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Form 990-PF

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

OMB No 1545-0052 2009

Department of the Treasury Internal Revenue Service

nten	nal Reve	nue Service	Note. The foundation m	ay be able	e to use a copy of this retu	ım to satı	isfy sta	te reporting	requirements	
For	calend	ar year 2009. or t	ax year beginning	-	and ending					
G	Check a	ill that apply:	Initial return	Initial re	turn of a former public	charity			Final return	
			Amended return	☐ Add	lress change		Name	change	_	
Hee	the IR	Name of found							loyer identification nur	nber
		3 110							-0643568	
	label.	The Ok	land Family Four	dati	On				phone number (see page	(A of the least rate as)
	nerwise 	· ———							1-486-0144	to of the instructions)
	print		treet (or P O. box number if mail is not		to street address)	Room/s	suite			
	r type.	. :	outh West Temple					C If exe	emption application is peni	ding, check here
	Specifi	Oity or town, or	tate, and ZIP code					D 1. Fo	oreign organizations, chec	k here L
	ruction	Dare 1	ake City					2. Fo	oreign organizations meet	ing the
<u>H</u> (Check ty	ype of organization	n: X Section 501(c)(3) exemp	t private	foundation			85	5% test, check here and a	ttach computation
	Section	4947(a)(1) nonex	empt charitable trust Oth	er taxabl	le private foundation			E If priv	rate foundation status was	terminated under
l Fa	air mark	cet value of all ass	sets at end J Accounting n	nethod:	X Cash Ac	crual		section	on 507(b)(1)(A), check he	re <i>,</i> ▶ L
		rom Part II, col. (c	·					F If the	foundation is in a 60-mor	ith termination
	ne 16) 🕨		207,454 (Part I, column (•	•		r section 507(b)(1)(B), che	
	art I		Revenue and Expenses			Τ				
#T-4	42 4	•			(a) Revenue and expenses per	(b)	Net inv	estment	(c) Adjusted net	(d) Disbursements for charitable
			umns (b), (c), and (d) may not necessanly equal (a) (see page 11 of the instructions))	acti	books	`~'	inco		income	purposes
						. 				(cash basis only)
	1		grants, etc., received (attach schedul		25,000	4				
	2	Check ► if t	he foundation is not required to attach	n Sch. B		↓				
	3	Interest on saving	gs and temporary cash investme	nts	1,989	9		1,989		
	4	Dividends and in	terest from securities							
	5a	Gross rents								
~~	Ь	Net rental income	e or (loss)	••		1				
₫.	6a		sale of assets not on line 10			1				
REVORUM	ь	Gross sales price for all		•• ••		1			······································	
3	_	,				 		0		
#	7		ncome (from Part IV, line 2)					U		
=	8	Net short-term ca								<u> </u>
	9	Income modificat	1			ļ	dadaaa			
_	10a	Gross sales less ret	turns & allowances			4				<u> </u>
Ĵ	b	Less. Cost of goo					· · · · · · ·	- 3 gm An 4	0	
S)	C		oss) (attach schedule)				<u>₩</u>		SO SO	
	11	Other income (at	tach schedule)				9	1417 11 25	0 2010	
2	12	Total. Add lines	1 through 11		26,989		ùi	1,989	<u> </u>)
آ _س	13	Compensation of	officers, directors, trustees, etc.					GDE	NIT	
Sesu	14	Other employee :	salaries and wages						u u q y u	
ű	15	Pension plans, er	mployee benefits							
ĝ	16a		h schedule) See Stmt	1	1,872	2		1,872	1,872	2
ш	b		(attach schedule) Stmt		419			419		
8	c		ees (attach schedule)							
ati	17	1-44				1				
Operating and Administrative Expe	18	•	(see page 14 of the instructions) Stmt	. 3	66	5		66	66	5
Ξ	19		n schedule) and depletion	- - .		†	····			
Ξ	20	Occupancy				+			_	
Ad	1		oos and mostings	• • •		+-			-	
ğ	21		ces, and meetings			+				
ā	22		ications			+				
Вu			h.) Stmt	. 📆 .	20	4		20	20	<u>'</u>
Ħ			and administrative expenses.			.[.] _
ē	1	Add lines 13 thro			2,377	-		2,377	2,377	
9	1	Contributions, giff			36,150					36,150
_	26	Total expenses ar	nd disbursements. Add lines 24 and	25 .	38,527	7		2,377	2,377	36,150
	27	Subtract line 26 f	rom line 12:		<u></u>	1				1
			e over expenses and disbursemer		-11,538	3				
	ь	Net investment	income (if negative, enter -0-)					0		
			come (if negative, enter -0-))

207,454

Decreases not included in line 2 (itemize) ▶

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Part IV

1a ġ Ç d •

> а b C d 0

а b C ď 0

Part V

N/A

(e) Gross sales price

(i) F.M V. as of 12/31/69

2 Capital gain net income or (net capital loss)

If (loss), enter -0- in Part I, line 8

If section 4940(d)(2) applies, leave this p	undations subject to the section 4940(a) tax on ne part blank	t investment income.		
Was the foundation liable for the section	4942 tax on the distributable amount of any year under section 4940(e). Do not complete this part.	· — —	No	
1 Enter the appropriate amount in each	h column for each year; see page 18 of the instru	ctions before making any entries.		
(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets	,	(d) Distribution ratio (col (b) divided by col (c))
2008	20,000	211,616		0.09451
2007	25,000	210,049		0.11902
2006		212,567		
2005	855,778	672,457		1.27261
2004	27,950	1,127,405		0.02479
3 Average distribution ratio for the 5-ye	ear base period—divide the total on line 2 by 5, o been in existence if less than 5 years	r by the	3	1.51093
4 Enter the net value of noncharitable-	use assets for 2009 from Part X, line 5		4	210,02
5 Multiply line 4 by line 3			5	79,33
6 Enter 1% of net investment income (1% of Part I, line 27b)		6	
7 Add lines 5 and 6			7	79,33
8 Enter qualifying distributions from Pa	art XII, line 4		8	36,15
If line 8 is equal to or greater than lin	e 7, check the box in Part VI, line 1b, and comple	ete that part using a 1% tax rate. See t	те	-

orm	990-PF (2009) The Okland Family Foundation 87-0643568.		P	<u>age 4</u>
Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)			
1a`	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			
	here ▶ and enter 1% of Part I, line 27b			
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-)			0
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0
6	Credits/Payments:			
a	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 6a			
b	Exempt foreign organizations—tax withheld at source 6b			
	Toy and with confication for extension of time to Flo (Form 9969)			
C				
d -				
7	Total credits and payments. Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached if Form			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
<u> </u>	Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ Refunded ▶ 11			
Pä	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. ▶ \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		x
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		x
•	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
•	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	and study the state law many in the governing instrument?	ا ء	x	İ
_		۲,	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	'	-	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of 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	ا ا		Ī
	(or designate) of each state as required by General Instruction G? If "No," attach explanation N/A	8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			ł
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			_
	names and addresses	10		X
	Fe	m 99	0-PF	(2009)

Form	990-PF (2009)	The:	Okland	Family	y Founda	tion	87-064356	8			P	age 5
A	arramatin'i any 📥				vities (conti							
11 '	-					entrolled entity within the		-				
	meaning of section	on 512(b)(1	i3)? If "Yes," atta	ach schedule (s	ee page 20 of the	instructions)				11		X
12	Did the founda	tion acqu	ire a direct or i	indirect intere	st in any applica	able insurance contract be	efore					
	August 17, 200	98?								12		X
13	Did the founda	tion comp	oly with the pul	blic inspection	n requirements f	for its annual returns and	exemption application	1?		13	X	
	Website addre	ss ▶ ଼ 1										
14	The books are			n McEn			, , Tele _l	ohone no 🕨	801-4	86-	014	4
			8 S Wes						-			
	Located at ▶							ZIP+4 ▶	84115) <i>.</i> .		
15	•		•		-	in lieu of Form 1041—Ch	neck here					▶ ⊔
						uring the year	. D. D	<u> </u>	15]			
172						hich Form 4720 Ma				<u> </u>	. 1	
4-		•			· ·	ess an exception applie)5.				Yes	No
1a	During the yea		•	•		:0		□ v	X No			
			=			isqualified person?	••• •• ••• •	Yes	X No			
		-		o, or otherwis	se extena creat	to (or accept it from) a		Yes	X No		•	
	disqualified	•			nt them from) a	disqualified person?		Yes	X No		1	
	•			•		lisqualified person?		H	X No			
						e any of either available f		□ 163	<u></u>			
			a disqualified					Yes	X No			
					nt official? (Exc	eption. Check "No" if the	••••				1	
				-		or a penod after						
					g within 90 days			Yes	X No			
b		-			-	under the exceptions de	scnbed in Regulation	_	_			
	=			=		tance (see page 20 of the			N/A	1b		
		• •		_	_	ince check here			` ▶ □'			
С	Did the founda	tion enga	ge in a prior y	ear in any of t	the acts describ	ed in 1a, other than excep	pted acts, that		_			
	were not corre	cted before	re the first day	of the tax ye	ar beginning in	2009?			N/A	1c		
2	Taxes on failur	e to distri	bute income (section 4942)	(does not apply	for years the foundation	was a private					
	operating found	dation def	fined in section	n 4942(j)(3) o	r 4942(j)(5)):							
а	At the end of ta	x year 20	009, did the fo	undation have	e any undistribu	ted income (lines 6d and		_	_		I	
	6e, Part XIII) fo	r tax yea	r(s) beginning	before 20091	? <i></i> .			Yes	X No			
	If "Yes," list the	years 🕨	20	20	20 , 20)						
b	Are there any	ears liste	ed in 2a for wh	ich the found	ation is not app	lying the provisions of sec	ction 4942(a)(2)				1	
						income? (If applying sec	tion 4942(a)(2) to		/-		1	
						f the instructions.)			N/A	2b		
C					plied to any of th	ne years listed in 2a, list th	he years here.					
	•	-	, 20									
3a				% direct or in	direct interest in	any business enterprise		Π.,	₩			
	at any time dur							Yes	X No			
b				_		(1) any purchase by the						
	•		•			period (or longer period a					,	
						quired by gift or bequest;				\		
	• •	•	•	• .	•	C, Form 4720, to determine	ne ir the		N/A	2.	1	
4.5	foundation had			-		hot would iconordize its s	horitable sumess=2		4/4	3b		x
4a				=		hat would jeopardize its o				4a		_
b			•			ecember 31, 1969) that c e the first day of the tax y	-	12		4b	1	x
	спаптарів ригр	voc uia(i	iau ilot beelt l	CHIOAGO HOLL	i leobardy neith	e the mot day of the tax y	car beginning in 2008	<u>,, , , , , , , , , , , , , , , , , , ,</u>		m 99	n-PF	

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Pa	ut VIIB Statements Regarding Activities for Which Form 4	720 May Be Re	equired (conti	nued)		
5a	During the year did the foundation pay or incur any amount to:					1
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 494	5(e))?	. L v	'es X No		
	(2) Influence the outcome of any specific public election (see section 4955); or to o	arry on,				
	directly or indirectly, any voter registration drive?		∐ `	′es X No		Ī
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		📙 Y	res 🗓 No		
	(4) Provide a grant to an organization other than a charitable, etc., organization de	scribed in				
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instruc	tions)	⊔ ነ	res X No		
	(5) Provide for any purpose other than religious, chantable, scientific, literary, or ed	lucational				
			· · · · · -	res 🔀 No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under t			/-		- 1
	Regulations section 53.4945 or in a current notice regarding disaster assistance (se			N/A	5b	
	Organizations relying on a current notice regarding disaster assistance check here			▶ ⊔		
С	If the answer is "Yes" to question $5a(4)$, does the foundation claim exemption from	the tax	/-			1
			N/A 🗌	res 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		п.	. 🖼		I
	on a personal benefit contract?		·· ·· —	res 🔀 No	_	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a perso	nal benefit contract	?		6b	<u> </u>
_	If "Yes" to 6b, file Form 8870.		п,	👽 🔐		
	At any time during the tax year, was the foundation a party to a prohibited tax shelt		· ·· -	res X No N/A	7ь	
	If yes, did the foundation receive any proceeds or have any net income attributable int VIII Information About Officers, Directors, Trustees, Foundation	indation Mana	gers Highly I			
Fè	Information About Officers, Directors, Trustees, For and Contractors	ingation mana	gers, mgmy i	aid Employe	 ,	
1 1	ist all officers, directors, trustees, foundation managers and their compensation.	on (see page 22 o	f the instructions	s).		
			(c) Compensation	(d) Contributions to		
	(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation		pense account, r allowances
.șe	e Statement 5					
					igsqcup	
			,		<u> </u>	
2	Compensation of five highest-paid employees (other than those included on	line 1 —see page 2	23 of the instruct	ions).		
	If none, enter "NONE."		1	T		
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		pense account, r allowances
ŅC	NE					
					<u> </u>	
ota	I number of other employees paid over \$50,000				•	1

Form **990-PF** (2009)

Form 990-PF (200		643568.	Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundation Mana	gers, Highly Paid Emplo	yees,
3 Five highe	and Contractors (continued) st-paid independent contractors for professional services (see page 23 of the instruc	ctions). 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 c	thers receiving over \$50,000 for professional services	· · · · · · · · · · · · · · · · · · ·	. •
Part IX-A	Summary of Direct Charitable Activities		
	's four largest direct chantable activities during the tax year. Include relevant statistical information such other beneficianes served, conferences convened, research papers produced, etc.	as the number of	Expenses
1 N/A			
2			
		••••	
3			
4			
Part IX-B	Summary of Program-Related Investments (see page 24 of the in	estructions)	
	argest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
2			
••••			
All other program-	related investments. See page 24 of the instructions		
3			
•••			
Total. Add lines 1	through 3		

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36,150

4

b

5

6

Suitability test (prior IRS approval required)

Cash distribution test (attach the required schedule)

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

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

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4

Pi	Undistributed Income (see page 26 of the	ne instructions)			
١		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				10,501
2	Undistributed income, if any, as of the end of 2009:				
	Enter amount for 2008 only				
b	Total for prior years: 20, 20, 20				,
3	Excess distributions carryover, if any, to 2009:				
	From 2004				
h	From 2005 763,649				
c	From 2006				
ч	F 0007 1/1 EQ/I)				
_	From 2007 14,394 From 2008 9,485				
f		787,728			
4	Qualifying distributions for 2009 from Part XII,	,			· · · · · · · · · · · · · · · · · · ·
•	line 4: ▶ \$ 36,150				
a	Applied to 2009, but not many than line 20	`			ĺ
	Applied to 2006, but not more than line 2a	11 11 11 11 11 11 11 11 11 11 11 11 11	1. 11. <u>L.d.</u> _ /		
J	(Flaction assumed and page 20 of the instructions)				
_	Treated as distributions out of corpus (Election				l
U	required—see page 26 of the instructions)				
	A self-side opposite the debte servered				10,501
	Applied to 2009 distributable amount	25,649			=0,002
е 5	Remaining amount distributed out of corpus Excess distributions carryover applied to 2009	20,049			
J	· · · · · · · · · · · · · · · · · · ·				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
6	Enter the net total of each column as				
_	indicated below:	813,377			
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	013,377	<u> </u>		···
D	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				· · ·
ď	Subtract line 6c from line 6b. Taxable				
	amount—see page 27 of the instructions				
е	Undistributed income for 2008. Subtract line				ì
	4a from line 2a. Taxable amount—see page				
	27 of the instructions			-	
f	Undistributed income for 2009 Subtract lines				
	4d and 5 from line 1. This amount must be				_
	distributed in 2010				0
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)				
8	Excess distributions carryover from 2004 not			1	
	applied on line 5 or line 7 (see page 27 of the			1	ĺ
	instructions)	 			
9	Excess distributions carryover to 2010.	A46 AF-			
	Subtract lines 7 and 8 from line 6a	813,377	`	 	
10	Analysis of line 9:				
а	Excess from 2005 763, 649				
b	Excess from 2006				
c	Excess from 2007 14,594				
d	Excess from 2008 9, 485				•
e	Excess from 2009				<u> </u>

Pa	et XIV Private Operating Fou	indations (see pa	age 27 of the instr	uctions and Part '	VII-A, question 9)	
1a	If the foundation has received a ruling or d					
•	foundation, and the ruling is effective for 2			•		
ь	Check box to indicate whether the foundation			d in section 4	942(j)(3) or 4942	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	investment return from Part X for	(-,				
	and was listed					
L	each year listed					
D						
С	Qualifying distributions from Part XII,			İ		
_	line 4 for each year listed			 	-	
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c			<u> </u>		
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under					<u></u>
	section 4942(j)(3)(B)(i)			i		
ь	"Endowment" alternative test—enter 2/3					
_	of minimum investment return shown in					
	Part X, line 6 for each year listed					
_	"Support" alternative test—enter:					
С	(1) Total support other than gross				1	
	investment income (interest,					
	dividends, rents, payments on				+	
	securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)	,				
	(3) Largest amount of support from					
	an exempt organization				<u> </u>	
	(4) Gross investment income		<u> </u>	<u> </u>	1	<u> </u>
P	art XV Supplementary Inform				ad \$5,000 or more	in assets at
	any time during the y	ear—see page 28	<u>8 of the instruction</u>	ons.)		
1	Information Regarding Foundation Mai					
а	List any managers of the foundation who	have contributed more	than 2% of the total co	entributions received by	the foundation	
	before the close of any tax year (but only	if they have contribute	d more than \$5,000) (3	See section 507(d)(2).)		
	N/A					
ь	List any managers of the foundation who	own 10% or more of th	e stock of a corporatio	n (or an equally large p	ortion of the	
	ownership of a partnership or other entity)	of which the foundation	on has a 10% or greate	r interest.		
	N/A					
2	Information Regarding Contribution, G	rant, Gift, Loan, Scho	olarship, etc., Program	ns:		
-	Check here ▶ X if the foundation only				es not accept	
	unsolicited requests for funds. If the found					
	organizations under other conditions, com			······································		
	The name, address, and telephone number			be addressed:		· · · · · · · · · · · · · · · · · · ·
đ	N/A	o. o. o.o polovii to mit	4774201.0 0110010			
	a1/ a2					
	The form in which applications should be	outpoitted and info-ma	tion and materials they	should include:		
b		smoini טיוא סטווווועטפ	uon anu matenais they	anoulu maude:		
	N/A					
С	Any submission deadlines:					
	N/A					
þ	Any restrictions or limitations on awards,	such as by geographic	al areas, charitable fiel	ds, kinds of institutions	, or other factors:	
	N/A					

Supplementary Information (continued) 3 'Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of **Amount** any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year None Public Chari American Cancer Assoc. 941 E 300 S, Ste 100 Healthcare 5,000 Salt Lake City UT 84115 Public Chari Deseret Foundation None Healthcare 8th Avenue & C Street 750 Salt Lake City UT 84101 Public Chari Huntsman Cancer FD None Healthcare 30,000 500 Huntsman Way Salt Lake City UT 84108 United Way of SLC Public Chari None Healthcare 175 S West Temple 400 Salt Lake City UT 84101 36,150 **▶** 3a **Total b** Approved for future payment N/A Total **▶** 3b

Part XVI-A	Analysis of Income-Producing Acti	vities				
	ounts unless otherwise indicated	T	d business income (b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See page 28 of
1 Program se	rvice revenue			code		the instructions)
				 	<u> </u>	
p				44		<u> </u>
ċ				-		
				+		
e		-		+		
5 Food 61	nd contracts from government agencies			 		
9 rees al	n dues and assessments			1		
3 Interest on	savings and temporary cash investments			14	1,989	
				1		
	nd interest from securities					
	nanced property					
b Not det	ot-financed property					
6 Net rental in	ncome or (loss) from personal property					
7 Other inves						
	s) from sales of assets other than inventory			$oxed{oxed}$		
9 Net income	or (loss) from special events			ļ		
10 Gross profit	or (loss) from sales of inventory			.		
11 Other rever	nue: a					
b						
		ļ		- 		
d				-		
e		<u> </u>			1 000	
	dd columns (b), (d), and (e)				1,989	0 1,989
	ine 12, columns (b), (d), and (e)				13 <u> </u>	1,363
Part XVI-B			ent of Exempt P	urposes		
Line No.	Explain below how each activity for which income is					
▼	accomplishment of the foundation's exempt purpose instructions.)					the
1a	Assets are recieved from					
1a	and the income from the			asset	s is	
<u>la</u>	donated to qualified char	<u>ritable</u>	<u>recipients</u>	•		
					· - · · · · · · · · · · · · · · · ·	
						<u> </u>
						.
						
						
·						
			· <u>-</u>			
						
						
- 						
		·				

Date

84117

04/21/10

Check if

self-employed

Phone no 801-506-1110 Form 990-PF (2009)

Preparer's identifying

EIN ▶ 87-0497891

number (see Signature on

page 30 of the instructions)

P00353624

Pald Preparer's Use Only

Preparer's

signature

Firm's name (or yours if

self-employed), address, and ZIP code

Alfred J Kofoed CPA

Nievaard, Kofoed & Teran,

5151 South 900 East # 250

Salt Lake City, UT

Schedule B (Form 990, 890-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2009

Name of the organization

Employer identification number

87-0643568 The Okland Family Foundation Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 X 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, chantable, 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, chantable, 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 in the heading 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).

Schedule B (Form 990, 990-EZ, or 990-PF) (2009) of 1 of Part I **Employer identification number** Name of organization 87-0643568 The Okland Family Foundation Part I Contributors (see instructions) (d) (c) (a) **Aggregate contributions** Name, address, and ZIP + 4 Type of contribution No. Okland Construction Company Person 1. 1978 South West Temple **Payroli** 25,000 Noncash Salt Lake City UT 84115-1820 (Complete Part II if there is a noncash contribution.) (d) (b) (c) (a) No. **Aggregate contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) (b) (c) (d) (a) Aggregate contributions Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) (d) (a) (b) (c) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) (d) (c) (b) (a) Type of contribution Name, address, and ZIP + 4 Aggregate contributions No. Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) (c) (a) (b) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. Person Payroli Noncash (Complete Part II if there is

a noncash contribution.)

OK436 The Okland Family Foundation 87-0643568 FYE: 12/31/2009		Federal Statements	tatemen	ıts			4/21/2010 3:07 PM
	Statement 1 - Form 990-PF, Part I, Line 16a - Legal Fees	Form 990-PF,	, Part I, Line	16a - Legal	Fees		
Description		Total		Net Investment		Adjusted Net	Charitable Purpose
Legal Total	w w	1,872	w w	1,872	ง ง	1,872	\$ S
Sta	Statement 2 - Form	rm 990-PF, Pa	990-PF, Part I, Line 16b - Accounting Fees	b - Accounti	ng Fees		
Description	Г	Total	Inves	Net Investment	Adj	Adjusted Net	Charitable Purpose
of G		1 1	1	419	φ. 4	419	
Total	က ။	419	တ	419	တ	419	O
	Statement 3	3 - Form 990-PF,	PF, Part I, L	Part I, Line 18 - Taxes	Se		
Description		Total	N Inves	Net Investment	Adj	Adjusted Net	Charitable Purpose
Taxes	\$	99	\$	99	န	99	S.
Total	w.	99	φ.	99	ς,	99	۰ ۱
)	Statement 4 - Form		990-PF, Part I, Line 23 - Other Expenses	3 - Other Ex	penses		
Description	•	Total	N	Net Investment	Adj	Adjusted Net	Charitable Purpose
	\ \ \		\$		w		· ·
Expenses Bank charges		20		20		20	
Total	sy.	20	w	20	ς, V	20	0
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OK436 The Okland Family Foundation 87-0643568 FYE: 12/31/2009

Federal Statements

Name and Address Title Address Average Address Average Address Compensation 0.00 Expenses Town of the compensation of	Statement 5 - F	Statement 5 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.	ne 1 - List of Off	licers, Directors, Trus	tees, Etc.		
Director 0.00 0 0 Director 0.00 0 0 Director 0.00 0 0 Director 0.00 0 0 Director 0.00 0 0	Name and Address	Title	Average Hours	Compensation	Benefits	Expenses	
Director 0.00 0 0 Director 0.00 0 0 Director 0.00 0 0 Director 0.00 0 0	s G Okland Scenic Circle Lake City UT 84109	Director	0.00	0	0	0	
Director 0.00 0 Director 0.00 0 Director 0.00 0	Piscopo Ave C Street Lake City UT 84124	Director	0.00	0	0	0	
Director 0.00 0 Director 0.00 0	Collier E Ridge Pt tiful UT 84010	Director	0.00	0	0	0	
Director 0.00 0 0 T 84109	n Nielson S Mtn Oak Lake City UT 84124	Director	0.00	0	0	0	
	ndall Okland S Dallin Lake City UT 84109	Director	0.00	0	0	0	