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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

	For the	2009 calend	lar year,	or tax year beginning	, 2009, and endin	ng		,	
В	Check if a	applicable	Please use	С					ication Number
	Add	ress change	IRS label	DELL LOY & LYNNETTE HANSEN				06345	
	Narr	ne change	or print or type.	CHARITABLE SUPPORT FOUNDATION OF COURTS OF COU			E Telepho	one numb	er
	Initia	al return	See specific	595 SOUTH RIVERWOODS PARKWA LOGAN, UT 84321	1 #400		(43	<u>5)</u> 75	55-2000
	Tern	nination	instruc- tions.	LUGAN, UI 04321		Ī			
	Ame	ended return					G Gross r	eceipts \$	114,763
	Appl	lication pending	F Name a	and address of principal officer	_	H(a) Is this a	group retur	n for affili	
			SAME A	AS C ABOVE		H(b) Are all			Yes 🗍
	Tax-e	exempt status	s X 501	(c) (3) ◀ (insert no) 4947(a)	(1) or 527	IT NO, a	attach a list	(see insti	ructions) — —
	Webs	site: N/	A			H(c) Group e	exemption n	umber ►	
(f organization	Corpora	ation X Trust Association Other►	L Year of Format	tion 1998	3 Mis	State of le	gal domicile UT
Pa	rt 🎏								
				ganization's mission or most significant activ					
ė				N FOUNDATION - WHICH PROVIDE	<u>ES EDUCATIONA</u>	T Obbo	<u>RTUNI:</u>	<u> [IES</u>	AND
Activities & Governance	L	ENHANCEM	ents i	O THE COMMUNITY YOUTH		. – – – –			
5	• -					- -			
				of the organization discontinued its operation bers of the governing body (Part VI, line 1a)		ore than 25	o% of its		
				t voting members of the governing body (Part VI, line Ta)				3	
				yees (Part V, line 2a)	it vi, iiile 15) .			5	
				eers (estimate if necessary)				6	
ć				ousiness revenue from Part VIII, column (C),	line 12			7a	26,83
	b N	let unrelated	business	taxable income from Form 990-T, line 34				7b	12,88
						Pı	rior Year		Current Year
	8 C	ontributions	and gran	ts (Part VIII, line 1h)					
				ue (Part VIII, line 2g)	•				
				art VIII, column (A), lines 3, 4, and 7d)		78,6	517.	91,48	
	11 (ther revenue	e (Part VI	ll, column (A), lines 5, 6d, 8c r9q=10crand nes 8 through 11 (must equal Part VIII colum	rep (23,27
	12_T	otal revenue	- add li		78,617.		114,76		
		rants and sir		127,799.		799.	130,16		
	14 B	enefits paid	to or for	members (Part IX, column (A) 🗐 🛱 🖁 🖁	2010				-
,	15 Salaries other compensation employee handfits (Part IX column (A) lines (\$10)							ŀ	
	16a Professional fundraising fees (Part IX, column (A), me 19 EN UT								
Expenses	ЬΤ	otal fundraisi	ına exnei	nses (Part IX, column (D), line 25)	9!				
ן מ				X, column (A), lines 11a-11d, 11f-24f)			26,9	177	1,15
				nes 13-17 (must equal Part IX, column (A), li	ma 25)		154,7		131,31
				s Subtract line 18 from line 12	(1)C 43)	-	-76,1		-16,550
-	<u>, , , , , , , , , , , , , , , , , , , </u>	CACHINE 1622	exherise	S GUDUACE IIIE TO HOITI IIIIE 12		+		. 1	
d Balancos	20 -	·	David V. I.	10			ning of Y		End of Year
8		otal assets (f otal liabilities	•	·			<u>,737,1</u>	0.	2,720,54
١				·			707.1		
Ä	<u>22 N</u> rt II			inces Subtract line 21 from line 20		2	<u>,737,1</u>	.03.	2,720,54
<u>a</u>		Signatu							
		Under penalties true, correct, an	of perjury, nd complete	declare that I have examined this return, including accomp Declaration of preparer (other than officer) is based on all	panying schedules and stat information of which prepa	tements, and t arer has any k	to the best o nowledge	of my knov	vledge and belief, it is
ig	_	-	£.,	1//		İ	=/1=	1.	
	e	Signature of	funda of officer	in Copy		Dat	<u> </u>	110	
·	C			, , , , , , , , , , , , , , , , , , ,		mp mag			
			COPP:			TREAS	URER		
		Type or prii	- Turne une		Date			Pre	narer's identifying numbe
ai	4		01	2/ (I	Date	sel		(see	parer's identifying numbe instructions)
aı re		Preparer's signature	- 'K/	alle Me	8-18-18	em	ployed	Ц	000000
	er's	<u> </u>	- 11-			<u> </u>		P0	0626056
 5(Firm's name (or yours if self-		ATCH ACQUISITIONS & CAPITAL,	INC		_		24.000
n		employed), address, and		S RIVERWOODS PKWY, SUITE 40	U	EIN			31273
		ZIP + 4	LOG			Ph	one no	(435	
				with the preparer shown above? (see instruct					X Yes No
AA	For P	rivacy Act a	nd Paper	work Reduction Act Notice, see the separat	e instructions.		TEEA0113L	12/29/0	e Form 990 (20)

Form 990 (2009) DELL LOY & LYNNETTE HANSEN	87-0634564	Page 2
Part III Statement of Program Service Accomplishments	·	
Briefly describe the organization's mission		
PROVIDE FINANCIAL SUPPORT TO THE CACHE EDUCATION FOUNDATION	- WHICH PROVIDES	
EDUCATIONAL OPPORTUNITIES AND ENHANCEMENTS TO THE COMMUNITY	YOUTH.	
2 Did the organization undertake any significant program services during the year which were not I	isted on the prior	
Form 990 or 990-EZ?	·	X No
If 'Yes,' describe these new services on Schedule O		<u></u>
3 Did the organization cease conducting, or make significant changes in how it conducts, any progr	ram services? Yes	X No
	ram services / res [X No
If 'Yes,' describe these changes on Schedule O		
4 Describe the exempt purpose achievements for each of the organization's three largest program and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gr	services by expenses. Section 501 ants and allocations to others, the	(c)(3)
expenses, and revenue, if any, for each program service reported	and anocations to others, the	totar
4a (Code) (Expenses \$ 130,163. including grants of \$ 130,1	63.) (Revenue \$)
DURING 2009 THE FOUNDATION PROVIDED \$130,163 OF FINANCIAL SU	PPORT TO THE CACHE	
EDUCATION FOUNDATION.		
		
	·	
	. – – – – – – – – – – – –	
4b (Code Including grants of \$) (Revenue Š	١
The course of th		
	· 	
	. 	
4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
		-
4100	 -	
4d Other program services (Describe in Schedule O)		
	enue \$)	
4e Total program service expenses ► 130,163.		

	77 003430	-		age .
୯ପ	Checklist of Required Schedules		V	Na
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6_		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9	:	Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V			X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI			
•	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.			
•	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		i	
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
12	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional. Yes No 12 A X	!		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ŧ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If 'Yes' complete Schedule H	20		X

Form 990 (2009) DELL LOY & LYNNETTE HANSEN

[Part 17] Checklist of Required Schedules (continued)

	Research Terresonates Transfer Terresonates			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1° If 'Yes,' complete Schedule I, Parts I and II	21_	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III .	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		x
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Λ.
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	,		
	any tax-exempt bonds? I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24c 24d		
	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
ı	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		x
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	-	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	gan /	ronnav

υc	Statements Regarding Other IRS Filings and Tax Compliance							
_			Yes	No				
1	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns Enter -0- if not applicable .							
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0							
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c						
2	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	ļ						
2	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)							
3	3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?							
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3ь	X					
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
	b If 'Yes,' enter the name of the foreign country ▶							
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts							
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X				
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c						
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х				
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).		{					
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b						
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х				
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d							
	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х				
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х				
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g						
	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8						
9								
	a Did the organization make any taxable distributions under section 4966?	9a						
	b Did the organization make any distribution to a donor, donor advisor, or related person?	9b						
	Section 501(c)(7) organizations. Enter:							
	a Initiation fees and capital contributions included on Part VIII, line 12		ÿ					
	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		,					
	Section 501(c)(12) organizations. Enter							
	a Gross income from other members or shareholders							
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		ŀ					
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	b If 'Yes.' enter the amount of tax-exempt interest received or accrued during the year.							

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ction A.	Governing Body and Management			_	
					Yes	No
1.	a Enter the	number of voting members of the governing body	1a 7			
	b Enter the	number of voting members that are independent .	1b 7			ĺ
2		fficer, director, trustee, or key employee have a family relationship or a business re rector, trustee or key employee?	lationship with any other	2		
3	Did the o	ganization delegate control over management duties customarily performed by or u	inder the direct supervision			
4		 directors or trustees, or key employees to a management company or other person ganization make any significant changes to its organizational documents)II'	4		$\frac{x}{x}$
	since the	prior Form 990 was filed?				
5	Did the o	ganization become aware during the year of a material diversion of the organizatio	n's assets?	5		X
6	Does the	organization have members or stockholders?		6		X
7	a Does the	organization have members, stockholders, or other persons who may elect one or r body?	more members of the	7a		Х
	•	ecisions of the governing body subject to approval by members, stockholders, or of	ther persons?	7b		X
8	Did the o	ganization contemporaneously document the meetings held or written actions undering. SEE SCHEDULE O	ertaken during the year by			
	a The gove	rning body?		8a	Х	
	b Each con	mittee with authority to act on behalf of the governing body?		8ь		X
9	Is there a organizat	ny officer, director or trustee, or key employee listed in Part VII, Section A, who ca on's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	nnot be reached at the	9		Х
Sec	ction B.	Policies (This Section B requests information about policies not i	required by the Internal			,
Rev	enue Code)				
			ſ		Yes	No
		organization have local chapters, branches, or affiliates?		10 a		<u>X</u>
	b If 'Yes,' o and bran	oes the organization have written policies and procedures governing the activities or thes to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	10 ь		
		rganization provided a copy of this Form 990 to all members of its governing body	•	11	Х	
11.	A Describe	in Schedule O the process, if any, used by the organization to review this Form 990	O. SEE SCHEDULE O			
		organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Х	
	b Are office to conflic	rs, directors or trustees, and key employees required to disclose annually interests ${\bf s}^2$	that could give rise	12b		<u>X</u> _
,	c Does the Schedule	organization regularly and consistently monitor and enforce compliance with the po O how this is done	licy? If 'Yes,' describe in	12c		Х
13	Does the	organization have a written whistleblower policy?		13		X
14	Does the	organization have a written document retention and destruction policy?.		14		<u>X</u>
15	Did the p	ocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de-	approval by independent cision?			
		nization's CEO, Executive Director, or top management official		15 a		X
	b Other off	cers of key employees of the organization		15 b		X
	If 'Yes' to	line 15a or 15b, describe the process in Schedule O (See instructions)		1		
16		ganization invest in, contribute assets to, or participate in a joint venture or similar ing the year?	arrangement with a taxable	16a		
	b If 'Yes,' h	as the organization adopted a written policy or procedure requiring the organization nture arrangements under applicable federal tax law, and taken steps to safeguard	to evaluate its participation the organization's exempt			
	status wi	h respect to such arrangements?		16 b		
		Disclosures NONE				
		ates with which a copy of this Form 990 is required to be filed NONE		-,		
18		104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and Indicate how you make these available. Check all that apply	nd 990-T (501(c)(3)s only) av	allabl	e tor p	oublic
		website	and and a section		ن کا اس	
		n Schedule O whether (and if so, how) the organization makes its governing documes available to the public SEE SCHEDULE O				ıncıaı
		name, physical address, and telephone number of the person who possesses the b LOTT 595 SOUTH RIVERWOODS PARKWAY SUITE 400 LOGAN D			on 	

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees.
 See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)	(c)		(D)	(E)	(F)				
Name and Title	Average hours		_		_	hat app		Reportable compensation from	Reportable	Estimated amount of other
	hours per week	reek Gradie Grad		Reportable compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations					
DELL LOY HANSEN										
DIRECTOR] 1							0.	0.	0.
LYNNETTE HANSEN								•		
DIRECTOR	1							0.	0.	0.
JOEL LARSON								-		
DIRECTOR	1							0.	0.	0.
DEE ASHCROFT										
DIRECTOR	1							0.	0.	0.
TERI LEWIS										
DIRECTOR	1							0.	0.	0.
TED EREKSON]									
DIRECTOR	11							0.	0.	0.
ZAN BURNINGHAM										
DIRECTOR	_11							0.	0.	0.
FRANK COPPIN					ľ					
TREASURER	1						<u> </u>	0.	0.	0.
				_						
										•
	I.		\Box				L			

Ran Will Section A. Officers, Directors, Trus		·cy	<u></u>			<u>cs,</u>	QIII			
(A)	(B)	_		-	c)			(D)	(E)	(F)
Name and Title	Average hours per week	,		Officer				Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation
	per week	ividual trustee	Institutional trustee	icer	/ employee	Highest compensate employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
			tee			sated				
							!			
1 b Total							•	0.	0.	0
2 Total number of individuals (including but not limite from the organization ► 0	d to tho	se li	stec	d ab	ove:) wh	o re	ceived more than	\$100,000 in repor	Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such i	ndıvıdua	il.	-		_					3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t individual	portable han \$15	0,00 0,00	npe)0?	nsa If 'Y	tion 'es'	and com	l oth iplet	er compensation e Schedule J for s	trom such	4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sc.	ompens hedule	atio <i>I for</i>	n fro	om a th pe	any erso	unre n.	elate	d organization for	r services	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensal	ted inde	pen	dent	cor	ntra	ctors	tha	t received more t	han \$100,000 of	
compensation from the organization (A)								(B)		(C)
Name and business addres								Description	or Services	Compensation
				_				_		
2 Total number of independent contractors (including		lımı	ted	to th	nose	list	ed a	labove) who receiv	ed more than	

Pa	rt VIII Statement of Revenue					
		Т	(A) otal revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	1a Federated campaigns 1a				<u>.</u>	
ZAN UNT	b Membership dues 1b					
S,G	c Fundraising events. 1c					
AR/A	d Related organizations 1d			, 1		
S, G	e Government grants (contributions)					
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above			54		
E PE						
NO ON	g Noncash contribus included in lns 1a-1f: \$,		
"	h Total. Add lines 1a-1f			- Ar		
Š	Business Cod	de				
Ĕ	2a					
CER	b					
Ž	<u></u>					
N SE	<u>a</u>				<u> </u>	
RA	e					
8	f All other program service revenue	-				<u> </u>
	g Total. Add lines 2a-2f					
	3 Investment income (including dividends, interest and other similar amounts)	•	91,488.		12,549.	78,939.
	4 Income from investment of tax-exempt bond proceed	-lc ▶	31,400.		12,545.	70,333.
	5 Royalties	~ " ▶				
	(i) Real (ii) Persona	al				-
	6a Gross Rents					
	b Less rental expenses	_				
	c Rental income or (loss)		1			
	d Net rental income or (loss)	▶				
	(i) Securities (ii) Other					
	7a Gross amount from sales of assets other than inventory					
	b Less, cost or other basis	\neg				
	and sales expenses		-			
	c Gain or (loss)					
	d Net gain or (loss)	•				
UE	8a Gross income from fundraising events (not including \$					
OTHER REVENU	of contributions reported on line 1c)					
RE	See Part IV, line 18					
HEF	b Less direct expenses b					
6	c Net income or (loss) from fundraising events	▶				
	9a Gross income from gaming activities					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities	P				
	· · · · · ·					
	10a Gross sales of inventory, less returns and allowances					1
	b Less: cost of goods sold b					
ļ	c Net income or (loss) from sales of inventory	<u> </u>				
ļ	Miscellaneous Revenue Business Cod	le				
	11a STATE TAX REFUND	-	14,283.		14,283.	<u> </u>
	b FEDERAL TAX REFUND		8, <u>9</u> 92.			8,992.
	c	$-\downarrow$				
	d All other revenue					<u> </u>
	e Total. Add lines 11a-11d	-	23,275.			
	12 Total revenue. See instructions	▶	114,763.	0.	26,832.	87,931.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	130,163.	130,163.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages.				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits.				
	Payroll taxes				
	Fees for services (non-employees)				
•	a Management				
	Legal				
	Accounting				
	d Lobbying				
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
•	g Other				
12	Advertising and promotion			_	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy			21	
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Insurance Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
	ACCOUNTING FEES	900.		900.	
	TAX PREP FEE	200.		200.	
•	TAXES	56.		56.	
•					
•					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	131,319.	130,163.	1,156.	0.
_	Joint costs. Check here ull following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
$\Delta \Delta F$					Form 990 (2009)

			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing ,	21,675.	1	74,002
	2	Savings and temporary cash investments	189,368.	2	47,000
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net .		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
Ş	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use		8	
s	9	Prepaid expenses and deferred charges		9	
1	10 a	Land, buildings, and equipment cost or other basis 10a			
		Complete Part VI of Schedule D			
	b	Less accumulated depreciation.		10 c	
	11	Investments – publicly-traded securities		11	
	12	Investments – other securities See Part IV, line 11		12	_
	13	Investments - program-related See Part IV, line 11 .		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,526,060.	15	2,599,545
	16	Total assets Add lines 1 through 15 (must equal line 34)	2,737,103.	16	2,720,547
	17	Accounts payable and accrued expenses .		17	
	18	Grants payable		18	
	19	Deferred revenue .		19	
L	20	Tax-exempt bond liabilities		20	
A B	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
_	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
֡֞֞֞֓֓֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֡֓֓֡֡֡֞֓֓֡֡֞֡֓֡֡֡֡֡֡		of Schedule L		22	
E S	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties .		24	
	25	Other liabilities Complete Part X of Schedule D .		25	
	26	Total liabilities. Add lines 17 through 25.	0.	26	0
Ĕ		Organizations that follow SFAS 117, check here ► X and complete lines			
.		27 through 29 and lines 33 and 34.			
A Ş	27	Unrestricted net assets .	2,737,103.	27	2,720,547
	28	Temporarily restricted net assets		28	
- 1	29	Permanently restricted net assets		29	
₹		Organizations that do not follow SFAS 117, check here ► and complete			
;		lines 30 through 34.			
֓֞֞֞֜֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֡֓֓֡֓֓֡֓֡֓֡֓֡֓	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ĺ	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALAZONS	33	Total net assets or fund balances	2,737,103.	33	2,720,547
		Total liabilities and net assets/fund balances	2,737,103.	34	2,720,547

		Yes	No
1 Accounting method used to prepare the Form 990 X Cash Accrual Other	ا الله الله الله الله الله الله الله الل	38 · · · · · · · · · · · · · · · · · · ·	
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		5 Y	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2 b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t review, or compilation of its financial statements and selection of an independent accountant?	the audit,		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issu consolidated basis, separate basis, or both	ied on a		
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single 3a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits.	uired audit		

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Employer identification number DELL LOY & LYNNETTE HANSEN

CHARITABLE SUPPORT FOUNDATION

87-0634564

arı	ιı	Reason for Pu	blic Charity Status	s (All organizations	must c	comple	ete triis	part.	See I	nstructi	ions		
he c	rga	nization is not a pri	vate foundation becaus	se it is. (For lines 1 thro	ugh 11,	check o	nly one	box.)					_
1		A church, conventi-	on of churches or asso	ociation of churches desc	cribed in	section	n 170(b)	(1)(A)(i)					
2	П	A school described	I in section 170(b)(1)(A	(Attach Schedule	Ξ)								
3	П			organization described	-	on 170(ЬХ1ХАХ	iii).					
4	П	•	•	d in conjunction with a h		•		•	0(b)(1)(A	AXiii) En	ter the hos	pital's	
	ш	name, city, and sta	=	- · · · · · · · · · · · · · · · · · · ·					- (-)(-)(-	,,,,,		J	
5			erated for the benefit	of a college or university	owned	or oper	ated by	a gove	nmenta	l unit des	scribed in s	ection	<u></u>
6	\sqcup			jovernmental unit descri									
7		An organization the in section 170(b)(1	at normally receives a XAXvi). (Complete Pa	substantial part of its su art II.)	ipport fr	om a go	vernme	ntal uni	t or fron	n the ger	neral public	descr	ıbed
8	Ш	A community trust	described in section 1	70(b)(1)(A)(vi). (Comple	te Part I	I)							
9	Ш	from activities relate investment income	d to its exempt functions	nore than 33-1/3 % of its s s – subject to certain exce ss taxable income (less omplete Part III)	eptions, a	and (2) r	no more t	han 33-	1/3 % of	its suppo	ort from gros	s	fter
10	П	An organization org	ganized and operated	exclusively to test for pu	iblic safe	ety See	section	509(a)	(4).				
11	X	more publicly supp	orted organizations de	exclusively for the benef escribed in section 509(a ation and complete lines	a)(1) or	section	509(a)(2	ctions (2) See	of, or ca section	rry out th 509(a)(3)	ne purposes). Check th	of on e box	e or that
		a X Type I	b Type II	c ☐ Type III	l – Fund	ctionally	ıntegrat	ed		d 🗌	Type III-	Other	
е		By checking this both than foundation ma 509(a)(2).	ox, I certify that the organagers and other than	ganization is not controll n one or more publicly si	led direc upportec	tly or in d organi	directly zations	by one describe	or more ed in sec	disqualiction 509	fied persoi (a)(1) or se	ns othe	er
f	f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box												
g	g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?												
												Yes	No
		(i) a person who	directly or indirectly o	controls, either alone or	together	with pe	rsons d	escribe	d in (ii) a	and (III)			· · ·
		- · · · · · · · · · · · · · · · · · · ·	overning body of the su	•							11 g (i)		<u>X</u>
		• •	nber of a person descr	**	_						11 g (ii)		<u>X</u>
		` '		described in (i) or (ii) al							11 g (iii)		<u>X</u>
<u>h</u>		Provide the following	ng information about th	ne supported organization	ns								
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of Support		oort
					Yes	No	Yes	No	Yes	No			
AC.	HE_	EDUCATION FO	UNDATION										
			87-0634564	509(A)(2)	X						1	30,1	63.
		·											
						İ		•					
					<u> </u>						-		
													
otal											1	30,1	63.

Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Sec	ction C. Computation of Public Support Percentage			
14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)	14	l	%
15	Public support percentage from 2008 Schedule A, Part II, line 14	15		%
16:	a 33-1/3 support test – 2009. If the organization did not check the box, on line 13, and the line 14 is 33-1/3 % or r	nore c	heck this box	

- 16a 33-1/3 support test 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33-1/3 support test 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.
- 17a 10%-facts-and-circumstances test 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.
 - **b 10%-facts-and-circumstances test 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.
- 18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 DELL LOY & LYNNETTE HANSEN Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	cked the box on I	ne 9 of Part 1.)					
Sec	tion A. Public Support							
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	19	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')		-					
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.							-
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							_
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support (Subtract line							
	7c from line 6)							
Sec	tion B. Total Support							
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	ia	(f) Total
		(a) 2003	(b) 2000	(0) 2007	(u) 2008	(e) 200	19	(i) iotai
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
11	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			_				
12	Total support. (add Ins 9, 10c, 11, and 12)			i				
	First five years. If the Form 990	is for the organiza	ation's first, secor	nd, third, fourth,	or fifth tax year a	s a section	501(c)(3	3) ▶ □
14	First five years. If the Form 990 organization, check this box and	is for the organization the stop here		nd, third, fourth,	or fifth tax year as	s a section	501(c)(3	B) ► □
14 Sect	First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	is for the organize stop here blic Support P	ercentage			s a section		<u> </u>
14 Sect	First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpublic support percentage for 20	is for the organization here blic Support P 09 (line 8, column	ercentage n (f) divided by lin			s a section	15	%_
14 Sect 15 16	First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from	is for the organizatop here blic Support P 09 (line 8, columna 2008 Schedule A,	ercentage n (f) divided by lin Part III, line 15	ne 13, column (f))		s a section		<u> </u>
14 Sect 15 16 Sect	First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from tion D. Computation of Inv	is for the organization here blic Support P 09 (line 8, column 2008 Schedule A, estment Incor	ercentage n (f) divided by lir Part III, line 15 ne Percentage	ne 13, column (f))		s a section	15	% %
14 Sect 15 16 Sect	First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from	is for the organization here blic Support P 09 (line 8, column 2008 Schedule A, estment Incor	ercentage n (f) divided by lir Part III, line 15 ne Percentage	ne 13, column (f))		s a section	15	%_
14 Sector 15 16 Sector 17 18	First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpulic support percentage for 20 Public support percentage from tion D. Computation of Invastment income percentage functioned in the support percentage for the support per	is for the organization here blic Support P 109 (line 8, column 12008 Schedule A, 10estment Incor 10or 2009 (line 10c, 10or 2008 Schedu	ercentage n (f) divided by lir Part III, line 15 ne Percentage column (f) divide le A, Part III, line	ne 13, column (f)) e d by line 13, colu	umn (f))		15 16 17 18	% % % %
14 Sect 15 16 Sect 17 18 19a	First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage for 20 Public support percentage from tion D. Computation of Invition D. Computation of Invition D. Computation of Invition Investment income percentage from the Investment income percentage from 33-1/3 support tests — 2009. If the comore than 33-1/3%, check this beginning to the comore than 33-1/3%, check this beginning the comore than 33-1/3%, check this beginning the computation of the	Is for the organization here blic Support P 109 (line 8, column 12008 Schedule A, 12008 Schedule A, 12009 (line 10c, 12009 Tom 2008 Schedule 12009 Tom 2009 Tom 2008 Schedule 12009 Tom 2008 Schedule 12009 Tom 2008 Schedule	ercentage n (f) divided by lin Part III, line 15 me Percentage column (f) divide le A, Part III, line check the box on land. The organization	ne 13, column (f)) d by line 13, colu 17 line 14, and line 15 n qualifies as a po	imn (f)) is more than 33-1/3 ublicly supported (i%, and line 1 organization	15 16 17 18 17 is not	% % % %
14 Sect 15 16 Sect 17 18 19a	First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpulic support percentage for 20 Public support percentage from tion D. Computation of Invastment income percentage functioned in the support percentage for the support per	Is for the organization here blic Support P 09 (line 8, column 2008 Schedule A, restment Incor or 2009 (line 10c, rom 2008 Schedu organization did not ox and stop here the organization did this box and stop	ercentage n (f) divided by lin Part III, line 15 ne Percentage column (f) divide le A, Part III, line check the box on la The organization d not check a box phere. The organ	ne 13, column (f)) d by line 13, column 17 line 14, and line 15 qualifies as a pu c on line 14 or 19 lization qualifies a	imn (f)) is more than 33-1/3 ublicly supported of a, and line 16 is reas a publicly supported to a.	%, and line 1 organization more than 3 orted organi	15 16 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 18 18 18 18 18 18 18 18 18 18 18 18	% % % %

Schedule A	(Form 990 or	990-EZ) 2009	DELL LOY	. & LYNNI	ETTE HANSE	EN	87-0634564	Page 4
Part IV	Supplement	ntal Informa	tion. Comple	ete this pa	rt to provide	the explanations req	uired by Part II, line 1 mation. See instructio	0;
	rait ii, iiile	174 01 170	, and Fart in	1, 11116 12.	- Tovide any	other additional infor	Tiation. See instruction	115.
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Rublic Inspection

Name	of the organization			Employer Identification number					
	L LOY & LYNNETTE HANSEN			07.0624564					
	ARITABLE SUPPORT FOUNDATION			87-0634564					
Haar	the organizations Maintaining Donol the organization answered 'Yes' to	r Advised Funds or Other Similar Fund o Form 990, Part IV, line 6.	s or Acco	ounts Complete If					
		(a) Donor advised funds	(b) F	unds and other accounts					
1	Total number at end of year								
2	Aggregate contributions to (during year)								
3	Aggregate grants from (during year)	_							
4	Aggregate value at end of year								
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the assets held in doi to the organization's exclusive legal control?	nor advised	Yes No					
6	used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?								
Par	Conservation Easements Comple	ete if the organization answered 'Yes' to	Form 99	0, Part IV, line 7.					
1	Purpose(s) of conservation easements held by	the organization (check all that apply).							
	Preservation of land for public use (e g , r	ecreation or pleasure) Preservation of	an historica	ally important land area					
	Protection of natural habitat Preservation of certified historic structure								
	Preservation of open space								
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in t		a conservation easement on the					
				Held at the End of the Year					
	Total number of conservation easements		2a						
	Total acreage restricted by conservation easer		2b						
	c Number of conservation easements on a certified historic structure included in (a) 2c								
2	d Number of conservation easements included in (c) acquired after 8/17/06 2 d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax								
3	year >	transferred, released, extinguished, or terminate	ed by the ort	ganization during the tax					
4	Number of states where property subject to co	nservation easement is located 🟲							
5	and enforcement of the conservation easemer			ations, Yes No					
6	during the year ►	ng, inspecting, and enforcing conservation easer	_	 -					
7	Amount of expenses incurred in monitoring, in during the year ▶	specting, and enforcing conservation easements	s						
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of sec	tion	Yes No					
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote t conservation easements	conservation easements in its revenue and expens to the organization's financial statements that de	e statement, escribes the	and balance sheet, and organization's accounting for					
Rai	Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line 8	Other Sim	nilar Assets					
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial stateme	SFAS 116, not to report in its revenue stateme ic exhibition, education, or research in furtheran ents that describes these items.	nt and balar ice of public	nce sheet works of art, historical service, provide, in Part XIV,					
t	treasures, or other similar assets held for publi amounts relating to these items	SFAS 116, to report in its revenue statement a lic exhibition, education, or research in furtheran		service, provide the following					
	(i) Revenues included in Form 990, Part VIII,	line 1		► \$					
	(ii) Assets included in Form 990, Part X			►\$ -\$					
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets fo 116 relating to these items	r financial g	ain, provide the following					
а	Revenues included in Form 990, Part VIII, line	1		► \$					
b	Assets included in Form 990, Part X			►\$ ►\$					

Carcuit Organizations Maintain	ning Cone	CHOIS OF A	ri, nisic	rica	i ireasures, o	Other Similar	ASSE	<u> (CUI</u>	ninu	<u>ea) </u>
3 Using the organization's acquisition items (check all that apply)	n accession	and other rec	ords, che	ck an <u>y</u>	y of the following	that are a significa	ant use o	of its co	llectio	on.
a Public exhibition		d	Loan	or exc	change programs					
b Scholarly research		e	Other		_ -					
c Preservation for future genera	itions									
4 Provide a description of the organ Part XIV	iization's colle	ections and e	xplain hov	w they	further the organ	nization's exempt p	ourpose	ın		
5 During the year, did the organizat assets to be sold to raise funds ra	ather than to l	<u>be maintained</u>	d as part o	of the	organization's co	llection?		Yes		No
Fail Escrow and Custodial 9, or reported an amou	Arrangem unt on Forn	ents Comp n 990, Part	lete if o	rgan 21.	ization answe	red 'Yes' to For	rm 990	, Part	IV, I	ine
1a is the organization an agent, trust included on Form 990, Part X?	tee, custodiar	n, or other into	ermediary	for c	ontributions or otl	ner assets not		Yes		No
b If 'Yes,' explain the arrangement	ın Part XIV ar	nd complete t	the follow	ing ta	ble					
							An	nount		
c Beginning balance						. 1c				_
d Additions during the year						1 d				
e Distributions during the year	1 e									
f Ending balance	1f									
2a Did the organization include an amount on Form 990, Part X, line 21?								Yes		No
b If 'Yes,' explain the arrangement	ın Part XIV									
Part V Endowment Funds Cor	nplete if or	ganızatıon	answer	ed 'Y	es' to Form 99	90, Part IV, line	e 10.			
	(a) Current	year (I	b) Prior year	r	(c) Two years bac	k (d) Three years	back	(e) Fo	ur years	back
1 a Beginning of year balance										
b Contributions										
c Net Investment earnings, gains, and losses										
d Grants or scholarships										
Other expenditures for facilities and programs								mer und shid		
f Administrative expenses			-	·				==		
g End of year balance										
2 Provide the estimated percentage	of the year e	end balance h	neld as							
a Board designated or quasi-endow	-		8							
b Permanent endowment ►		-								
c Term endowment ►	 -									
3a Are there endowment funds not in		on of the org	janization	that a	are held and adm	inistered for the			Yes	No
organization by							٦	Ba(i)	163	
(i) unrelated organizations							r-		\rightarrow	
(ii) related organizations				. المصا	L- D2			a(ii) 3b	-+	
b If 'Yes' to 3a(ii), are the related of	-	•						3D		
4 Describe in Part XIV the intended						lino 10			—	
Part VI Investments—Land, Bu			T					(d) Da	- l. \/-	luca
Description of investment		(a) Cost or oth (investm			Cost or other oasis (other)	(c) Accumulate Depreciation	ea	(d) Bo	ок va ———	iue
1a Land	ļ	_		_						
b Buildings	Ļ									
c Leasehold improvements	Ĺ									
d Equipment	Ĺ									
e Other										
Total. Add lines 1a through 1e (Column	ı (d) must eqi	ual Form 990,	Part X, c	olum	n (B), line 10(c))		H			0.
BAA							Schedule	D (Fo	rm 990	0) 2009

Schedule D (Form 990) 2009 DELL LOY & LYNNET			634 <u>564</u> Page 3
Part VII Investments-Other Securities See Fo	orm 990, Part X, lir	ne 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	uation arket value
Financial derivatives			
Closely-held equity interests .			
Other			
		<u> </u>	
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12)			
Part VIII Investments-Program Related (See I	orm 990, Part X,	line 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of val	uation
		Cost or end-of-year m	arket value
			. <u> </u>
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13)			
Part IX Other Assets (See Form 990, Part X,	line 15)		
	scription		(b) Book value
EASTSIDE PLACE APARTMENTS			1,504,295.
EUCALYPTUS GROVE HOLDINGS LLC			767,539.
RIVER OAKS HOLDINGS LLC			229,680.
WASATCH PLAZA HOLDINGS, LLC			98,031.
			_
		_	
	_		
Total. (Column (b) must equal Form 990, Part X, col (B), In	ne 15)	>	2,599,545.
Part X Other Liabilities (See Form 990, Part	X, line 25)		
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
	-		
		 	
		 	Ì
	·- ·		
Total. (Column (b) must equal Form 990. Part X col. (B) line 25)		$\overline{}$	
(<u> (-) (</u>	note to the second of	ala financial akatawa aka Unit wasi 1 2	
2. FIN 48 Footnote In Part XIV, provide the text of the footi for uncertain tax positions under FIN 48	rote to the organization	i s imanciai statements that reports t	ne organization's liability

Sche	dule D (Form 990) 2009 DELL LOY & LYNNETTE HANSEN	87-063	4564	_ Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25).			
3	Excess or (deficit) for the year Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities	•		
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV)	•		
9	Total adjustments (net). Add lines 4 through 8	•		
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	•		
	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	N/A	
1	Total revenue, gains, and other support per audited financial statements	1	14/ 21	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
	Net unrealized gains on investments 2a	}		
	Donated services and use of facilities 2b			
	Recoveries of prior year grants 2c			
	Add lines 2a through 2d.	2e		
	Subtract line 2e from line 1	3		
	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
	Investments expenses not included on Form 990, Part VIII, line 7b.			
	Other (Describe in Part XIV)	_		
	Add lines 4a and 4b	4c		
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retu	rn N/A	
1	Total expenses and losses per audited financial statements	1		
	Amounts included on line 1 but not on Form 990, Part IX, line 25			
	Donated services and use of facilities 2a			
	Prior year adjustments 2b	_		
	Other losses 2c			
	Other (Describe in Part XIV)			
	Add lines 2a through 2d	2e		
	Subtract line 2e from line 1	3		
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	;		
	Investments expenses not included on Form 990, Part VIII, line 7b.			
b	Other (Describe in Part XIV)			
С	Add lines 4a and 4b	4c		
	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5		
Par	Supplemental Information			
line 4	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part I, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this mation	IV, lines part to p	1b and 2b, Pa rovide any ad	art V, Iditional
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Schedule **D** (Form 990) 2009

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Schedule D (Form 990) 2009 DELL LOY & LYNNETTE HANSEN Part XIV Supplemental Information (continued)	87-0634564	Page 5
Part XIV Supplemental Information (continued)		
•		
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I General Information on Grants and Assistance

DELL LOY & LYNNETTE HANSEN

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

Governments and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

Apple to Public Inspection 2009

Employer identification number 87-0634564

X Yes No		es' to Form 00. Use	A	(h) Purpose of grant or assistance					0
e, and		ion answered 'Y more than \$5.00	•	(g) Description of non-cash assistance					
ie grants or assistand		e if the organizat ecipient received	_	(f) Method of valuation (book, FMV, appraisal, other)					
antees' eligibility for th	States	ed States. Complet his box if no one re		(e) Amount of non-cash assistance	0.				
of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ant funds in the United	zations in the Unit e an \$5,000. Check t	pepea	(d) Amount of cash grant	130,163.				
e amount of the grai ce?	itoring the use of gr	ents and Organix eceived more th	itional space is r	(c) IRC section if applicable	509 (A) (2)				rganizations
ds to substantiate the	procedures for mon	nce to Governme v recipient that r	orm 990) if add	(b) EIN	87-0634564 509 (A)				3) and government o
	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Part II Jerants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	Part IV and Schedule I-1 (Form 990) if additional space is needed	1 (a) Name and address of organization or government	CACHE EDUCATION FOUNDATION 595 SOUTH 80 EAST, SUITE 425 LOGAN, UT 84321				2 Enter total number of section 501(c)(3) and government organizations

Schedule I (Form 990) 2009

TEEA3901L 02/10/10

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

3 Enter total number of other organizations

Schedule I (Form 990) 2009 DELL LOY & LYNNETTE HANSEN

Parkit! Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Page 2

87-0634564

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Pattal Supplemental Information. Complete this part to		provide the information required	lion required in Part	t I, line 2, and any other	ier additional information.
PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION	<u>TAL INFORMATIO</u>			1 1 1 1 1 1 1 1	
GRANTS_ARE_MADE_TO_THE_PRIMARY_SUPPORTED_ORGANIZATION_TO_BE_USED_FOR_ITS_PROGRAMS	C SUPPORTED ORC	SANIZATION TO BE	E USED FOR ITS	PROGRAMS	
AND_OPERATIONS_AT_THE_DISCRETION_OF_THE_SUPPORTED_ORGANIZATION'S BOARD_OF_DIRECTORS.	ON OF THE SUPP	ORTED ORGANIZA	TION'S BOARD O	F_DIRECTORS	
TAYPAYER'S_TREASURER_IS_ON_THE_BOARD_OF_DIRECTORS_OF_THE_SUPPORTED_ORGANIZATION_AND	BOARD OF DIRE	SCTORS OF THE SI	UPPORTED ORGAN	IZATION AND	
IS_THEREFORE DIRECTLY INVOLVED IN DISCUSSIONS AND DECISIONS REGARDING THE USE OF	IN DISCUSSION	NS AND DECISION	S REGARDING TH	E USE OF	
GRANT FUNDS.	; 	; 	 		
	 	; ; ; ; ; ; ;	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
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Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Open to Public Inspection

Name of the organization DELL LOY & LYNNETTE HANSEN CHARITABLE SUPPORT FOUNDATION	Employer identification number 87-0634564						
FORM 990, PART VI, LINE 8 - EXPLANATION OF NO CONTEMPORANEOUSLY DO	CUMENTATION OF MEETINGS _						
BOARD_MEETING_MINUTES_ARE_KEPT_FOR_EACH_MEETING_OF_THE_BOARD.	THERE ARE NO						
COMMITTEES_WITH_AUTHORITY_TO_ACT_ON_BEHALF_OF_THE_GOVERNING_BO	<u>DY</u>						
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS							
A COPY OF THE RETURN IS PROVIDED TO EACH BOARD MEMBER FOR REVI	EW IN PERSON, BY MAIL,						
OR BY EMAIL PRIOR TO FILING OF THE RETURN.							
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY A	VAILABLE						
GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AV	AILABLE TO THE PUBLIC						
UPON REASONABLE REQUEST DURING BUSINESS/OFFICE HOURS.							
							
							

Schedule 0 (Form 990) 2009 Page 2	
Name of the organization DELL LOY & LYNNETTE HANSEN CHARITABLE SUPPORT FOUNDATION	Employer identification number 87-0634564
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