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

2009

Department of the Treasury
Internal Revenue Service

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

For calendar year 2009, or tax year beginning MAY 01 , 2009, and ending APRIL 30 , 2010

Check all that apply Initial return Initial return of a former public charity Final return
 Amended return Address change Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	<p>Name of foundation LUND FOUNDATION</p> <p>Number and street (or P.O. box number if mail is not delivered to street address) P. O. BOX 980907</p> <p>Room/suite</p> <p>City or town, state, and ZIP code PARK CITY UT 84098-0907</p>			<p>A Employer Identification number 84-1417073</p> <p>B Telephone number (see instructions) (435) 615-7434</p> <p>C If exempt application is pending, check here ►</p> <p>D 1. Foreign organizations, check here ►</p> <p>2. Foreign organizations meeting the 85% test, check here and attach computation ►</p> <p>E If private foundation status was terminated under section 507(b)(1)(A), check here ►</p> <p>F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ►</p>	
<p>H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation</p> <p>I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 1,445,641</p>		<p>J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____</p> <p>(Part I, column (d) must be on cash basis.)</p>			
Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), & (d) may not necessarily equal the amounts in column (a) (see instructions))</small>		<p>(a) Revenue and expenses per books</p>	<p>(b) Net investment income</p>	<p>(c) Adjusted net income</p>	<p>(d) Disbursements for charitable purposes (cash basis only)</p>
R E V E N U E	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check ► <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temp. cash investments				
	4 Dividends and interest from securities				
	5 a Gross rents				
	b Net rental income or (loss) _____				
	6 a Net gain/(loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10 a Gross sales less rts & allowances <input type="checkbox"/> 0				
b Less Cost of goods sold _____					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	19,187	19,187	19,187		
O P E R A T I N G & A D M I N I E X P E N S E S</br>	13 Compensation of officers, directors, trustees, etc	0	RECEIVED		
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits.				
	16 a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule) #14				
	17 Interest				
	18 Taxes (attach schedule) (see instruction #2)	114	114	114	
	19 Depreciation (attach sch) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule) #3	35	35	35	
	24 Total operating and administrative expenses. Add lines 13 through 23	16,699	16,699	16,699	0
25 Contributions, gifts, grants paid	82,748			82,748	
26 Total exp & disbursements Add lines 24 and 25	99,447	16,699	16,699	82,748	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-80,260				
b Net investment income (if neg, enter -0-)		2,488			
c Adjusted net income (if neg, enter -0-)			2,488		

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

Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only. (See inst.)	Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash -- non-interest-bearing	4,216	2,329	2,329
2	Savings and temporary cash investments			
3	Accounts receivable ► Less: allowance for doubtful accts. ►			
4	Pledges receivable ► Less: allowance for doubtful accts. ►			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
7	Other notes and loans receivable (attach schedule) ► Less allowance for doubtful accounts ►			
8	Inventories for sale or use			
9	Prepaid expenses and deferred charges			
10a	Investments -- U.S. and state govt. obligations (attach sch)			
b	Investments -- corporate stock (attach schedule) #4 ..	192,925	211,990	211,990
c	Investments -- corporate bonds (attach schedule)			
11	Investments -- land, buildings, and equipment basis ► Less accumulated depreciation (attach schedule)			
12	Investments -- mortgage loans			
13	Investments -- other (attach schedule) #5 ..	1,174,221	1,229,741	1,229,741
14	Land, buildings, and equipment: basis ► Less accumulated depreciation (attach schedule)			
15	Other assets (describe ► SEE ATTACHMENT #6)	1,640	1,581	1,581
16	Total assets (to be completed by all filers -- see the instructions. Also, see page 1, item I)	1,373,002	1,445,641	1,445,641
L	LIABILITIES			
17	Accounts payable and accrued expenses			
18	Grants payable			
19	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons			
21	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe ►)	0	0	
23	Total liabilities (add lines 17 through 22)			
N	NET ASSETS			
24	Foundations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.	1,373,002	1,445,641	
25	Unrestricted			
26	Temporarily restricted			
27	Permanently restricted			
S	SAFETY			
28	Foundations that do not follow SFAS 117, ck. here ► <input type="checkbox"/> and complete lines 27 through 31.			
29	Capital stock, trust principal, or current funds			
30	Paid-in or capital surplus, or land, bldg., and equipment fund			
31	Retained earnings, accumulated income, endowment, or other funds			
30	Total net assets or fund balances (see the instructions)	1,373,002	1,445,641	
31	Total liabilities and net assets/fund balances (see the inst)	1,373,002	1,445,641	

Part III Analysis of Changes In Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year -- Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,373,002
2	Enter amount from Part I, line 27a	2	-80,260
3	Other increases not included in line 2 (itemize) ► SEE ATTACHMENT #7	3	152,899
4	Add lines 1, 2, and 3	4	1,445,641
5	Decreases not included in line 2 (itemize) ►	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) -- Part II, column (b), line 30	6	1,445,641

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brck warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P -- Purchase D -- Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		2	0
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see the instructions)	If (loss), enter -0- in Part I, line 8		3	0

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

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

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

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

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beg. in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	108,886	1,656,143	0.065747
2007	48,582	1,638,811	0.029645
2006	101,189	1,532,829	0.066015
2005	70,950	1,485,756	0.047753
2004	64,843	1,449,664	0.044730
2 Total of line 1, column (d)		2	0.253890
3 Average distribution ratio for the 5-year base period -- divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years.....		3	0.050778
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5.....		4	1,388,760
5 Multiply line 4 by line 3		5	70,518
6 Enter 1% of net investment income (1% of Part I, line 27b).....		6	25
7 Add lines 5 and 6		7	70,543
8 Enter qualifying distributions from Part XII, line 4.....		8	82,748

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

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

1 a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1.	
Date of ruling or determination letter: _____ (attach copy of ruling letter if necessary -- see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1 25
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)...	2 0
3	Add lines 1 and 2	3 25
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)...	4 0
5	Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0-	5 25
6	Credits/Payments:	
a	2009 estimated tax payments and 2008 overpayment credited to 2009.....	6a 500
b	Exempt foreign organizations -- tax withheld at source	6b
c	Tax paid with application for extension of time to file (Form 8868).....	6c
d	Backup withholding erroneously withheld	6d
7	Total credits and payments. Add lines 6a through 6d	7 500
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.....	8
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10 475
11	Enter amount of line 10 to be: Credited to 2010 estimated tax ►	475 Refunded ► 11

Part VII-A Statements Regarding Activities

1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.		
1c	Did the foundation file Form 1120-POL for this year?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation ... ► \$ _____ 0 (2) On foundation managers ... ► \$ _____ 0	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ _____ 0	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?.....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?.....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 conflict with the state law remain in the governing instrument?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7	Did the foundation have at least \$5,000 in assets at any time during the yr.? If "Yes," complete Part II, col. (c), & Part XV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
8a	Enter the states to which the foundation reports or with which it is registered (see the instructions) ► WY	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
10	Did any persons become substantial contributors during tax year? If "Yes," attach a schedule listing their names and addresses	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).....	11	X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X
14	Website address ► N/A		
14	The books are in care of ► SEE ATTACHMENT #8	Telephone no. ►	
	Located at ►	ZIP+4 ►	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 -- Check here	►	<input type="checkbox"/>
	and enter the amount of tax-exempt interest received or accrued during the year	►	15

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 If any Item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)?.....	N/A	
	Organizations relying on a current notice regarding disaster assistance check here	►	<input type="checkbox"/>
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	If "Yes," list the years..... ► 20 __, 20 __, 20 __, 20 __		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement -- see the instructions.)	N/A	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20 __, 20 __, 20 __, 20 __		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?.....		
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?.....		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year did the foundation pay or incur any amount to:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see the instructions)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5b	X
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A	
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		6b	X
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7b	X

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

(a) Name and address	(b) Title, and avg. hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred comp.	(e) Expense account, other allowances
SEE ATTACHMENT #9				

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and avg. hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE ATTACHMENT #10				

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

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)

3 Five highest-paid independent contractors for professional services (see the instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
SEE ATTACHMENT #11		

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

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

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See the instructions.	
3	

Total. Add lines 1 through 3 ►

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	1,404,159
b	Average of monthly cash balances	1b	5,750
c	Fair market value of all other assets (see the instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	1,409,909
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,409,909
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see the instructions)	4	21,149
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,388,760
6	Minimum Investment return. Enter 5% of line 5	6	69,438

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

1	Minimum investment return from Part X, line 6	1	69,438
2a	Tax on investment income for 2009 from Part VI, line 5	2a	25
b	Income tax for 2009. (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	25
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	69,413
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	69,413
6	Deduction from distributable amount (see the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	69,413

Part XII Qualifying Distributions (see the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. -- total from Part I, column (d), line 26	1a	82,748
b	Program-related investments -- total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	82,748
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see the instructions)	5	25
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	82,723

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

Part XIII Undistributed Income (see the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				69,413
2 Undistributed income, if any, as of the end of 2009.				
a Enter amount for 2008 only			82,748	
b Total for prior years 20 ____ , 20 ____ , 20 ____				
3 Excess distributions carryover, if any, to 2009.				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0			
4 Qualifying distributions for 2009 from Part XII, line 4 ► \$ 82,748				
a Applied to 2008, but not more than line 2a			82,748	
b Applied to undistributed income of prior years (Election required -- see the instructions)				
c Treated as distributions out of corpus (Election required -- see the instructions)				
d Applied to 2009 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2009 .. (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:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount -- see the instructions				
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount -- see the instructions				
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				69,413
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see the instructions)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see the instructions)				
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				

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

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

Part XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year — see the instructions.)**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ► if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed:

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

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year SEE ATTACHMENT #12				
Total			► 3a	82,748
b Approved for future payment				
Total			► 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

1 Program service revenue:

a _____
 b _____
 c _____
 d _____
 e _____
 f _____
 g Fees & contracts from government agencies

2 Membership dues and assessments**3 Interest on savings and temporary cash investments****4 Dividends and interest from securities****5 Net rental income or (loss) from real estate:**

a Debt-financed property

b Not debt-financed property

6 Net rental income or (loss) from personal property**7 Other investment income****8 Gain or (loss) from sales of assets other than inventory****9 Net income or (loss) from special events****10 Gross profit or (loss) from sales of inventory****11 Other revenue: a** _____

b _____
 c _____
 d _____
 e _____

12 Subtotal. Add columns (b), (d), and (e)**13 Total. Add line 12, columns (b), (d), and (e)**

(See worksheet in line 13 instructions to verify calculations)

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

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

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

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

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

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

b If "Yes," complete the following schedule.

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.				
SIGN	Signature of officer or trustee	Date	TREASURER	
PREPARED	Preparer's signature	02-18-2011	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (see Signature in the instructions) <i>0005-4309</i>
USE ONLY	Firm's name (or yours if self-employed), address, and ZIP code	SMITH & ANDERSON CPA'S LC 1558 SOUTH 1100 EAST SALT LAKE CITY, UT 84105-2438	EIN <input type="checkbox"/>	Phone no. <i>(801) 487-4671</i>

SCHEDULE OF OTHER PROFESSIONAL FEES

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

OPEN TO PUBLIC INSPECTION	For calendar year 2009, or tax period beginning 05-01-2009 , and ending 04-30-2010 .			
Name of Organization LUND FOUNDATION (LA FAMILIA FOUNDATION)			Employer Identification Number 84-1417073	
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charity
CAIRN INC - MANAGEMENT FEES	16,550	16,550	16,550	
Total	16,550	16,550	16,550	

SCHEDULE OF TAXES PAID

ATTACHMENT 2: PAGE 1 - 990- PF PAGE 1, PART I, LINE 18

OPEN TO PUBLIC INSPECTION	For calendar year 2009, or tax period beginning 05-01-2009 , and ending 04-30-2010 .			
Name of Organization LUND FOUNDATION (LA FAMILIA FOUNDATION)			Employer Identification Number 84-1417073	
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charity
FEDERAL EXCISE TAX 04-30-09	59	59	59	
ADDITIONAL PAYMENT TO TREASURY	55	55	55	
Total	114	114	114	

OTHER EXPENSES SCHEDULE

ATTACHMENT 3: PAGE 1 990-PF PAGE 1, PART I, LINE 23

OPEN TO PUBLIC INSPECTION	For calendar year 2009, or tax period beginning 05-01-2009 , and ending 04-30-2010 .		
Name of Organization LUND FOUNDATION (LA FAMILIA FOUNDATION)			Employer Identification Number 84-1417073
Description of Activity	Revenue and Expenses	Net Investment Income	Adjusted Net Income
BANK CHARGES	35	35	35
Total	35	35	35

SCHEDULE OF INVESTMENTS - CORPORATE STOCKS

ATTACHMENT 4: PAGE 1 - 990-PF PAGE 2, PART II, LINE 10B

OPEN TO PUBLIC	For calendar year 2009, or tax period beginning 05-01-2009, and ending			04-30-2010.
INSPECTION				
Name of Organization LUND FOUNDATION (LA FAMILIA FOUNDATION)			Employer Identification Number 84-1417073	
Description of Property	Cost	FMV at Year End	Book Value	Fair Market Value
1250 SHARES PRUDHOE BAY ROYALTY INTEREST		X	123,250	123,250
3000 SHARES NORTHERN EUROPEAN OIL ROYALTY TRUST		X	88,740	88,740
Total	211,990	211,990		

SCHEDULE OF INVESTMENTS – OTHERS

ATTACHMENT 5: PAGE 1 - 990-PF PAGE 2, PART II, LINE 13

OPEN TO PUBLIC

INSPECTION

For calendar year 2009, or tax period beginning 05-01-2009, and ending 04-30-2010.

Name of Organization

LUND FOUNDATION (LA FAMILIA FOUNDATION)

Employer Identification Number

LUND FOUNDATION (LA FAMILIA FOUNDATION) 84-1417073

Description	Cost	FMV at Year End	Book Value	Fair Market Value
289633 WF ADVANTAGE MONEY				
MARKET FD CL A		X		
115000 WELLS FARGO BANK			289,634	289,634
COMMODITIES CD		X		
246000 WELLS FARGO BANK			114,008	114,008
CURRENCIES CD 03-08-13		X		
246000 WELLS FARGO BANK US			245,154	245,154
INDEX CD 03-09-15		X		
246000 WELLS FARGO BANK			236,185	236,185
INTL INDEX CD 03-09-15		X		
1875 SHARES SABINE ROYALTY			245,385	245,385
TRUST UBI		X		
			99,375	99,375

Total

1,229,741

1,229,741

SCHEDULE OF OTHER ASSETS

ATTACHMENT 6: PAGE 1 - 990-PF PAGE 2, PART II, LINE 15

OPEN TO PUBLIC INSPECTION	For calendar year 2009, or tax period beginning 05-01-2009 , and ending 04-30-2010 .		
Name of Organization LUND FOUNDATION (LA FAMILIA FOUNDATION)			Employer Identification Number 84-1417073
Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
PREPAID FEDERAL EXCISE TAX FROM 04-30-09 RETURN FEDERAL EXCISE TAX TO BE REFUNDED FROM 04-30-09 RETURN	1,640	500 1,081	500 1,081
Totals	1,640	1,581	1,581

SCHEDULE OF OTHER INCREASES

ATTACHMENT 7: PAGE 1 - 990- PF PAGE 2, PART III, LINE 3

OPEN TO PUBLIC
INSPECTION

For calendar year 2009, or tax period beginning 05-01-2009, and ending 04-30-2010.

Name of Organization LUND FOUNDATION (LA FAMILIA FOUNDATION)	Employer Identification Number 84-1417073
---	--

Description of Increase	Total Amount
INCREASE IN FAIR MARKET VALUE 05-01-09 TO 04-30-10	152,899

Total

152,899

09_EOPFGR79

BOOKS ARE IN CARE OF

ATTACHMENT 8 - 990-PF PAGE 5, PART VII-A, LINE 14

OPEN TO PUBLIC	For calendar year 2009, or tax period beginning	05-01	, and ending	04-30-2010.
INSPECTION	Name of Organization			Employer Identification Number
	LUND FOUNDATION (LA FAMILIA FOUNDATION)			84-1417073
Part VII-A - Line 14				

Individual Name
or

Business Name.

THE LUND FOUNDATION

Street Address **4784 SAGEBRUSH ROAD**

U.S. Address:

Zip code **84098**

City **PARK CITY**

State **UT**

or

Foreign Address

City
or

Province or State
or

Country
or

Postal code
or

Phone Number **(435) 655-5133**

Fax Number
or

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 9: PAGE 1 - 990-PF PAGE 6, PART VIII

OPEN TO PUBLIC INSPECTION	For calendar year 2009, or tax period beginning	05-01-2009, and ending	04-30-2010.	
Name of Organization LUND FOUNDATION (LA FAMILIA FOUNDATION)		Employer Identification Number 84-1417073		
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
LINDA LUND P. O. BOX 981390 PARK CITY, UT 84098-1390 VICTOR L LUND P. O. BOX 981390 PARK CITY, UT 84098-1390 CHANDLER LUND 1740 EAST HUBBARD AVENUE SALT LAKE CITY, UT 84108 JERAMY C. LUND 4784 SAGEBRUSH ROAD PARK CITY, UT 84098	PRESIDENT 2.00 SECRETARY 2.00 VICE PRESIDENT TREASURER 4.00	0 0 2 0	0 0 0 0	0 0 0 0

COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

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

OPEN TO PUBLIC				
INSPECTION	For calendar year 2009, or tax period beginning 05-01-2009, and ending 04-30-2010.			
Name of Organization LUND FOUNDATION (LA FAMILIA FOUNDATION)		Employer Identification Number 84-1417073		
Part VIII Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees				
(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 empl. benefit plans & deferred compensation	(e) Expense account and other allowances
NONE		0	0	0

**COMPENSATION OF THE FIVE HIGHEST PAID INDEPENDENT CONTRACTORS
FOR PROFESSIONAL SERVICES**

ATTACHMENT 11: PAGE 1 990-PF PAGE 6, PART VIII, LINE 2

OPEN TO PUBLIC	For calendar year 2009, or tax period beginning	05-01-2009, and ending	04-30-2010.
INSPECTION			

Name of Organization	Employer Identification Number
LUND FOUNDATION (LA FAMILIA FOUNDATION)	84-1417073

Part VIII Compensation of the Five Highest Paid Independent Contractors for Professional Services

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		0

GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

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

OPEN TO PU

INSPECTION For calendar year 2009, or tax period beginning 05-01-2009, and ending 04-30-2010.

Name of Organization				Employer Identification Number
LUND FOUNDATION (LA FAMILIA FOUNDATION)			84-1417073	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
WILD UTAH PROJECT 68 SOUTH MAIN STREET #1 SALT LAKE CITY, UT 84101	NONE	501 (C) (3)	UNRESTRICTED	10,000
RECYCLE UTAH 1951 WOODBINE WAY PARK CITY, UT 84098	NONE	501 (C) (3)	UNRESTRICTED	10,000
COMMUNITY FOUNDATION OF UTAH 6405 SOUTH 300 EAST SALT LAKE CITY, UT 84121	NONE	501 (C) (3)	UNRESTRICTED	20,000
ROSIES CAR SEATS FOR KIDS P. O. BOX 981885 PARK CITY, UT 84098	NONE	501 (C) (3)	UNRESTRICTED	1,000
UNIVERSITY OF UTAH 201 SOUTH PRESIDENTS CIRCLE SALT LAKE CITY, UT 84112	NONE	501 (C) (3)	UNRESTRICTED	21,000
UTAH CLEAN ENERGY 1014 2ND AVENUE SALT LAKE CITY, UT 84103	NONE	501 (C) (3)	UNRESTRICTED	2,000
MOUNTAIN TRAILS FOUNDATION P. O. BOX 754 PARK CITY, UT 84098	NONE	501 (C) (3)	UNRESTRICTED	2,500
UTAH SYMPHONY 123 WEST SOUTH TEMPLE SALT LAKE CITY, UT 84101	NONE	501 (C) (3)	UNRESTRICTED	1,000
YWCA 322 EAST BROADWAY SALT LAKE CITY, UT 84111	NONE	501 (C) (3)	UNRESTRICTED	2,000
PARK CITY FOUNDATION P.O. BOX 681499 PARK CITY, UT 84098	NONE	501 (C) (3)	UNRESTRICTED	5,000
YELLOWSTONE PARK FOUNDATION 222 EAST MAIN STREET BOZEMAN, MONTANA 59715	NONE	501 (C) (3)	UNRESTRICTED	1,000
ROOT CAPITAL (ECOLOGIC) 955 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	NONE	501 (C) (3)	UNRESTRICTED	1,000
THE NATURE CONSERVANCY UTAH 559 EAST SOUTH TEMPLE SALT LAKE CITY, UT 84103	NONE	501 (C) (3)	UNRESTRICTED	5,000
BEST FRIENDS ANIMAL SANCTUARY 5001 ANGEL ROAD KANAB, UT 84741	NONE	501 (C) (3)	UNRESTRICTED	1,248
				82,748

Application for Extension of Time To File an Exempt Organization Return

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

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

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

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

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

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

Type or print	Name of Exempt Organization LUND FOUNDATION (LA FAMILIA FOUNDATION)	Employer identification number 84-1417073
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P. O. box, see instructions P. O. BOX 980907	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PARK CITY UT 84098-0907	

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

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

- The books are in the care of ► SEE ATTACHMENT #1

Telephone No. ►

FAX No ►

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until DECEMBER 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- calendar year 20 ___ or
- tax year beginning MAY 01, 2009, and ending APRIL 30, 2010.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	400
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	500
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.		\$	0

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

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

Form 8868 (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box.

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of Exempt Organization LUND FOUNDATION (LA FAMILIA FOUNDATION)	Employer Identification number 84-1417073
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions P. O. BOX 980907	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions PARK CITY UT 84098-0907	

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

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► **SEE ATTACHMENT #1**

Telephone No. ► _____ FAX No. ► _____

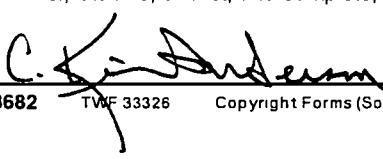
- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box. If it is for part of the group, check this box.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

4 I request an additional 3-month extension of time until **MARCH 15, 2011**
 5 For calendar year _____, or other tax year beginning **MAY 01, 2009**, and ending **APR 30, 2010**
 6 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period
 7 State in detail why you need the extension **INFORMATION IS BEING SUMMARIZED IN ORDER TO PREPARE A COMPLETE RETURN**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$ 400
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$ 500
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$ 0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ►  C. K. Anderson

Title ► CPA

Date ► 12-07-2010

JVA 09 88682 TWF 33326

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Form 8868 (Rev. 4-2009)