (Election required -- see the instructions) . . . . .				
<b>c</b> Treated as distributions out of corpus (Election required -- see the instructions)				
<b>d</b> Applied to 2009 distributable amount . . . . .				1,326
<b>e</b> Remaining amount distributed out of corpus, . . . . .				
<b>5</b> Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .				
<b>c</b> 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 . . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount -- see the instructions . . . . .				
<b>e</b> Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount -- see the instructions . . . . .				
<b>f</b> Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010 . . . . .				266,351
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see the instructions) . . . . .				
<b>8</b> Excess distributions carryover from 2004 not applied on line 5 or line 7 (see the instructions) . . . . .				
<b>9</b> Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2005 . . . . .				
<b>b</b> Excess from 2006 . . . . .				
<b>c</b> Excess from 2007 . . . . .				
<b>d</b> Excess from 2008 . . . . .				
<b>e</b> Excess from 2009 . . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

<b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling. . . . .		N/A			
<b>b</b> Check box to indicate whether the foundation is a private operating foundation described in section		4942(j)(3) or		4942(j)(5)	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	<b>Tax year</b>	<b>Prior 3 years</b>			<b>(e) Total</b>
	<b>(a) 2009</b>	<b>(b) 2008</b>	<b>(c) 2007</b>	<b>(d) 2006</b>	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct exempt act.					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test -- enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
<b>b</b> "Endowment" alternative test -- enter 2/3 of min investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test -- enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					
<b>(4)</b> Gross investment income . . . . .					

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year -- see the instructions.)

- 1 Information Regarding Foundation Managers:**
- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2).)
- NONE
- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
- NONE
- 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**
- Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.
- a** The name, address, and telephone number of the person to whom applications should be addressed:
- b** The form in which applications should be submitted and information and materials they should include:
- c** Any submission deadlines:
- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

<div>Recipient</div> <div>Name and address (home or business)</div>	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> Paid during the year SEE ATTACHMENT #12				
<b>Total</b> .....			▶ <b>3a</b>	256,920
<b>b</b> Approved for future payment				
<b>Total</b> .....			▶ <b>3b</b>	

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See the instructions )
	(a) Business code	(b) Amount	(c) Excl code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees & contracts from government agencies					
2 Membership dues and assessments . . . . .					
3 Interest on savings and temporary cash investments . .			14	35,917	
4 Dividends and interest from securities . . . . .			14	139,419	
5 Net rental income or (loss) from real estate:					
a Debt-financed property . . . . .					
b Not debt-financed property . . . . .					
6 Net rental income or (loss) from personal property					
7 Other investment income . . . . .			14	46,465	
8 Gain or (loss) from sales of assets other than inventory			18	-387,061	
9 Net income or (loss) from special events . .					
10 Gross profit or (loss) from sales of inventory . .					
11 Other revenue. a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e) . . .		0		-165,260	0
13 Total. Add line 12, columns (b), (d), and (e) . . . . .				13	-165,260

(See worksheet in line 13 instructions to verify calculations )

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See the instructions.)

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
<b>1</b>	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
<b>a</b>	Transfers from the reporting foundation to a noncharitable exempt organization of:		
(1)	Cash		X
(2)	Other assets		X
<b>b</b>	Other transactions:		
(1)	Sales of assets to a noncharitable exempt organization		X
(2)	Purchases of assets from a noncharitable exempt organization		X
(3)	Rental of facilities, equipment, or other assets		X
(4)	Reimbursement arrangements		X
(5)	Loans or loan guarantees		X
(6)	Performance of services or membership or fundraising solicitations		X
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X
<b>d</b>	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**2 a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

<b>S I G N  H E R E</b>	Signature of officer or trustee <i>Kenneth P. Burbid</i>		Date <i>8/6/10</i>	Title
	Paid Preparer's Use Only	Preparer's signature <i>Randall R. Call, CPA</i>	Date <i>06-04-2010</i>	Check if self-employed <input checked="" type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP code	WEAVER AND CALL LC 7135 HIGHLAND DR SUITE 201 SALT LAKE CITY, UT 84121		EIN <i>87-0622260</i>
	Preparer's identifying number (see Signature in the instructions)	Phone no. <i>(801) 947-1788</i>		

**Schedule of Contributors**

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

OMB No 1545-0047

**2009**

Name of the organization

Employer identification number

KENNETH P & SALLY R BURBIDGE FOUNDATION

87-0622260

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)( ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

Name of organization KENNETH P & SALLY R BURBIDGE FOUNDATION	Employer identification number 87-0622260
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ESTATE OF SALLY BURBIDGE 1725 YALECREST AVE SALT LAKE CITY UT 84108	\$ 356,778	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ESTATE OF SALLY BURBIDGE 1725 YALECREST AVE SALT LAKE CITY UT 84108	\$ 665,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution )
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )



Name of organization KENNETH P & SALLY R BURBIDGE FOUNDATION	Employer identification number 87-0622260
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**Part II** Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	REAL ESTATE RANCHO MIRAGE CA _____ _____ _____	\$ 665,000	12-01-2009
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

**SCHEDULE OF OTHER INCOME**

ATTACHMENT 1: PAGE 1 - 990-PF PAGE 1, PART I, LINE 11

OPEN TO PUBLIC INSPECTION	For calendar year 2009, or tax period beginning , and ending .
Name of Organization KENNETH P & SALLY R BURBIDGE FOUNDATION	Employer Identification Number 87-0622260

Description of Other Income	Revenue and Expenses	Net Investment Income	Adjusted Net Income
PARTNERSHIP INCOME ENERGY TRANSFER PARTNERS LP	4,379	4,379	4,379
PARTNERSHIP INCOME WILLIAMS PIPELINE LP	6,518	6,518	6,518
PARTNERSHIP INCOME ATLAS PIPELINE LP	150	150	150
MISCELLANEOUS INCOME FORM BROKERAGE ACCOUNTS	32,768	32,768	32,768
FEDERAL TAX REFUND	2,650		
Totals	46,465	43,815	43,815

## SCHEDULE OF ACCOUNTING FEES

ATTACHMENT 2: PAGE 1 - 990-PF PAGE 1, PART I, LINE 16B

OPEN TO PUBLIC  
INSPECTION

**For calendar year 2009, or tax period beginning**

**, and ending**

Name of Organization

Employer Identification Number

KENNETH P & SALLY R BURBIDGE FOUNDATION

87-0622260

Accounting Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charity
ACCOUNTING	1,600	1,600	1,600	
Total	1,600	1,600	1,600	

## SCHEDULE OF TAXES PAID

ATTACHMENT 3: PAGE 1 - 990- PF PAGE 1, PART I, LINE 18

OPEN TO PUBLIC INSPECTION
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**For calendar year 2009, or tax period beginning**

**, and ending**

Name of Organization

Employer Identification Number

KENNETH P & SALLY R BURBIDGE FOUNDATION

87-0622260

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charity
FEDERAL INCOME TAX	10,136			
FOREIGN TAX PAID	974			
Total	11,110			

## OTHER EXPENSES SCHEDULE

ATTACHMENT 4: PAGE 1 990-PF PAGE 1, PART I, LINE 23

OPEN TO PUBLIC  
INSPECTION

**For calendar year 2009, or tax period beginning**

**, and ending**

Name of Organization

Employer Identification Number

KENNETH P & SALLY R BURBIDGE FOUNDATION

87-0622260

Description of Activity	Revenue and Expenses	Net Investment Income	Adjusted Net Income	Disbursements for Charity
INVESTMENT ADVISORY FEES	46,477	46,477	46,477	
OFFICE SUPPLIES	295	295	295	
Total	46,772	46,772	46,772	

ATTACHMENT 5: PAGE 1 - 990-PF PAGE 2, PART II, LINE 10B

For calendar year 2009, or tax period beginning \_\_\_\_\_, and ending \_\_\_\_\_

KENNETH P & SALLY R BURBIDGE FOUNDATION

87-0622260

Total	6,160,153	5,509,948
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**SCHEDULE OF INVESTMENT LAND, BUILDINGS & EQUIPMENT**  
**ATTACHMENT 6: PAGE 1 - 990-PF PAGE 2, PART II, LINE 11**

OPEN TO PUBLIC INSPECTION		For Calendar year 2009, or tax year period beginning					and ending	
Name of Organization		Employer Identification Number						
KENNETH P & SALLY R BURBIDGE FOUNDATION		87-0622260						
Category or Description of Property		Cost or Other Basis	Accumulated Depreciation	End of Year Book Value	Ending FML (990-PF Only)			
REAL ESTATE LOCATED IN RANCHO MIRAGE, CA		665,000		665,000	665,000			
Total		665,000		665,000	665,000	665,000		

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# PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

ATTACHMENT 7: PAGE 1 - 990-PF PAGE 3, PART IV, LINE 1

OPEN TO PUBLIC INSPECTION		For calendar year 2009 or tax period beginning _____, and ending _____.			
<b>Name of Organization</b> KENNETH P & SALLY R BURBIDGE FOUNDATION			<b>Employer Identification Number</b> 87-0622260		
	<b>(a)</b> List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co )	<b>(b)</b> How acquired P -- Purchase D -- Donation	<b>(c)</b> Date acquired (mo , day, yr.)	<b>(d)</b> Date sold (mo , day, yr )	
1	WELLS FARGO ADVISORS XXXX-5116	P	01-01-2009	12-31-2009	
2	WELLS FARGO ADVISORS XXXX-5116	P	12-01-2007	12-31-2009	
3	WELLS FARGO ADVISORS XXXX-5116	P	09-01-2009	11-01-2009	
4	MORGAN STANLEY XXX-XXX5818	P	01-01-2009	12-31-2009	
5	MORGAN STANLEY XXX-XXX5818	P	12-01-2007	12-31-2009	
6	CITIGROUP FUNDING	P	12-01-2007	12-31-2009	
7	RAYMOND JAMES XXXX00014	P	01-01-2009	12-31-2009	
8	RAYMOND JAMES XXXX00014	P	12-01-2007	12-31-2009	
	<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	<b>(g)</b> Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)	
1	829,703		809,406	20,297	
2	341,964		431,148	-89,184	
3	2,550			2,550	
4	199,799		212,854	-13,055	
5	157,829		305,585	-147,756	
6	18,674		19,856	-1,182	
7	367,585		328,264	39,321	
8	573,383		771,435	-198,052	
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				<b>(l)</b> Gains (Col (h) gain minus col. (k), but not less than -0-) or Losses (from col (h))	
	<b>(i)</b> F.M V as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	<b>(k)</b> Excess if col. (i) over col (j), if any		
1				20,297	
2				-89,184	
3				2,550	
4				-13,055	
5				-147,756	
6				-1,182	
7				39,321	
8				-198,052	



## SCHEDULE OF SUBSTANTIAL CONTRIBUTORS

ATTACHMENT 8: PAGE 1 - 990-PF PAGE 4, PART VII-A, LINE 10

OPEN TO PUBLIC INSPECTION	For calendar year 2009, or tax period beginning _____, and ending _____.
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<b>Name of Organization</b>	<b>Employer Identification Number</b>
KENNETH P & SALLY R BURBIDGE FOUNDATION	87-0622260

Name of Contributor	Address of Contributor
ESTATE OF SALLY R BURBIDGE	1725 YALECREST AVE SALT LAKE CITY UT 84108

BOOKS ARE IN CARE OF

ATTACHMENT 9 - 990-PF PAGE 5, PART VII-A, LINE 14

OPEN TO PUBLIC INSPECTION	For calendar year 2009, or tax period beginning	, and ending
Name of Organization KENNETH P & SALLY R BURBIDGE FOUNDATION		Employer Identification Number 87-0622260
Part VII-A - Line 14		

Individual Name ... . KARIN B COOK  
or  
Business Name:

Street Address ..... 1725 YALECREST AVE

U.S. Address:

Zip code 84108-1839 City SALT LAKE CITY State UT

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (801) 531-3921

Fax Number ..... (801) 947-0087

## CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 10: PAGE 1 - 990-PF PAGE 6, PART VIII

OPEN TO PUBLIC  
INSPECTION

**For calendar year 2009, or tax period beginning**

**, and ending**

Name of Organization

KENNETH P &amp; SALLY R BURBIDGE FOUNDATION

Employer Identification Number

87-0622260

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def. Comp.	(E) Expense Account & Other Allowances
JILL B WISCOMB 1751 YALECREST AVE SALT LAKE CITY, UT 84108	CHAIRPERSON 1.00	0	0	0
KAREN B COOK 1725 YALECREST AVE SALT LAKE CITY, UT 84104	CHAIRPERSON 1.00	0	0	0

## SUMMARY OF DIRECT CHARITABLE ACTIVITIES

ATTACHMENT 11: PAGE 1 - 990-PF PAGE 7, PART IX-A, LINE 1

OPEN TO PUBLIC INSPECTION	For calendar year 2009, or tax period beginning , and ending
Name of Organization KENNETH P & SALLY R BURBIDGE FOUNDATION	Employer Identification Number 87-0622260

Charitable Activity

SUPPORT OF PUBLIC CHARITIES

# GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 12: PAGE 1 990-PF PAGE 11, PART XV LINE 3A

OPEN TO PUBLIC  
INSPECTION

For calendar year 2009, or tax period beginning

, and ending

Name of Organization

KENNETH P & SALLY R BURBIDGE FOUNDATION

Employer Identification Number

87-0622260

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
FRANKLIN ELEMENTARY 1115 WEST 300 SOUTH SALT LAKE CITY UT 84104	NONE	PUBLIC	ANNUAL SUPPORT	500
SALT LAKE EDUCATION FOUNDATION 440 EAST 100 SOUTH SALT LAKE CITY UT 84111	NONE	PUBLIC	ANNUAL SUPPORT	400
JUVENILE DIABETES RESEARCH 132 SOUTH 600 EAST SALT LAKE CITY UT 84102	NONE	PUBLIC	ANNUAL SUPPORT	4,000
UTAH FOOD BANK 3150 SOUTH 900 WEST SALT LAKE CITY UT 84119	NONE	PUBLIC	ANNUAL SUPPORT	500
RISING STAR OUTREACH 6241 INDIAN RIVER DRIVE NORCROSS GA 30092	NONE	PUBLIC	ANNUAL SUPPORT	400
BALLET WEST 50 WEST 200 SOUTH SALT LAKE CITY UT 84101	NONE	PUBLIC	ANNUAL SUPPORT	5,000
HUMANE SOCIETY OF UTAH 4242 SOUTH 300 WEST MURRAY UT 84107	NONE	PUBLIC	ANNUAL SUPPORT	120
OGDEN HIGH SCHOOL 2828 HARRISON BLVD OGDEN UT 84403	NONE	PUBLIC	RESTORATION CAMPAIGN	10,000
UNIVERSITY OF UTAH 540 ARAPEEN DRIVE SALT LAKE CITY UT 84108	NONE	PUBLIC	DIABETES CENTER	2,000
UNIVERSITY OF UTAH 540 ARAPEEN DRIVE SALT LAKE CITY UT 84108	NONE	PUBLIC	ALUMNI HOUSE	5,000
UNIVERSITY OF UTAH 540 ARAPEEN DRIVE SALT LAKE CITY UT 84108	NONE	PUBLIC	KINGSBURY HALL	2,000
UNIVERSITY OF UTAH 540 ARAPEEN DRIVE SALT LAKE CITY UT 84108	NONE	PUBLIC	RED BUTTE GARDENS	2,000
UNIVERSITY OF UTAH 540 ARAPEEN DRIVE SALT LAKE CITY UT 84108	NONE	PUBLIC	MARCHING BAND	125,000
UNIVERSITY OF UTAH 540 ARAPEEN DRIVE SALT LAKE CITY UT 84108	NONE	PUBLIC	ATHLETICS	100,000
				256,920

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. . . . . ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension -- check this box and complete Part I only . . . . . ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

<b>Type or print</b>	Name of Exempt Organization <b>KENNETH P &amp; SALLY R BURBIDGE FOUNDATION</b>	<b>Employer Identification number</b> <b>87-0622260</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1725 YALECREST AVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SALT LAKE CITY UT 84108-1839</b>	

**Check type of return to be filed** (file a separate application for each return)

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ            | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► SEE ATTACHMENT #9

Telephone No. ► \_\_\_\_\_ FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box. . . . . ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box. . . . . ☐ . If it is for part of the group, check this box. . . . . ☐ and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 20 09 or
- ☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

**2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>3a</b>	\$	0
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$	0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev 4-2009)