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## Form **990-PF**

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

OMB No 1545-0052

2010

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 cal	endar year 2010, or	tax year beginn	ing		, 2010	, and ending		,			
G Che	eck all that apply	Initial return	Init	ial Return o	f a former p	ublic charity		-	Fin	al return	
		Amended ref	turn	Γ	Address	change	Name	change			
							A	Employer identi	fication nu	mber	
THE :	STEVE YOUNG I	FAMILY FOUN	DATIC	ON				87-0517	242		
	WEST 500 SOU						В	Telephone numb		instructions)	
BOUN'	TIFUL, UT 840	010									
							C	If exemption ap	plication is	pending, check here	-
							D	1 Foreign organiza	atıons, che	ck here .	-
H C	heck type of organia	zation X Se	ction 50	1(c)(3) exen	npt private f	oundation		2 Foreign organiza	ations mee	ting the 85% test, chec	k 🗔
	Section 4947(a)(1	) nonexempt cha	aritable i	trust 🗍 Oth	er taxable	orivate founda	ation _	here and attach	•		^ ∐
	ir market value of all ass		J Acc	counting me	thod X C	ash Acc	rual	If private founds under section 5		s was terminated	▶ [
(fi	rom Part II, column (c), li	ne 16)		Other (specify)	·		F			), check here )-month termination	L
<b>▶</b> \$		4,649.	(Part I	, column (d)	must be or	n cash basis.)		under section 5			▶ 🗌
Partil				(a) Reve	nue and	(b) Net inve	estment	(c) Adjuste	d net	(d) Disburseme	nts
	Expenses (Th	e total of amoun	ts in	expenses		incon		income		for charitable	
	columns (b), (c), sarily equal the a	. ana (a) may no: amounts in colun	t neces- nn (a)							purposes	1
	(see the instructi		(2)							(cash basis on	iy)
	1 Contributions, gifts	s, grants, etc, received	(att sch)			Sandal Company		अन्तर । बिल्ले प्रेडिट के	大腿子	17. 经建筑基本工程	7. 12 A.
		foundn is not req to a		是特殊的	了数道的。	2013年11年1	計量學是	STATE OF STA	ateur et s	Winder	445
	3 Interest on sa cash investment	avings and tempo	rary		16.		16		16.		
		enis terest from securities					10	·	10.	AND THE AND	<u>تو ۱۳۵۰.</u> العلادات
	5a Gross rents	torest from securities						<del> </del>		12-12-25-25 - 12-12-25-25-1-1-1	. 173# .sî %
	<b>b</b> Net rental income			10 M			Jakka:	A REPORT VICE	" Meris		
R	or (loss) 6 a Net gam/(loss) fro	m sale of assets not o	n line 10.			はこれが強			2.5640		
E	<b>b</b> Gross sales price assets on line 6a	for all		Wilder.		\$1. TEN:	The state of the s	WATE WA	· Jan	NG MEET	25
V F		ncome (from Part IV, li	ne 2)	<b>计算器的第</b>	SEED.				444	COStradent	21 × 12
E N U	8 Net short-tern			产生物的	· / 1/4/4/4/27	N. S.	278/A/A/K	7		:- > / XX / XX / XX / XX	ज्या है।
U E	9 Income modif	fications				h		1		。 第24年發展第	1
	10 a Gross sales less returns and						Alley Control			PER TRACES	
	allowances b Less Cost of			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·			Mariana	19 20 20 2 Add	THE PROPERTY OF THE PARTY OF TH	\$\delta \text{\te}\text{\texi}\text{\text{\text{\text{\text{\text{\texi}\text{\text{\texi}\text{\text{\texit{\texi}\text{\texitity}\text{\text{\texitity}}\text{\texittt{\texit}\text{\texitity}\text{\texitity}}\tinttitex{\texittt{\texitity}\
	goods sold	, L			46万万多种					**************************************	<u> </u>
!	c Gross profit/(los					W.C. J. W.V	305				- # ( here
	11 Other income	(attach schedule	e)								11.00
	12 Total. Add lin	nes 1 through 11		<del> </del>	16.		16	<del></del>	16.	THE WASHINGTON	1197 F USA
		officers, directors, trus	lees etc	<del> </del>	<del>- 10.</del>		10	<del></del>	10.	Of the Tax Water, Strain African	~ \$=3 <sup>5</sup> °
		salaries and wages						<del> </del>			
	i ' *	s, employee ben	efits					<del> </del>			
А	16 a Legal fees (attack	h schedule)						<del> </del> -			
D M	<b>b</b> Accounting fees (	(attach sch) -SEE	-ST-1	TIVED.	428.		428		428.		
, // N	c Other prof fees (	attach sch)	ベビしコド	IVED	_			1	<u>-</u>		
Οı	17 Interest	1 '		-	120						
O P E R A T	18 Taxes (attach schedule	(attach	NOV 1	<u>4 2011</u>	101						
ĀĀ	19 Depreciation	(attaon )	INO V I	. 2011	RS						<u></u>
1 i	sch) and dep				<u> </u>			<u> </u>			
N Ý G E	20 Occupancy 21 Travel, confe	rences, and mee	ျှင္တDi	EN, UT				<del></del>			—
_AE_	_22Printing_and_i									<del> </del>	
A E N X D P		es (attach sched	ule)		<del></del>				<u>:</u>		
E N	<u>.</u>	SEE STATEM			80.		80		80.		
Š	24 Total operation	ng and administ	rative								
Š		dd lines 13 through			508.	No. 35 2	508		508.	<del> </del>	
•	l	fts, grants paid PAR			11,000.	72 " 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7-30	( 400° , 152°	الموادية الموادية الموادية	11,0	000.
*	26 Total expens Add lines 24	es and disburse and 25	ments.		11,508.		508	1	508.	11,0	າດດ
t salara	27 Subtract line				21,000.		<del>. 300</del>	· 	<u> </u>	12,0	<del></del>
Ž	a Excess of rev	venue over expe	nses								,
	and disburse	ments			11,492.	- E- 1 m	3	AL T	*	12 3 1 C-1	
Š	1	scome (if negative, ent			Transfer of the		0		ا جيءَ ۽ وَٿَر	10 E 8 E	, \
The same	C Adjusted net inco	ome (if negative, enter	-0-)		100			74	0.	1 多一等 12 1	

BAA For Paperwork Reduction Act Notice, see the instructions.

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Form **990-PF** (2010)

Dar	EII ·	Balance Sheets  Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End c	of year
:F.ar.	E11	(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	21,141.	9,649.	9,649.
	3	Accounts receivable	18-18-18-18-18-18-18-18-18-18-18-18-18-1	· 1000 新加州	ときできかられて大震なさい
"		Less: allowance for doubtful accounts	- St	Buch in the market was been been a second and	S - No. of Street, and the Street, Str
		Pledges receivable	The state of the state of the	Language to a second second	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	4		الأراسية المستعددة المسال المسادر والمساد	دُونِ وَ مِنْ مُنْ مُنْ مُنْ مُنْ مُنْ مُنْ مُنْ مُ	المنطبة المناه المنطبة
	_	Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)	5,000.	5,000.	5,000.
	_			o, 000.	5,000.
Α	7	Other notes and loans receivable (attach sch)	PA 18 11 11 11 11 11 11 11 11 11 11 11 11		With the state of
S	_	Less allowance for doubtful accounts		_ · <del></del> ·	
S	8	Inventories for sale or use			
A S S E T S	9	Prepaid expenses and deferred charges	<u> </u>	<del></del>	
S	10 a	Investments – U.S and state government obligations (attach schedule)			
	l t	Investments — corporate stock (attach schedule)			
	c	: Investments — corporate bonds (attach schedule)			<u></u>
	11	Investments – land, buildings, and equipment basis			
		Less: accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans.			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment: basis			MINING CARCINGS
		Less accumulated depreciation	at we also wrote a mark a "That a self of the back" of a binary of the first of the	antanta santi an labilita Dissibilità di 19° i santinistila w	galteranglische " " "Italië eardeinderie ja
		(attach schedule)			
	15 16	Other assets (describe Total assets (to be completed by all filers — see instructions Also, see page 1, item I)	26,141.	14,649.	14,649.
L	17	Accounts payable and accrued expenses			<b>成</b> 是"全国"全国的发展。
Ĭ	18	Grants payable .			
A B	19	Deferred revenue			SAME AND
Ţ	20	Loans from officers, directors, trustees, & other disqualified persons		- · · · - · - · - · - · - · - · - · - ·	
L	21	Mortgages and other notes payable (attach schedule)			
Ť	l .			<del></del>	
<u> </u>	22	Other liabilities (describe			
E S	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.			
NF	24	Unrestricted .			
N F E U T N	25	Temporarily restricted .			
Ď	26	Permanently restricted			
A B A L A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
ĔĹ	27	Capital stock, trust principal, or current funds			
ŚΝ̈́	28	Paid-in or capital surplus, or land, building, and equipment fund			The state of the s
OE	29	Retained earnings, accumulated income, endowment, or other funds	26,141.	14,649.	
ŘŠ	30	Total net assets or fund balances (see the instructions)	26,141.	14,649.	
	31	Total liabilities and net assets/fund balances		14 640	
·B ·		(see the instructions)	26,141.	14,649.	100 100 100 100 100 100 100 100 100 100
<u> rar</u>		Analysis of Changes in Net Assets or Fund Balanc	es		<del></del>
1	Total end-	net assets or fund balances at beginning of year — Part II, colu of-year figure reported on prior year's return)	ımn (a), lıne 30 (must a	gree with	26,141.
2	Ente	r amount from Part I, line 27a		2	-11,492.
3	Other	increases not included in line 2 (itemize)		3	
4	Add	lines 1, 2, and 3 .		4	14,649.
5		ases 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),	fine 30 <b>6</b>	14,649.

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)  (b) How acquir P - Purchas D - Donatio				(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a N/A			Donation	<del> </del>	
b					<del>.</del>
С .					
d					
е		-			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) m	
a					
b					
с				· · · · · · · · · · · · · · · · · · ·	
d					
e					
Complete only for assets show	wing gain in column (h) and owned by	the foundation on 12/31/69		(I) Gains (Col	
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i over column (j), if any	) th	gain minus column (l ian -0-) or Losses (fi	(), but not less rom column (h))
a					
b					
с		<del></del>			
d					
e					
2 Capital gain net income or (ne	If (loss), ente	enter in Part I, line 7 er -0- in Part I, line 7	2		
3 Net short-term capital gain or	(loss) as defined in sections 1222(5)	and (6) <sup>.</sup>	1		
	ne 8, column (c) (see the instructions)	If (loss), enter -0-			
in Part I, line 8	er Section 4940(e) for Reduced		3	<u></u>	
If 'Yes,' the foundation does not qua	ection 4942 tax on the distributable am alify under section 4940(e) Do not cor	mplete this part.		Yes	X No
1 Enter the appropriate amount	in each column for each year; see the	e instructions before making a	any entries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asset	ts (co	<b>(d)</b> Distribution lumn (b) divided	
2009	118,750.	78,	243.	· <u></u> ·	1.517708
2008	88,166.		525.		0.36808
2007	87,676.		859.		0.239644
2006	78,406.		520.		0.202328
2005	98,756.	476,	454.		0.207273
		<u> </u>			
2 Total of line 1, column (d)			2		2.535040
3 Average distribution ratio for	the 5-year base period – divide the toon has been in existence if less than 5	tal on line 2 by 5, or by the	3		0.507008
·	aritable-use assets for 2010 from Part		4		14,794
5 Multiply line 4 by line 3			5		7,501
6 Enter 1% of net investment in	ncome (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		7,501
8 Enter qualifying distributions	from Part XII, line 4		8		11,000
If line 8 is equal to or greater Part VI instructions	than line 7, check the box in Part VI,	line 1b, and complete that pa	irt using a 1°	% tax rate See t	he

	990-PF (2010) THE STEVE YOUNG FAMILY FOUNDATION 87-0517242		Page 4				
Par	tiVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the instruc	tions)					
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1.	<b>经</b> 基础。	, "", " 5 c				
	Date of ruling or determination letter: (attach copy of letter if necessary — see instr.)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V,		0.				
	check here ► X and enter 1% of Part I, line 27b						
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable						
_	foundations only. Others enter -0-).		<u> </u>				
3	Add lines 1 and 2		0.				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)  Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		0.				
5	lea 9 se	34 85 4 He V	U.				
0	Credits/Payments. 2010 estimated tax pmts and 2009 overpayment credited to 2010  6a						
	[A 15](e)						
	Exempt foreign organizations — tax withheld at source  Cax paid with application for extension of time to file (Form 8868)  Category    Ca	the Pile					
	Backup withholding erroneously withheld  6d						
_	Total credits and payments. Add lines 6a through 6d	11 3522 1.7	0.				
7	Enter any <b>penalty</b> for underpayment of estimated tax. Check here		<del>- •</del>				
8 9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0.				
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid						
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax						
	MII-A Statements Regarding Activities						
		Yes	No				
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	X				
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?.	1 ь	X				
If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities							
С	Did the foundation file Form 1120-POL for this year?	1 c	X				
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
_	(1) On the foundation \$\\ 0\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers  • \$ 0.						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?  If 'Yes,' attach a detailed description of the activities.	2	X				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	3	A X				
10	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes  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 <b>Form 990-T</b> for this year?	<del></del>	N/A				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	X				
•	If 'Yes,' attach the statement required by General Instruction T	- Taring	W				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
_	By language in the governing instrument, or						
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	<ul> <li>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?</li> </ul>	6 X	142 Jane 1938 114'				
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7 X					
	Enter the states to which the foundation reports or with which it is registered (see the instructions)		1 123				
	N/A						
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	8b X					
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5)	1 , 1 , 2 5	. T 185				
10	for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV  Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names	9	X				
BAA	and addresses	10 orm 990-PF	X (2010)				
	1 (		120101				

	1 990-PF (2010) THE STEVE YOUNG FAMILY FOUNDATION	87-	051/24			age 5
Par	t 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 Website address  N/A	n applica	ition?	13	Х	<u> </u>
14	The books are in care of ► HANSEN, BRADSHAW, MALMROSE Telephon	e no ►	801-2	96-0	200	
	Located at ► 559 WEST 500 SOUTH, BOUNTIFUL, UT ZIP + 4 •	840	10			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			N/A		
	and enter the amount of tax-exempt interest received or accrued during the year	▶	15			N/A
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other abank, securities, or other financial account in a foreign country?	authority	over a	16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the r foreign country ►	ame of t	he			
Par	t 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.			137918	Yes	No
1 a	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?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			77, - 74,
	(5) Transfer any income or assets to a disqualified person (or make any of either available					140
	for the benefit or use of a disqualified person)?	Yes	X 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.)	Yes	X No			
Ł	If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> 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 instruct			241	3	
		ons)?	_	1b	N	/ <u>A</u>
	Organizations relying on a current notice regarding disaster assistance check here	•				
(	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 2010?	•		1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).					
á	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d	□v	X No	3018		
	and 6e, Part XIII) for tax year(s) beginning before 2010?	res	V NO		4.4	
	If 'Yes,' list the years ► 20 , 20 , 20				10 mg	
i	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 494; (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942 all years listed, answer 'No' and attach statement — see the instructions)			2b	N	/ <u>A</u>
,	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years	here		1. S.	17.74 sep	3/1 Est
`	► 20, 20, 20, 20	11010				2 3
_						
3	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No			
I	olf 'Yes,' did it have excess business holdings in 2010 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 approve 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 2010)	ı ed 				
	determine if the foundation had excess business holdings in 2010)			3b	N	/A
4 8	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		Х
	Did the foundation make any investment in a prior year (but offer December 31, 1969) that could			1		27.1
	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			(1) (1) (1)	273	E
	the tax year beginning in 2010?		<del></del>	4b		X
BAA			Fo	orm <b>99</b>	U-PF	(2010)

Form 990-PF (2010) THE STEVE YOUNG FA			87-05	17242	Page (
Rart VII-B Statements Regarding Activiti		1 4720 May Be Req	uired (continued)		
5a During the year did the foundation pay or incu				19 m	
(1) Carry on propaganda, or otherwise attempt			Yes X	No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ition drive?			No	
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes X	No	4771.47
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, oi 4940(d)(2)? (see instri	rganization described uctions)	Yes X	No S	
(5) Provide for any purpose other than religio educational purposes, or for the preventio	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the exception disaster assistance	tions	5 b	N/A
Organizations relying on a current notice rega	rding disaster assistand	ce check here	▶ [	10 m	监制感
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim ex sibility for the grant?	emption from the	N/A Yes	No	
If 'Yes,' attach the statement required by Regi	ulations section 53 494	5-5(d)			
6a Did the foundation, during the year, receive are on a personal benefit contract?	ny funds, directly or ind	lirectly, to pay premiums	· Yes X	No Si	
<b>b</b> Did the foundation, during the year, pay premi	ums, directly or indirec	ctly, on a personal bene	fit contract?	6b	X
If 'Yes' to 6b, file Form 8870			. C. C	1	
7a At any time during the tax year, was the found	• •				
b If yes, did the foundation receive any proceed				I/A   7b	
and Contractors	irectors, Trustees,	roundation manag	jers, nighty Patu E	inproyee	5,
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions).		
(a) Name and address	(b) Title and average hours per week devoted to position		(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	se account, lowances
J. STEVEN YOUNG	TRUSTEE	0.	0.		0
559 WEST 500 SOUTH	0				
BOUNTIFUL, UT 84010	<del></del>				
2 Compensation of five highest-paid employee	s (other than those inc	cluded on line 1- see in	structions). If none, e	nter 'NONE.	•
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position		(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	se account, lowances
NONE					
				!	
				:	
Total number of other employees paid over \$50,000	TEFA03061	07/23/10	<u> </u>	Form 90	(2010 00-PF (2010

	17242 Page <b>7</b>
Partivill Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
	<del></del>
Total Humber of others receiving over \$50,000 for professional screeces	0
RartilX-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 <u>N/A</u>	-
	-
2	_
	-
3	
	- -
	<del></del>
4	-
	-
PartiX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
7 N/A	_
	_
2	
	-
	-
All other program-related investments. See instructions	
<del></del>	_
	_
Total. Add files 1 tillough 5	0.
BAA	Form <b>990-PF</b> (2010)

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

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

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

BAA

b Cash distribution test (attach the required schedule)

Adjusted qualifying distributions. Subtract line 5 from line 4

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

Form **990-PF** (2010)

11,000.

11,000.

3b

4

5

6

Part XIII Undistributed Income (see instructions)

	(a) Corp		(b) Years prior to 2009	<b>(c)</b> 2009	2010	
Distributable amount for 2010 from Par line 7	XI,	*			740.	
2 Undistributed income, if any, as of the end of 2010				المراجعة المستعملة المستحددة المستحددة المستحددة	1	
a Enter amount for 2009 only	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The first of a state of the	0.	\$ 1975 1974 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
<b>b</b> Total for prior years 20, 20, 20	- 2 元 本本語	S	0.	- 3(1)		
3 Excess distributions carryover, if any, to 2010.						
	769.					
	618.					
c From 2007 70,						
	298.					
e From 2009 114,	**** **********************************	7,154.				
<ul><li>f Total of lines 3a through e</li><li>4 Qualifying distributions for 2010 from P</li></ul>	7.5 7	7,134.	St. Catholic Stand States Alberta	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
XII, line 4 ► \$ 11,00	100 v		الله المناطقين ا	网络感觉活动感到活		
a Applied to 2009, but not more than line		(T)		0.	<b>建建筑水</b> 海绵温度	
	5 - 1 7 Mar 3		* * * * * * * * * * * * * * * * * * *			
<ul> <li>Applied to undistributed income of prio (Election required – see instructions)</li> </ul>	r years		0.			
c Treated as distributions out of corpus						
(Election required – see instructions)		0.			740.	
d Applied to 2010 distributable amount	(2.4) \$\frac{1}{2}\fra	0 360 2777 8431			740.	
e Remaining amount distributed out of co	orpus 1	0,260.			0	
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), t	he Castala	0. "459% J.A			ASS - 505 138	
same amount must be shown in colum	n (a).)					
6 Enter the net total of each column as indicated below:						
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	4(	7,414.				
<b>b</b> Prior years' undistributed income Subi	ract Carrier	,546 1 J. 1		SPACE NO	自身 经现代的	
line 4b from line 2b	\$12 (TARKS) -		0.		ASSESSED TO THE	
c Enter the amount of prior years' undist ed income for which a notice of deficie	ribut- ncv					
has been issued, or on which the secti	on linkar 🐃		0			
4942(a) tax has been previously asses	sed			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 To 1 The Part of	
d Subtract line 6c from line 6b Taxable	1		0.			
amount — see instructions	7 3 47 374	Chings -		1		
e Undistributed income for 2009 Subtract line 4a fine 2a. Taxable amount — see instructions	rom			0.		
		The second			-	
f Undistributed income for 2010 Subtract 4d and 5 from line 1. This amount must	t lines					
distributed in 2011	Week and the second				0.	
7 Amounts treated as distributions out o	f.					
corpus to satisfy requirements impose by section 170(b)(1)(F) or 4942(g)(3)	a			1		
(see instructions)		0.		<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
8 Excess distributions carryover from 20	05 not .		Francis Control Control			
applied on line-5 or line-7 (see instruc	tions)	75 <i>,</i> -769.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	B - 25 - 25 - 25 - 25 - 25 - 25 - 25 - 2	
9 Excess distributions carryover to 201 Subtract lines 7 and 8 from line 6a	1. 3	31,645.				
10 Analysis of line 9	1 2 3 2 5	and the second	The state of the s	The first of the first		
	618.					
	631.	ب رئان د د الوسي (د)			1. 12.0	
	.298.					
d Excess from 2009 114	.838.			2.7	1 1 1 1 1 1 1	
e Excess from 2010 10	,260.	·			<u> </u>	
					Form <b>990-PF</b> (2010)	

Form 990-PF (2010) THE STEVE YOUNG			VIII A guestion	87-051724	
Part XIV Private Operating Foundation  1 a If the foundation has received a ruling or					N/A
is effective for 2010, enter the date of the	ruling				4040(1)(F)
b Check box to indicate whether the founda 2a Enter the lesser of the adjusted net	Tax year	lerating loundation t	Prior 3 years	4942(j)(3) or	4942(j)(5)
income from Part I or the minimum investment return from Part X for each year listed	(a) 2010	<b>(b)</b> 2009	(c) 2008	(d) 2007	(e) Total
<b>b</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 of exempt activities		ļ			
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c</li> </ul>					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter					
<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying under section 4942(j)(3)(B)(i)</li></ul>					
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			<u> </u>		<u> </u>
Part XV Supplementary Information assets at any time during the	(Complete this	s part only if the	organization n	ad \$5,000 or mo	re in
Information Regarding Foundation Mana     a List any managers of the foundation who close of any tax year (but only if they hav NONE      b List any managers of the foundation who a partnership or other entity) of which the NONE	gers: have contributed ne contributed more	nore than 2% of the than \$5,000) (See	section 507(d)(2) )		
NONE					
2 Information Regarding Contribution, Gra Check here ► X if the foundation only requests for funds If the foundation make complete items 2a, b, c, and d	makes contribution	s to preselected cha	arıtable organizatior		
a The name, address, and telephone number	er of the person to	whom applications	should be addresse	ed	
<b>b</b> The form in which applications should be	submitted and info	ormation and materia	als they should incl	ude	
c Any submission deadlines.					
d Any restrictions or limitations on awards,	such as by geogra	phical areas, charita	able fields, kinds of	institutions, or other	r factors
DAA	<del></del>				Form 900 Pt (2010)
BAA	T	EEA0310L 02/16/11		l	Form <b>990-PF</b> (2010)

Part XV Supplementary Information (continued)

Page 11

3. Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution status of **Amount** recipient Name and address (home or business) a Paid during the year 5,000. NONE CHARITY WASATCH ADAPTIVE SPORTS HIGHWAY 210, LITTLE COTTONWOOD CANY SNOWBIRD, UT 84092 NONE CHARITY 1,000. BOY SCOUTS OF AMERICA 1325 WEST WALNUT HILL LANE IRVING, TX 75015 NONE CHARITY 5,000. UTAH STATE UNIVERSITY 7400 OLD MAIN HILL LOGAN, UT 84322 ▶ 11,000. 3a Total **b** Approved for future payment Total 3b

Form 990-PF (2010) THE STEVE YOUNG FAM  Part XVI-A. Analysis of Income-Producing				87-05172	42 Page <b>12</b>
Enter gross amounts unless otherwise indicated		ed business income	Exclude	d by section 512, 513, or 514	(6)
Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (see the instructions)
a			Code		
b			<u> </u>	<del></del>	
cd	1		+		
de		·			
ſ					
g Fees and contracts from government agencies					
2 Membership dues and assessments		ļ			
3 Interest on savings and temporary cash investments			14	16.	
4 Dividends and interest from securities	1 385 CS (4)		14		Warney Division Waste
<ul><li>Net rental income or (loss) from real estate:</li><li>a Debt-financed property</li></ul>	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	" " horizone Chile . " " " and our grade . " "	146日以2	**************************************	S. A. P. S.
b Not debt-financed property	<del></del>		<del>†</del>		
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			<u> </u>		
9 Net income or (loss) from special events.					
10 Gross profit or (loss) from sales of inventory	17-1-5779-7-5-1-31		Jan Carlo		
11 Other revenue	6. % SA(68, 4)		1000	( The state of the	Sur - Jakes a. Marken Col
ab	<del>                                     </del>		<del> </del>		
c	· .				<del> </del>
d					
e					
12 Subtotal. Add columns (b), (d), and (e)			N. C.	16.	
13 Total. Add line 12, columns (b), (d), and (e)				13	16.
(See worksheet in line 13 instructions to verify calculate	tions.)	·			
Part XVI B Relationship of Activities to the	e Accomp	lishment of Exemp	ot Purp	oses	
Line No. Explain below how each activity for which accomplishment of the foundation's exempt	income is rep	orted in column (e) of	Part XVI	A contributed importan	tly to the
	ot purposes (c	other than by providing	funds for	such purposes). (See	the instructions)
N/A					
					<del></del>
					<del></del>

# Form 990-PF (2010) THE STEVE YOUNG FAMILY FOUNDATION 87-0517242 |Part XVII | Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

describe relating a Transfer (1) Cas (2) Other b Other tra (1) Sale (2) Puro (3) Ren (4) Reir (5) Loar (6) Perf c Sharing d If the an	ed in section 501(c) to political organizates from the reporting the erassets ansactions as of assets to a no chases of assets from the facilities, equipment arrange from the erassets of assets from the erassets from the erassets from the erassets of assets from the erassets of assets from the erassets of the erasset o	of the Code (other ations? g foundation to a remove a membership of a membership of a ment, mailing lists, above is 'Yes,' cor services given by	e exempt organization ssets or fundraising solicitations other assets, or paid emporting foundation.	rganizations) or anization of oloyees dule Column (b	in section 527,  . ) should always shown received less than	1a(1) X 1a(2) X 1b(1) X 1b(2) X 1b(3) X 1b(4) X 1b(5) X 1b(6) X 1c X
<del></del>		<del></del>	v in column (d) the value			
(a) Line no	(b) Amount involved	(C) Name of no	oncharitable exempt organization	(a) Des	cription of transfers, trans	sactions, and sharing arrangements
N/A		<del> </del>	<u> </u>			
			<del></del>			
		<del>                                     </del>			<del></del>	
					<del></del>	
		<del> </del>				
	<del></del>					
		1				
describe	oundation directly or ed in section 501(c) complete the follow	of the Code (othe	d with, or related to, one r than section 501(c)(3)) of	or more tax-exe or in section 52	empt organizations 77	Yes XNo
	) Name of organiza	tion	(b) Type of organiza	tion	(c) Descrip	otion of relationship
N/A						
					<del>-</del>	
	·				···	
Sign Under p	and complete Declaratio	are that I have examined in of preparer (other than	I this return, including accompanying taxpayer or fiduciary) is based or	ng schedules and sta all information of wi	tements, and to the best of nich preparer has any know	my knowledge and belief, it is true, iledge
Here	Au Ola	un sons	a dattorses		11/1/1	
	gnature of officer or trustee		0 1,	Date	Title	
	Print/Type preparer's na	ame	Preparer's signature	Da		cif of PTIN
Paid	E. LYNN HAN	SEN	Huf Hame	ryst N	OV 1 2 2011 self-e	mployed N/A
Preparer	Firm's name	HANSEN, BRA	DSHAW MALMROSE	ERICKSON	, P.C. Firm's EIN	► N/A
Use Only	Energy and the second	559 WEST 50	O SOUTH			
	TEIRM'S address		JT 84010		Phone no	(801) 296-0200
BAA						Form <b>990-PF</b> (2010)

(		
2010	FEDERAL STATEMENTS	PAGE 1
	THE STEVE YOUNG FAMILY FOUNDATION	87-0517242
11/10/11		09.36AM
STATEMENT 1 FORM 990-PF, PART I, LINE 16E ACCOUNTING FEES	3	
	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME	(D) CHARITABLE PURPOSES
	TOTAL \$ 428. \$ 428. \$ 428. \$ 428.	\$ 0.
STATEMENT 2 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		
	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME	(D) CHARITABLE PURPOSES
PORTFOLIO MANANGEMENT FEE	S	\$ 0.
-		
	•	

## Form **2848**

(Rev June 2008) Department of the Treasury Internal Revenue Service  Power of Attorney and Declaration of Representative

► Type or print. ► See the separate instructions.

OMB No 1545-0150

İ	Received by
	Name
	Talaskasa

চিত্ৰপাঞ্জ Power of Attorney	Telephone _		
Partille Power of Attorney Caution: Form 2848 will not be honored for any purpose other than representation before the IRS.	Function		
1 Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9	Date	7	7

Caution: 1 of the 2040 Will flot be flothered for any purpose other than	representation before the 113.	Function
1 Taxpayer information. Taxpayer(s) must sign and date this form on page	e 2, line 9	Date / /
Taxpayer name(s) and address	Social security number(s)	Employer identification number
THE STEVE YOUNG FAMILY FOUNDATION 559 WEST 500 SOUTH BOUNTIFUL, UT 84010	Daytime telephone number	87-0517242 Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact.

2 Representative(s) must sign and date this form	m on page 2, Part II			
Name and address		CAF No.	8000-31596R	
E. LYNN HANSEN		•	801-296-0200	
559 WEST 500 SOUTH		Fax No(80	1) 296-1218	
BOUNTIFUL, UT 84010		Check if new: Address	Telephone No. Fax No.	
Name and address		CAF No.		
		Telephone No.		
		Fax No.		
		Check if new: Address	Telephone No. Fax No.	
Name and address		CAF No.		
	Telephone No			
		Fax No		
		Check if new: Address	Telephone No Fax No	
to represent the taxpayer(s) before the Internal Rev  3 Tax matters	enue Service for the follow	ving tax matters:		
Type of Tax (Income, Employment, Excise, etc) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc)		Year(s) or Period(s) (see the instructions for line 3)	
INCOME	990 PF		2008 2009 2010	
			2011	
4 Specific use not recorded on Centralized Aut on CAF, check this box. See the instructions to	horization File (CAF). If the or Line 4. Specific Uses N	e power of attorney is for a s ot Recorded on CAF	pecific use not recorded	
5 Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative or add additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.				
Exceptions. An unenrolled return preparer ca situations. See Unenrolled Return Preparer in section 10 3(d) of Treasury Department Circutaxpayers to the extent provided in section 10 most cases, the student practitioner's (levels another practitioner).	n the instructions. An enrol cular No. 230 (Circular 230 1.3(e) of Circular 230 See t	led actuary may only represe ). An enrolled retirement plan the line 5 instructions for rest	nt taxpayer's to the extent provided administrator may only represent rictions on tax matters partners. In	
List any specific additions or deletions to the	acts otherwise authorized i	n this power of attorney		
6 Receipt of refund checks. If you want to authorize checks, initial here and list the	a representative named on lin name of that representative	ne 2 to receive, <b>BUT NOT TO EN</b> e below.	DORSE OR CASH, refund	

Name of representative to receive refund check(s)

Form <b>2848</b> (Rev 6-2008) THE STEVE YOU	JNG FAMILY FOUNDATION	N 87-	-0517242 Page 2		
7 Notices and communications. Original r	notices and other written comm	unications will be sent to you and a cop			
a If you also want the second representa	ative listed to receive a copy of	notices and communications, check thi	s box ► 🗍		
<b>b</b> If you do not want any notices or comi			▶		
8 Retention/revocation of prior power(s) of attorney on file with the Internal Reveryou do not want to revoke a prior power	nue Service for the same tax m of attorney, check here	atters and years or periods covered by	l earlier power(s) this document. If		
YOU MUST ATTACH A COPY OF ANY P	OWER OF ATTORNEY YOU W	ANT TO REMAIN IN EFFECT.			
9 Signature of taxpayer(s). If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.  ▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.					
/ WINNING		<u>* 19 09</u>	rustee		
Signatur	e	Date	Title (if applicable)		
	,	THE CTEVE VOLUME TANKS			
J. STEVEN YOUNG		THE STEVE YOUNG FAMILY	FOUNDATION		
Print Name	Pin Numbe	r Print name of taxpayer from line	1 if other than individual		
Signatur	e	Date	Title (if applicable)		
Print Name	Pin Numbe	r r			
Rantill Declaration of Representative	/e				
Caution: Students with a special order to repr (levels k and l), see the instructions for Part I.	resent taxpayers in qualified Lo l.	w Income Taxpayer Clinics or the Stude	nt Tax Clinic Program		
Under penalties of perjury, I declare that:					
• I am not currently under suspension of	r disbarment from practice befo	re the Internal Revenue Service;			
<ul> <li>I am aware of regulations contained in of attorneys, certified public accountar</li> </ul>	ı Cırcular 230 (31 CFR, Part 10) ıts, enrolled agents, enrolled ac	, as amended, concerning the practice ctuaries, and others;			
• I am authorized to represent the taxpa	yer(s) identified in Part I for the	e tax matter(s) specified there; and			
I am one of the following:					
a Attorney - a member in good stand	ling of the bar of the highest co	ourt of the jurisdiction shown below.			
<b>b</b> Certified Public Accountant — duly of	qualified to practice as a certific	ed public accountant in the jurisdiction s	hown below.		
c Enrolled Agent — enrolled as an ag					
d Officer — a bona fide officer of the t					
e Full-Time Employee — a full-time ei			•		
, -		or example, spouse, parent, child, broth	er orsister)		
· · · · · · · · · · · · · · · · · · ·	ctuary by the Joint Board for th	e Enrollment of Actuaries under 29 U.S			
		nternal Revenue Service is limited by C the return must be under examination l	ircular 230, section by the IRS. See <b>Unenrolled</b>		
•	eives permission to practice be	fore the IRS by virtue of their status as	a law student under section		
``	s permission to practice before	the IRS by virtue of their status as a C	PA student under section		
	enrolled as a retirement plan age-Service-is-limited-by-section-1	ent under the requirements of Circular 20.3(e)).	230 (the authority to		
► IF THIS DECLARATION OF REPRESENTA See the Part II instructions					
Designation — Insert Jurisdiction (state) or above letter (a - r)	<i>p</i> )	Signature	Date		

UTAH

В

Form 886	8 (Rev 1-2011)				Page 2
• If you	are filing for an Additional (Not Automatic) 3-Mont	th Extension	n, complete only Part II and check	this box	. <b>- X</b>
	y complete Part II if you have already been granted				Acres
,	are filing for an Automatic 3-Month Extension, cor				
	Additional (Not Automatic) 3-Month Exte			no copies needed).	<del></del>
	Name of exempt organization		times only the triginal (	Employer identification number	- <u></u>
			,		
Type or				87-0517242	
print	Number, street, and room or suite number If a P O box, see inst			07 0317242	<del></del>
File by the					
extended due date for filing the	559 WEST 500 SOUTH				
return See instructions	City, town or post office, state, and ZIP code. For a foreign address	ss, see instructi	ons		
	BOUNTIFUL, UT 84010	_			
Enter the	Return code for the return that this application is fo	or (file a sep	parate application for each return)  Application		04 Return
Is For	•	Code	is For		Code
Form 990		01	<b>这种种种类似的</b>	是自己的自己的	A CHARLES
Form 990	-BL	02	Form 1041-A		08
Form 990	-EZ	03	Form 4720		09
Form 990		04	Form 5227		10
	-T (section 401(a) or 408(a) trust)	05	Form 6069		11
	T (trust other than above)	06	Form 8870		12
	not complete Part II if you were not already grante	<del></del>		ously filed Form 8868	
Teleph  If the of this whole grow  imbers  4 I req  5 For o	which was a region of the extension of time until calendar year 2010, or other tax year entered in line 5 is for less than 12 months tax year entered in line 5 is for less than 12 months to the extension is for the extension of time until calendar year 2010, or other tax year beginning tax year entered in line 5 is for less than 12 months.	FAX No siness in the digit Group check the same sines in the digit Group check the same sines in the s	e United States, check this box Exemption Number (GEN) his box    and attach a list wire   20 11   20 , and ending	th the names and EINs o	▶ ☐ s is for the of all
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Under penalti correct, and o	ies of perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form				
Signature	Title >		CPA	Date ► 8/	3/11
BAA		FIFZ0502L	. 11/15/10	Form <b>8868</b> (	(Rev 1-2011)
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