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# **Return of Private Foundation**

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

OMB No 1545-0052

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	alen	dar year 2010, or tax year begi	nning DEC	9, 2	2010	, and e	nding	DEC 31, 20	)10	
G	heck	all that apply:	l return	ir	nitial return of a fo	ormer public o	harity	Final r	eturn	
		Amer	nded return		Address chan	ge		Name change		
Nar	ne of	foundation				A Employer identification number				
		THE KESSLER	FAMILY FO	UNDAI	ION		<b>.</b>	27-42180		
Nun	nber a	nd street (or P O box number if mail is		address)			Room/suite	B Telephone number		
		1151 EAST CA	BOT LANE				L	(801)233		
City	or to	own, state, and ZIP code						C If exemption application		
<u>L</u>			84020					D 1. Foreign organiza	ations, check here	
H C	_	• • •	Section 501(c)(3) ex					check here and atta	ons meeting the 85% test, ach computation	
		ction 4947(a)(1) nonexempt cha			ole private founda		<del></del>		n status was terminated	
		rket value of all assets at end of		-		Accr	ual	1	(b)(1)(A), check here	
		Part II, col (c), line 16)	0 0 . (Part I, colu	ther (specif		hacie I	<del></del>		in a 60-month termination	
	s irt l								(b)(1)(B), check here (d) Disbursements	
	<u> </u>	(The total of amounts in columns (b) necessarily equal the amounts in co	, (c), and (d) may not	expen	evenue and ses per books		vestment ome	(c) Adjusted net income	for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc.	, received	1	00,000.			N/A		
	2	Check if the foundation is not related to the foundation is not re	equired to attach Sch B							
	3	cash investments								
	4	Dividends and interest from sec	curities							
	l	Gross rents					<del></del>			
		Net rental income or (loss)						1		
ne	ba	Net gain or (loss) from sale of assets to Gross sales price for all	not on line 10	<u> </u>				<del> </del>		
Revenue	7	assets on line 6a  Capital gain net income (from Part IV,	ine 2)				0.			
Re	8	Net short-term capital gain	inte 2)					-		
	9	Income modifications								
	10a	Gross sales less returns and allowances						†		
	b	Less Cost of goods sold								
<b>∠</b> UII.	c	Gross profit or (loss)								
8	11	Other income								
<u>₹</u>	12	Total Add lines 1 through 11		1	<u> 100,000.</u>		0.			
	13	Compensation of officers, directors, f	trustees, etc		0.		0.	· <u></u>	0.	
	14	Other employee salaries and wa	•							
o s	15	Pension plans, employee benef	its			-				
Jses.		Legal fees								
Expen	b	Accounting fees					<del></del> i	<del> </del>		
Expen		Other professional fees			RECE	WFD-	<del></del>	<del>                                     </del>		
} ≩	17	Interest		1	I I L U L	· · · · · ·	08			
and Administrative	18	Taxes		18	NOV 2	2011	8			
Ę	19	Depreciation and depletion		1=		1 (UII	2	<del> </del>		
Λdπ	20 21	Occupancy Travel, conferences, and meetir	ane	1 1 1 1	i		<del>]= </del>	<del> </del>		
Į pt	22	Printing and publications	iyə		OGDE	N. UT				
gar	1	Other expenses		<u> </u>				<del> </del>		
Operating	24	Total operating and administra	ative				<del></del>			
era		expenses Add lines 13 throug			0.		0.		0.	
Ö	25	Contributions, gifts, grants paid			0.			<u> </u>	0.	
	26	Total expenses and disbursen					· · · · · · · · · · · · · · · · · · ·			
		Add lines 24 and 25			0.		0.		0.	
	27	Subtract line 26 from line 12:								
	a	Excess of revenue over expenses and	d disbursements	L	L00,000.					
	b	Net investment income (if negati	rive, enter -0-)				0.	,		
0005	c	Adjusted net income (if negative				l	<del></del>	N/A		
0235	7-10	LHA For Paperwork Reduct	ion Act Notice, see	the instruc	ctions				Form <b>990-PF</b> (2010)	

	,1				
For	m 99	00-PF (2010) THE KESSLER FAMILY FOUN			218093 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	(b) Book Value	(c) Fair Market Value
_			(a) Book Value	100,000.	
	1	Cash - non-interest-bearing		100,000.	100,000.
	2	Savings and temporary cash investments			
	3	Accounts receivable -			
		Less: allowance for doubtful accounts			<del></del>
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts			<del></del>
	5	Grants receivable	<del></del>	<del></del>	<del></del>
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons	<del></del>		
	7	<del></del>			
		Less: allowance for doubtful accounts			
ets	•	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
٩	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	investments - land, buildings, and equipment, basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers)	0.	100,000.	100,000.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
apı	21	Mortgages and other notes payable			
	22	Other liabilities (describe  )			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31			
Ses	24	Unrestricted			
aŭ	25	Temporarily restricted			
Bal	26	Permanently restricted			
nd		Foundations that do not follow SFAS 117, check here			
or Fund Balances		and complete lines 27 through 31			
	27	Capital stock, trust principal, or current funds	0.	0.	
sets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Assets	29	Retained earnings, accumulated income, endowment, or other funds	0.	100,000.	
Net	30	Total net assets or fund balances	0.	100,000.	
4	55	. C.E. II.C. EDUCA OF INTER DESIGNOOF	<u> </u>		

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

31 Total liabilities and net assets/fund balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30	T	T	
	(must agree with end-of-year figure reported on prior year's return)	1	L	0.
2	Enter amount from Part I, line 27a	2		100,000.
3	Other increases not included in line 2 (itemize)	3	$oxed{\Box}$	0.
4	Add lines 1, 2, and 3	4	Π	100,000.
5	Decreases not included in line 2 (itemize) ▶	5	Γ	_0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6_	L	100,000.

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0.

100,000

Part IV	Capital Gains a	and Loss	es for Tax on In	vestmen	t Income	,				
	(a) List and descr 2-story brick wa	ibe the kind(s rehouse; or c	s) of property sold (e.g. common stock, 200 shs	, real estate, MLC Co.)		( <b>b)</b>	low acquired - Purchase - Donation		e acquired day, yr.)	(d) Date sold (mo., day, yr.)
1a						<u> </u>				
b	NOI	JE				<u> </u>		ļ		
С						ļ		ļ		
d						<u> </u>		ļ		
е			· · · · · · · · · · · · · · · · · · ·			Щ,	<del></del>			
(e)	Gross sales price		reciation allowed r allowable)		st or other basis expense of sale			(h) (e) p	Gain or (loss us (f) minus	s) (g)
a				,						<del></del>
b										<del>-</del>
С										
d				<del> </del>	<del></del>	-				
е		<del></del>	4.5	<del> </del>	10/01/00					
Comple	te only for assets showin						,		(Col. (h) gair it not less tha	
(i) F.N	1.V. as of 12/31/69		djusted basis of 12/31/69		col. (j), if any				es (from col	
a										
b										<del> </del>
С										
<u>d</u>										
е										
3 Net shor If gain, a	ain net income or (net ca t-term capital gain or (los ilso enter in Part I, line 8,	s) as defined	If gain, also enter If (loss), enter -0-		7 :7	}	2			
If (loss),	enter -0- in Part I, line 8 Qualification U					لل	3			
(For optiona	al use by domestic private 040(d)(2) applies, leave the	foundations	subject to the section 4							N/A
If "Yes," the	indation liable for the sect foundation does not qual	ify under sec	tion 4940(e). Do not co	mplete this pa	art.					Yes No
1 Enter th	e appropriate amount in e	ach column	for each year; see instri	uctions before	making any entri	ies				(4)
Calendar	(a) Base period years year (or tax year beginning	ng in)	(b) Adjusted qualifying dis	tributions	Net value of no	(c) oncha	rıtable-use assı	ets	Distri (col. (b) di	(d) bution ratio vided by col. (c))
	2009									
	2008									
	2007							-		
	2006									
	2005				1		<del> </del>			
2 Total of	line 1, column (d)							2		
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					
the loui	dation has been in exister	ice ii iess tita	iii 5 yedis					"		<u> </u>
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5					4		···-			
5 Multiply line 4 by line 3					5					
6 Enter 1% of net investment income (1% of Part I, line 27b)					6					
7 Add lines 5 and 6					7		···			
•	ialifying distributions from			46 1 · -	alaka Abak		0/ +0	8		
	is equal to or greater than Part VI instructions	tine 7, check	tne box in Part VI, line	1b, and com	piete that part usi	ng a 1	% tax rate			

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_	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948	- see i	nstru	ctior	15)
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)		-			_
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here   and enter 1%	1_				0.
	of Part I, line 27b					
	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				<u>0.</u>
	Add lines 1 and 2	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				<u>0.</u>
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
6	Credits/Payments:					
a	2010 estimated tax payments and 2009 overpayment credited to 2010 6a					
b	Exempt foreign organizations - tax withheld at source	j				
C	Tax paid with application for extension of time to file (Form 8868)	j				
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d	_7_				0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be: Credited to 2011 estimated tax	11				
	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 participate or intervene	ın			Yes	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see 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	d or				
	distributed by the foundation in connection with the activities.				ì	
c	Did the foundation file Form 1120-POL for this year?			1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
Ī	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 .					
٩	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?			2		x
-	If "Yes," attach a detailed description of the activities					
ą	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	٦r				
٠	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
Δa	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-1	,	5		Х
٠	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.					
٠	By language in the governing instrument, or					
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state</li> </ul>	a law				
	remain in the governing instrument?	LIUW		6	X	
7	•			7	X	
1	Did the foundation have at least \$5,000 in assets at any time during the year?				Λ.	<del> </del>
0.	If "Yes," complete Part II, col. (c), and Part XV			j		
ъa	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	UT					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			8ь	v	
of each state as required by General Instruction G? If "No," attach explanation					X	<del> </del>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	noar				v
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV	m.	. 1	9	v	X
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses	TMT	. T	10	X	!

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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 2010?

Part VII-B   Statements Regarding Activities for Which		Peguired (	27-42180	93	Page 6
	FUTTI 4/20 IVIAY DE I	nequired (contin	uea)		<del></del>
5a During the year did the foundation pay or incur any amount to.	n 4045(n))0	<u> </u>	es X No		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es Lau No	i	
(2) Influence the outcome of any specific public election (see section 4955); o	or to carry on, directly of indi-		es X No		
any voter registration drive?	.0		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y6	es LALINO		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		[ <del>32]</del>		
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or		[++]		
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni		in Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	_
Organizations relying on a current notice regarding disaster assistance check t					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f					
expenditure responsibility for the grant?	Ŋ	√N	es L No		
If "Yes," attach the statement required by Regulations section 53 494.	5-5(d)				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			j	
a personal benefit contract?		Ye	es X No		1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		L	6b	X
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Y6	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribi			N/A	7b	
Dort VIII Information About Officers, Directors, Trust		anagers, Highly			
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E	xpense int, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	accor	wances
ADAM M KESSLER	PRESIDENT				
1151 EAST CABOT LANE					
DRAPER, UT 84020	1.00	0.	0.		0.
NATALIE A KESSLER	VICE PRESIDEN				
1151 EAST CABOT LANE		1			
DRAPER, UT 84020	1.00	0.	0.		0.
Didit dit, of 04020	1.00	-		<del> </del>	
	†			1	
	1				
	<del>                                     </del>	<del> </del>			
	-				
	-				
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1) if none	enter "NONE "	L	ــــــــــــــــــــــــــــــــــــــ	
2 Compensation of the ingress paid employees (outer than allose in	(b) Title, and average	, circo registar	(d) Contributions to	(e) f	xoense
(a) Name and address of each employee paid more than \$50,000	' 'hours per week '	(c) Compensation	employee benefit plans and deferred	accou	Expense unt, other
NONE	devoted to position		compensation	ano	wances
NONE	-				
		+		<del> </del>	
	-	1		1	
		-		<u> </u>	
	_				
		ļ		ļ	
	_			1	
	_	1			
				<u></u>	
Total number of other employees paid over \$50,000			<b>▶</b>		0
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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
Five highest-paid independent contractors for professional services. If none, enter "NC	ONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<del></del>	
		<del></del>
Total number of others receiving over \$50,000 for professional services	<del></del>	<u>▶</u>  0
Part IX-A Summary of Direct Charitable Activities	·	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced	nformation such as the , etc.	Expenses
N/A		
2		
3		
<u> </u>		
D. J.V. D.L.	<u></u>	
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2	Amount
N/A	1 dilu 2.	Aillouill
N/A		
All other program-related investments See instructions.		
·		
Total. Add lines 1 through 3	<b></b>	0.
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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	e 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	0.
b	Average of monthly cash balances	1b	100,000.
c	Fair market value of all other assets	1c	
d		1d	100,000.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	100,000.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,500.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	98,500.
6	Minimum investment return Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	310.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here   and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	310.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
¢	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	310.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	310.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	310.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		_
a	Expenses, contributions, gifts, etc - total from Part 1, column (d), line 26	1a	0.
b	Program-related investments - total from Part IX-B	1b	0.
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	<del> </del>
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
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	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	0.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies for t	he section

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Part XIII Undistributed Income (see instructions)

1. Distributible amount for 2010 from Part XI, Iner 7 2. Undestination of Control of Con		(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
2. Understoward recover, if any, we of the evid of 2010 a. Enter amount of 2009 only b. Total for prior years	•				310
a Enter amount for 2009 only b Total for pror years  C Excess distributions carryover, if any, to 2010; a From 2005 b From 2006 c From 2007 d From 2008  1 Total to lines 3s throughe  O Loutsing distributions for 2010 from Part XII, line 4, ▶ S. Applied to 2009, but not more than line 2a b Applied to 2009, but not more than line 2a b Applied to 2009, but not more than line 2a c Applied to 2009, but not more than line 2a b Applied to 2009, but not more than line 2a c Applied to 2009, but not more than line 2a c Applied to 2009, but not more than line 2a c Applied to 2009, but not more than line 2a c Applied to 2009, but not more than line 2a c Applied to 2009, but not more than line 2a c Applied to 2009, but not more than line 2a c Prestad as distributions out of corpus (Election required - see instructions) C Ireated as distributions out of corpus (Election required - see instructions) C Ireated as distributions out of corpus (Election required - see instructions) C Ireated as distributions out of corpus (Election required - see instructions) C Ireated as distributions out of corpus (Election required - see instructions) C Ireated as distributions out of corpus (Election required - see instructions) C Ireated as distributions out of corpus (Election required - see instructions) C Ireated as distribution of prior years' U Ireated as distribution out of prior years' U Ireated as distributions out of corpus to statisfy requirements imposed by assessed underbuticed income for Amounts related as distributions out of corpus to statisfy requirements imposed by account of the 5 or line 5 or line 7 C Ireated as distributions carryover from 205 D Ireated as di					310.
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3. Excess distributions carryover, if any, to 2010: a From 2005 b From 2006 c From 2009 d Grown 2009 d	b Total for prior years		0		
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Firm 2008	<del></del> 1				
e From 2009					
1 Total of lines 3a through e   0 .					
4 Dualifying distributions for 2010 from Part XI, line 4, ▶ S O. a Applied to Quolity into more than line 2a D. a Applied to undistributed microme of prior years (Election required - see instructions) C. Treated as distributions out of corpus (Election required - see instructions) D. d. d. Applied to 2010 distributable amount P. B. C. and Applied to 2010 distributable amount P. C. and Applied to 2010 distributable amount P. D. and		0.			
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10 Analysis of line 9- a Excess from 2006 b Excess from 2007 c Excess from 2008 d Excess from 2009		n .			
a Excess from 2006 b Excess from 2007 c Excess from 2008 d Excess from 2009	The state of the s				
b Excess from 2007 c Excess from 2008 d Excess from 2009	- 1				
d Excess from 2008					
d Excess from 2009					
	<del></del>				
	e Excess from 2010				

Part XIV Private Operating F	SLER FAMILY				218093 Page 10			
<del></del>	<del></del>		-A, question 9)	N/A	<del></del>			
1 a If the foundation has received a ruling o								
foundation, and the ruling is effective for	•	•	▶ ∟		10.10(1)(5)			
	dation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)							
2 a Enter the lesser of the adjusted net	Tax year (a) 2010	(b) 2009	Prior 3 years (c) 2008	(d) 2007	(e) Total			
income from Part I or the minimum	(a) 2010	(0) 2009	(6) 2000	(4) 2007	(6) 10(4)			
investment return from Part X for								
each year listed			·		<del></del>			
b 85% of line 2a			·	<del></del>	<del></del>			
c Qualifying distributions from Part XII,								
line 4 for each year listed			<del> </del>		<del> </del>			
d Amounts included in line 2c not			]					
used directly for active conduct of								
exempt activities								
e Qualifying distributions made directly			1					
for active conduct of exempt activities.			1					
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			ļ					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)								
b "Endowment" alternative test - enter								
2/3 of minimum 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 Info	rmation (Comple	te this part only	if the founda	tion had \$5,000 or n	nore in assets			
at any time during t	he year-see the	instructions.)						
1 Information Regarding Foundatio	n Managers:	-						
a List any managers of the foundation wh	o have contributed more	than 2% of the total cont	ributions received b	y the foundation before the c	ose of any tax			
year (but only if they have contributed in	nore than \$5,000) (See s	ection 507(d)(2).)						
NONE								
b List any managers of the foundation wh			(or an equally large	portion of the ownership of a	partnership or			
other entity) of which the foundation has	s a 10% or greater interes	st.						
NONE								
2 Information Regarding Contributi		• • • • •	_					
Check here 🕨 📖 If the foundation o								
the foundation makes gifts, grants, etc.	(see instructions) to indiv	riduals or organizations u	nder other conditio	ns, complete items 2a, b, c, a	nd d			
a The name, address, and telephone num	ber of the person to who	m applications should be	addressed					
ADAM KESSLER, (801)2	33-3700							
1151 EAST CABOT LANE	, DRAPER, U	T 84020						
<b>b</b> The form in which applications should b	e submitted and informa	tion and materials they sl	rould include:					
PLEASE CONTACT THE FOUNDATION AT (801)233-3700								
c Any submission deadlines:								
PLEASE CONTACT THE F					· · · · · · · · · · · · · · · · · · ·			
d Any restrictions or limitations on awards PLEASE CONTACT THE F				s, or other factors:				
LUDADE CONTACT THE P	COMPATION W	T (OOT) 733-	3/00					

Grants and Contributions Paid During t	he Year or Approved for Future F	ayment		
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	Of Substantial Contributor	recipion		
a Palo during the year				
NONE				
		-		
		ĺ		
			'	
			į	
Total			<b>▶</b> 3a	
Approved for future payment				
, <b>, , , , , , , , , , , , , , , , , , </b>				
NONE				
			ŀ	
Total			<b>▶</b> 3b	

11

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

Enter gross amounts unless otherwise indicated.	-	ed business income		ided by section 512 513 or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
C	1				
d	1				
	1				
e			+		·-·-·
- Feed and contracts from government agencies			<del> </del>	<u> </u>	
g Fees and contracts from government agencies			<del> </del> -		
2 Membership dues and assessments			+		
3 Interest on savings and temporary cash					
investments			+	<u> </u>	
4 Dividends and interest from securities		<u> </u>			
5 Net rental income or (loss) from real estate:			+		
a Debt-financed property	ļ		+		
b Not debt-financed property				<del>                                     </del>	
6 Net rental income or (loss) from personal					
property			<del> </del>		
7 Other investment income			<u> </u>	ļ	
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events			<u> </u>		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C	i				
d	1				
e					
12 Subtotal. Add columns (b), (d), and (e)	-	0		0.	0.
13 Total Add line 12, columns (b), (d), and (e)		<del></del>			0.
(See worksheet in line 13 instructions to verify calculations.)					
Line No Explain below how each activity for which inc the foundation's exempt purposes (other than			A contri	buted importantly to the acco	mplishment of
	-		·		

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

1	Did the or	ganızatıon directly or indir	rectly engage in any	of the followin	g with any other organization	on described in secti	on 501(c) of		Yes	No
	the Code (	other than section 501(c)	)(3) organizations) o	r in section 52	7, relating to political organ	nzations?				
a	Transfers	from the reporting founda	ation to a noncharita	ble exempt orç	ganization of			}		
	(1) Cash							1a(1)		<u>X</u>
	(2) Other	assets						1a(2)		<u>X</u>
Þ	Other tran	sactions						İ		
	(1) Sales	of assets to a noncharitat	ble exempt organizat	tion				16(1)		<u>X</u>
	(2) Purch	nases of assets from a nor	ncharitable exempt c	rganization				1b(2)		_X_
	(3) Renta	il of facilities, equipment, o	or other assets					1b(3)		X
	(4) Reimi	bursement arrangements						1b(4)		X
	(5) Loans	s or loan guarantees						1b(5)	-	X
	(6) Perfor	rmance of services or mei	mbership or fundrais	sing solicitatio	ns			1b(6)		X
С	Sharing of	f facilities, equipment, mai	iling lists, other asse	ts, or paid em	ployees			1c		X
	_				dule. Column (b) should alv	ways show the fair n	narket value of the g	oods, other ass	ets,	
					ed less than fair market valu				•	
		) the value of the goods, o				-				
a) L	<del></del>	(b) Amount involved			exempt organization	(d) Description	of transfers, transactio	ns, and sharing ari	angeme	ents
-		· · ·	·	N/A						
			<del></del>		<del></del>					
	<del></del>		<del></del>	<del></del> -						
_	<del>-  -</del>									
	<del></del>									
	-+									
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						- <del></del> -	<del></del>			
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_						<del></del>	<del></del>			
_										
				<del></del>		_				
			L							
2a		•	•	•	or more tax-exempt organi	zations described			·	-
	ın section	501(c) of the Code (other	r than section 501(c)	(3)) or in sect	ion 527?			Yes	X	∏No
b	If "Yes," co	emplete the following sche								
		(a) Name of org	anization		(b) Type of organization		(c) Description of re	lationship		
		N/A								
			· ·-							
_										
		·								
	Unde	er penalties of perjury, I declare	that I have examined th	nis return, includi	ng accompanying schedules an ased on all information of which	d statements, and to the	e best of my knowledge	e and belief, it is tr	ле, сопте	ect,
Si	gn   and c	complete Declaration of prepai	irer (otyler than taxpayer	or fiduciary) is ba	ased on all information of which	preparer has any knowl	ICE			
He	ere 📐	Motaly	UUMU		K 11/15/	PF	RESIDENT			
		Signature of officer or tru	istee		Date		itle			
_		Print/Type preparer's na	ime	Preparer's si	gnature	Date	Check if	PTIN		
				\ (			self- employed			
Pa	iid	D. SCOTT J.	ACKSON -	17-7	177	11.15.2011				
	eparer	Firm's name ► ALL		ON P	C.		Firm's EIN ▶			
	e Only			, - •						
		Firm's address ▶ 21	птаои оо	MATN			<del> </del>			
			RTH LOGAN		4341		Phone no 4	35 <u>-752</u> -	641	.1
_		140.	TATE TOGATE	<u>, 01 0</u>			Fritoric ito 4	Form <b>99</b> 0		
								101111 ききし	m   m   L	CU 101

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

Department of the Treasury Internal Revenue Service

## Schedule of Contributors

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

OMB No 1545-0047

2010

Employer identification number Name of the organization THE KESSLER FAMILY FOUNDATION 27-4218093 Organization type (check one) Section: Filers of: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 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, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

	. •		
Schedule B (F	Form 990 990-EZ or 990-PF) (2010)	<u> </u>	Page 1 of 1 of Parts Employer identification number
	ESSLER FAMILY FOUNDATION		27-4218093
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	(d) ons Type of contribution
1	ACADEMY MORTGAGE CORPORATION  1218 EAST 7800 SOUTH SUITE 100  SANDY, UT 84094	\$100,00	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributi	(d) ons Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributi	(d) ons Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribute	(d) ons Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b) Name, address, and ZIP + 4	(c)	(d)

Person

Page of of Employer identification number

שמח	VECCI.ED	ENMITT.V	FOUNDATION
THE	KESSLEK	LAMIT	LOUNDATION

	R FAMILY FOUNDATION		-4218093
rt II Nonc	ash Property (see instructions)		<del>y</del>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	   990, 990-EZ, or 990-PF) (

ame of organ	990, 990-EZ or 990-PF) (2010)		Page of o
			Employer identification number
нь кво	SSLER FAMILY FOUNDATIO	N	27-4218093
Part III	Exclusively religious, charitable, etc., i	ndividual contributions to section 50 te columns (a) through (e) and the follow ous, charitable, etc., contributions of	1(c)(7), (8), or (10) organizations aggregating wing line entry. For organizations completing
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No.	(h) D	(-) 11	
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	.,	Relationship of transferor to transferee
) No.			
,	(h) Durnosa of gift	(c) Use of gift	(d) Description of how gift is held
rom	(b) Purpose of gift		
from	(b) i dipose oi gitt	(e) Transfer of gift	
from	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
rom Part I			
a) No.			
a) No. from Part I	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

FORM 990-PF

. . . . . . .

LIST OF SUBSTANTIAL CONTRIBUTORS
PART VII-A, LINE 10

STATEMENT

1

NAME OF CONTRIBUTOR

ADDRESS

ACADEMY MORTGAGE CORPORATION

1218 EAST 7800 SOUTH SUITE 100

SANDY, UT 84094

# Form **8868** (Rev January 2011)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

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

OMB No 1545 1709

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Form 8868 (Rev 1-2011)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits 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 Name of exempt organization Employer identification number Type or print THE KESSLER FAMILY FOUNDATION 27-4218093 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 1151 EAST CABOT LANE return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions DRAPER, UT 84020 0 4 Enter the Return code for the return that this application is for (file a separate application for each return) Return Application Return Application Is For is For Code Code Form 990 01 Form 990-T (corporation) 07 Form 1041-A 80 Form 990-BL Form 990-EZ 03 Form 4720 09 10 Form 990-PF 04 Form 5227 Form 6069 11 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 8870 Form 990-T (trust other than above) THE ORGANIZATION • The books are in the care of ▶ 1151 EAST CABOT LANE - DRAPER, UT 84020 Telephone No ► (801)233-3700 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 I request an automatic 3-month (6 months for a corporation required to file Form 990 T) extension of time until AUGUST 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for. calendar year or ► X tax year beginning DEC 9, 2010 , and ending DEC 31, 2010 X Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason 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 0. nonrefundable credits. See instructions За 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 3ь Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

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

LHA

For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2011)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month	Extension.	complete only Part II and check this b	ОХ		▶ X
Note. Only complete Part II if you have already been granted a				3868	,
• If you are filing for an Automatic 3-Month Extension, com					
Part II Additional (Not Automatic) 3-Month	n Extensio	n of Time. Only file the original (no o	opies r	eeded) _	
Name of exempt organization	- <del></del>		Empl	oyer identi	fication number
Print					
File by the			1 2	<u>7-4218</u>	3093
extended Number, street, and room or suite no it a P.O box	x, see instruc	tions			
due date for filing your 1151 EAST CABOT LANE					<del></del>
City, town or post office, state, and ZIP code For	a toreign add	dress, see instructions			
DRAPER, UT 84020	<del></del>				<del></del>
Enter the Return code for the return that this application is for	Ifile a conora	ito application for each return)			0 4
Enter the Hetum code for the return that this application is for	(ille a sepaia	tte application to each return			1014
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990	01				
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069					11
Form 990-T (trust other than above) 06 Form 8870					12
STOP! Do not complete Part II if you were not already gran	ted an autor	matic 3-month extension on a previou	usly file	d Form 88	68.
THE ORGANIZAT			_		
<ul> <li>The books are in the care of ► 1151 EAST CAR</li> </ul>	BOT LAN		0		
Telephone No ► <u>(801)233-3700</u>	-	FAX No 🕨			
<ul> <li>If the organization does not have an office or place of busing</li> </ul>					
If this is for a Group Return, enter the organization's four difference of the second se					
box ► If it is for part of the group, check this box ►			ll memb	ers the exte	ension is for
4 I request an additional 3-month extension of time until	NOVEM	BER 15, 2011	חחת	71 1	2010
5 For calendar year, or other tax year beginning			<del></del>		2010
6 If the tax year entered in line 5 is for less than 12 month	s, cneck reas	son X Initial return	∫ Fınal r	eturn	
Change in accounting period					
7 State in detail why you need the extension ADDITIONAL TIME IS NECESARY	TNI OPD	ב שנו ה השתר ה שנים בי	MEOD	MATTON	NEEDED
TO PREPARE A COMPLETE AND AC			MI OI	THATTOL	MEEDED
TO PREPARE A COMPLETE AND AC	COMIL	RETORN.			
8a If this application is for Form 990-BL, 990-PF, 990-T, 473	20 or 6069 (	enter the tentative tax less any			
nonrefundable credits. See instructions	20, 0, 0000,	Sitter the terretive tax, less arry	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 60	69. enter anv	refundable credits and estimated	1		<del></del>
tax payments made Include any prior year overpaymen	_		)	j	
previously with Form 8868			8b	\$	0.
c Balance due. Subtract line 8b from line 8a Include you	r payment w	th this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System) See in	nstructions		8c	\$	0.
		nd Verification			
Under penalties of perjury, I declare that I have examined this form, in it is true, correct, and complete, and that I am authorized to prepare the	cluding accom	panying schedules and statements, and to t	he best c	f my knowie	dge and belief,
			Б.	ر نو ر	
Signature Title	<u>CPA</u>		Date	P0-1	5-ZD11

Date ► 8-(5-ZD) ( Form 8868 (Rev 1-2011)

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