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# Form 990-PF

BAA For Paperwork Reduction Act Notice, see the instructions.

#### Return of Private Foundation or 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 calendar year 2010, or tax year beginning , 2010, and ending G Check all that apply Initial return I Initial Return of a former public charity Final return Amended return Address change Name change Name of foundation Employer identification number BERTIN FAMILY FOUNDATION 87-0638640 Number and street (or P O box number if mail is not delivered to street address) Room/suite В Telephone number (see the instructions) 723 MONT CLAIR DRIVE (801) 713-0606 State ZIP code City or town C If exemption application is pending, check here NORTH SALT LAKE D UT 84054 1 Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check X Section 501(c)(3) exempt private foundation Check type of organization here and attach computation Section 4947(a)(1) nonexempt charitable trust | Other taxable private foundation If private foundation status was terminated J Accounting method X Cash Accrual Fair market value of all assets at end of year under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination ▶ \$ (Part I, column (d) must be on cash basis.) under section 507(b)(1)(B), check here 7,240,881. Part | Analysis of Revenue and (b) Net investment (a) Revenue and (c) Adjusted net (d) Disbursements Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) expenses per books income ıncome for charitable purposes (cash basis only) (see the instructions)) 200,000. Contributions, gifts, grants, etc, received (att sch) Ck ► \_\_\_\_ if the foundn is not req to att Sch B سري ۽ ب Interest on savings and temporary cash investments 671 671 Dividends and interest from securities 177,051. 177,051. 5a Gross rents b Net rental income or (loss) 6a Not gain/(loss) from sale of assets not on line 10 240,843 REVENU b Gross sales price for all assets on line 6a 1,144,817 Capital gain net income (from Part IV, line 2) 240,639 8 Net short-term capital gain 204 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold · 一点 Gross profit/(loss) (att sch) , التاءُ (m) 1829 y ' \* ' Other receme (attach sche See Line Li Stort VED -17,789. -17,792. Total. Add lines 1 through 1 600,776. 400,569. 204 Pempensation of officers, directors, trustee Other employee safaries and wages 13 14 15 Pension plans, employee ber Legal (ees (attachrschedule), Accounting fees (attach sch) 16 2,285. 2,285. c Other prof fees (attach sch) L-16c Stmt 46,212. 46,212. 17 Interest Taxes (attach schedule)(see instr.) FOREIGN TAXES PAI 619. 619 Depreciation (attach S. S. W. S. sch) and depletion 20 Occupancy 21 Travel, conferences, and meetings 1,221. 22 Printing and publications Other expenses (attach schedule) Total operating and administrative 49,116 expenses. Add lines 13 through 23 50,337 307,700. 25 Contributions, gifts, grants paid 307,700. Total expenses and disbursements. Add lines 24 and 25 358.037 49,116 307,700 CANNED Subtract line 26 from line 12: a Excess of revenue over expenses 1.61 and disbursements 242,739 351,453. b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) 10 to 204. . . .

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3 Other increases not included in line 2 (itemize) 4 4,876,515. Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 4,876,515.

	(a) List and describe	the kind(s) of property sold (e.g., ree; or common stock, 200 shares ML	eal estate,	(b) How ac	hase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
D Donati							
	SPONS ADR			P		12/18/09	05/04/10
	SPONS ADR		······································	P		03/23/09	05/04/10
	CE BANCSHARES			P		04/15/10	12/15/10
	NT NATURAL GA nns (a) thru (d)	S CO		P		12/18/09	10/08/10
	s sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bar plus expense of sa			(h) Gain or (e) plus (f) m	
a	453.			506.			-53.
b	104,155.		8	5,147.			19,008.
С	20.			0.			20.
d	22,950.		2	1,248.			1,702.
<b>e</b> Se	e Columns (e) thru (h)		80	2,044.			220,166.
Complete of	only for assets showing	ng gain in column (h) and owned by	the foundation on 12/31/69			(I) Gains (Coli	ımn (h)
(i) Fair N	Market Value 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a			ain minus column (l an -0-) or Losses (fr	(), but not less
a							-53.
b							19,008.
С							20.
d							1,702.
<u>e</u> Se	e Columns (i) thru (l)	·					220,166.
2 Capıtal gaı	n net income or (net	capital loss) — If gain, also if (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7	-	2		240,639.
lf gain, als in Part I, li	o enter in Part I, line ne 8	8, column (c) (see the instructions)  Section 4940(e) for Reduce	If (loss), enter -0-	ent Inco	3 me		204.
If 'Yes,' the foun	dation does not quali	ion 4942 tax on the distributable am fy under section 4940(e) Do not cor	nplete this part	•		Yes	X No
Base p Calendar y	appropriate amount in  (a)  eriod years ear (or tax year nning in)	each column for each year; see the (b)  Adjusted qualifying distributions	instructions before making (c) Net value of noncharitable-use as	•		<b>(d)</b> Distributior umn (b) divided	
	2009	460,614.	5.71	7,056.			0.080568
	2008	481,517.		<del>7,030.</del> 7,277.			0.057138
	2007	438,201.	<del></del>	6,984.			0.043016
	2006	320,340.	<del></del>	9,322.			0.034784
	2005	137,357.		5,484.			0.019304
2 Total of lir	ne 1, column (d)				2		0.234810
		e 5-year base period — divide the to has been in existence if less than 5			_3_		0.046962
4 Enter the r	net value of noncharit	able-use assets for 2010 from Part	X, line 5		4		6,502,955.
5 Multiply line 4 by line 3				5		305,392.	
6 Enter 1%	of net investment inco	ome (1% of Part I, line 27b)			6		3,515.
7 Add lines!	5 and 6				7		308,907.
·	ifying distributions fro				8_		307,700.
If line 8 is Part VI ins		an line 7, check the box in Part VI,	line 1b, and complete that p	art using	a 1%		m 990 PE (2010)

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	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see to Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1.	he in	structions)		
ıa	Date of ruling or determination letter. (attach copy of letter if necessary — see instr.)			<del>,</del>	
ŀ	Domestic foundations that meet the section 4940(e) requirements in Part V,	1		7 (	029.
_	check here  and enter 1% of Part I, line 27b		1 1 2 2 21		<u>, , , , , , , , , , , , , , , , , , , </u>
,	: All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)		, ,	, ,	
				• •	ĺ
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2			0.
3	Add lines 1 and 2	3		7.1	029.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	-	7,0	029.
6	Credits/Payments:				-
a	2010 estimated tax pmts and 2009 overpayment credited to 2010 6a 8,077.				
t	Exempt foreign organizations – tax withheld at source 6b				
c	: Tax paid with application for extension of time to file (Form 8868) 6c		ĩ.	1	
C	Backup withholding erroneously withheld 6d		ē		
7	Total credits and payments. Add lines 6a through 6d	7		8,	077.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here If Form 2220 is attached	8			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		1,	048.
	Enter the amount of line 10 to be Credited to 2011 estimated tax	11			
Par	t VII-A   Statements Regarding Activities				,
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		1:	Yes	No X
ŀ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?		11	د اد	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 public or distributed by the foundation in connection with the activities.	shed			5, 4
(	Did the foundation file Form 1120-POL for this year? .		10	:	х
(	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation \$ (2) On foundation managers \$				٤
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		x
	If 'Yes,' attach a detailed description of the activities			1	·
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				,
J	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		3		х
4 8	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4:	4	х
ŀ	olf 'Yes,' has it filed a tax return on Form 990-T for this year?		41	)	
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.			1 .	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.			- 1	١,
	By language in the governing instrument, or		-	-	.
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conwith the state law remain in the governing instrument?	flict	6	- <del> </del>	x
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	х	
8	Enter the states to which the foundation reports or with which it is registered (see the instructions)		_		
	UT - Utah		_	1	-
I	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 <i>General Instruction G</i> ? If 'No,' attach explanation		81	X	

10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses

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9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV

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Part	VII-A Statements Regarding Activities (Continued)	<del></del>				
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		х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?			12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption Website address • NONE	applicatio	on?	13	х	
14	The books are in care of ► KIM C. BERTIN  Located at ► 723 MONT CLAIR DRIVE  NORTH SALT LAKE UT  ZIP + 4 ►		(801)	713	-060	6
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> – Check here and enter the amount of tax-exempt interest received or accrued during the year	<u>_030</u> ►				П.
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other au bank, securities, or other financial account in a foreign country?	thority ov	er a	16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If 'Yes,' enter the national foreign country ►	ne of the			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			1		
<u> </u>	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				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	- ".		,
	<ul><li>(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?</li><li>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?</li></ul>	Yes Yes	X No		463 Per 1.	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	X No	- 3 22	*	• • •
	(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		i de la companya di salah di s	N . 1
t	olf 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 instruction	ns)?	_	1b		
	Organizations relying on a current notice regarding disaster assistance check here	•	· 📙		.	
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?				<b></b>	х
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))				<b>.</b>	
ā	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?	Yes	X No	1.3	, ,	
	If 'Yes,' list the years > 20, 20, 20			1		ing of
t	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942( (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a	a)(2) ı)(2) to		; · ~ ~.	٠. م	* -
(	all years listed, answer 'No' and attach statement — see the instructions)  If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years h			2b	5	-
_	<b>2</b> 0,20,20			-	·	*
3 8	a 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	*	`,	
ł	o If '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 approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to	I				
<b>A</b> -	determine if the foundation had excess business holdings in 2010.)			3b		_
48	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		x
ı	Did the foundation make any investment in a prior year (but after December 31, 1969) that could			1	*4-9	٠,
	jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?			4b	<u> </u>	×

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·	· · · · · · · · · · · · · · · · · · ·	14/20 May be Requ	uireu (continueu)	<del></del>			
<ul><li>5a During the year did the foundation pay or incur</li><li>(1) Carry on propaganda, or otherwise attempt</li></ul>	-	(section 4945(e))?	☐ Yes 🗓	No     -			
(2) Influence the outcome of any specific publi on, directly or indirectly, any voter registra	No						
(3) Provide a grant to an individual for travel,	No l						
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	(4) Provide a grant to an organization other than a charitable, etc, organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)						
(5) Provide for any purpose other than religiou educational purposes, or for the preventior			∏ Yes X	No S			
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in	he transactions fail to qua a current notice regardi	ualify under the exception					
(see instructions)? Organizations relying on a current notice regar	ding disaster assistance	check here	. ▶□	5b			
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure respons	ne foundation claim exei	mption from the	☐ Yes ☐	No			
If 'Yes,' attach the statement required by Regu							
6a Did the foundation, during the year, receive any on a personal benefit contract?	, . ,	27 1 21	Yes X				
<b>b</b> Did the foundation, during the year, pay premit If 'Yes' to 6b, file Form 8870	ums, directly or indirectly	y, on a personal benefit	contract?	6b X			
7a At any time during the tax year, was the foundation	ation a party to a prohib	ited tax shelter transact	ion? Yes X	No			
<b>b</b> If yes, did the foundation receive any proceeds	or have any net income	e attributable to the tran	saction?	7 b			
Part VIII Information About Officers, D and Contractors	irectors, Trustees,	Foundation Manag	gers, Highly Paid E	mployees,			
1 List all officers, directors, trustees, foundation	n managers and their co	ompensation (see instru	uctions).				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances			
KIM C. BERTIN	TRUSTEE/DIRECTOR						
NORTH SALT LAKE UT 84054	0.00	0.	0.	0.			
JENNIFER BERTIN	TRUSTEE/DIRECTOR		***				
NORTH SALT LAKE UT 84054	0.00	0.	0.	l o.			
ELIZABETH B. MUMFORD	DIRECTOR						
BOUNTIFUL UT 84010	0.00	0.	0.	0.			
See Information about Officers, Directors, Trustees, Etc	0.00	<u> </u>		<u> </u>			
		0.	0.	0.			
2 Compensation of five highest-paid employee	s (other than those incl	uded on line 1— see ins	tructions). If none, ent	er 'NONE.'			
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances			
NONE							
0							
0							
0							
0		-					
Total number of other employees paid over \$50,000			<b>•</b>	МОДЕ			
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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent co enter 'NONE.'	ntractors for professional services (see in	structions). If none,	
(a) Name and address of each	person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number of others receiving over \$	50,000 for professional services		None
Pärtix: A Summary of Direct (	Charitable Activities		
	activities during the tax year. Include relevant statistic rences convened, research papers produced, etc	al information such as the number of	Expenses
2			
3			
4			
Part IX:B	n-Related Investments (see instru	uctions)	
Describe the two largest program-relate	d investments made by the foundation dur	ing the tax year on lines 1 and 2.	Amount
2			
All other program-related investments.	See instructions.		
Total. Add lines 1 through 3			
ВАА			Form <b>990-PF</b> (2010

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Part Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see 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	1 a	6,601,985.
	b Average of monthly cash balances	1ь	
	c Fair market value of all other assets (see instructions)	1 c	<del>-</del>
	d Total (add lines 1a, b, and c)	1 d	6,601,985.
	e Reduction claimed for blockage or other factors reported on lines 1a and 1c		0,002,7303.
	(attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
	Subtract line 2 from line 1d	3	6,601,985.
_			0,001,303.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	99,030.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	6,502,955.
6		6	325,148.
?äi	TIXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations		foundations
	and certain foreign organizations check here ► and do not complete this pa	rt.)	
1	Minimum investment return from Part X, line 6	1	325,148.
2	a 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) . 2b		
	c Add lines 2a and 2b	2 c	7,029.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	318,119.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4 .	5	318,119.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	318,119.
Pä	Cualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes		
	a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	307,700.
	b Program-related investments — total from Part IX-B .	1ь	
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)	3 a	
_	b Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	307,700.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	0.
	Adjusted qualifying distributions. Subtract line 5 from line 4	6	307,700.
			· - · - · · · · · · · · · · · · · · · ·

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.

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## Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	(b) Years prior to 2009	<b>(c)</b> 2009	<b>(d)</b> 2010
1 Distributable amount for 2010 from Part XI, line 7				318,119.
2 Undistributed income, if any, as of the end of 2010	`			
a Enter amount for 2009 only	<b>⊘</b> _ +		262,518.	
<b>b</b> Total for prior years: 20, 20, 20	* , * , , ,			
3 Excess distributions carryover, if any, to 2010	A July Company	1846 3 2 1		
a From 2005 0 .	- 171		٠ -	2
<b>b</b> From 2006 <b>0</b> .	,		-	₹
<b>c</b> From 2007 <b>0</b> .	;		*	
d From 2008 0.	`		e e	
e From 2009 0.			,	
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from Part	-	,	. '	•
XII, line 4 ► \$ 307,700.	*			•
a Applied to 2009, but not more than line 2a			262,518.	
<ul> <li>b Applied to undistributed income of prior years (Election required — see instructions)</li> </ul>	· ·		. · · · · · · · · · · · · · · · · · · ·	
c Treated as distributions out of corpus (Election required – see instructions)		f in the state of	,	
d Applied to 2010 distributable amount				45,182.
e Remaining amount distributed out of corpus	0.			· · · · · · · · · · · · · · · · · · ·
5 Excess distributions carryover applied to 2010		,		
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:			-	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b	· · · · · · · · · · · · · · · · · · ·	0.	,	
c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed			-	
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
	*			
e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011.	·			272,937.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)	0.	. 4		
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	0.	1, 2, 3	, ,	
10 Analysis of line 9				
a Excess from 2006 0.				•
b Excess from 2007 0.		1		
c Excess from 2008 0.	]			**
d Excess from 2009 0.				
e Excess from 2010 0.		<u> </u>		·

Form 990-PF (2010) BERTIN FAMILY FO	UNDATION			87-0638640	Page <b>10</b>
Part:XIV Private Operating Foundation					N/A
1 a If the foundation has received a ruling or do is effective for 2010, enter the date of the r	uling			•	7
<b>b</b> Check box to indicate whether the foundation		atıng foundatıon des T		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		
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					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter	i				
(1) Value of all assets .					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter	1				
<ol> <li>Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)</li> </ol>					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942()(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income	1				. <u> </u>
Part XV Supplementary Information assets at any time during the	(Complete this	part only if the	organization h	ad \$5,000 or mor	e in
Information Regarding Foundation Manag     a List any managers of the foundation who h     close of any tax year (but only if they have	ers:	re than 2% of the to	tal contributions red	ceived by the foundati	on before the
KIM C. BERTIN			,,,,,		
b List any managers of the foundation who o	wn 10% or more of	the stock of a corpo	oration (or an equal	ly large portion of the	ownership of
a partnership or other entity) of which the	foundation has a 10	% or greater interes	t.	y large person or the	
2 Information Regarding Contribution, Gran	it, Gift, Loan. Schol	arship, etc. Progran	 15:	- ··· -	
Check here X if the foundation only n requests for funds If the foundation makes complete items 2a, b, c, and d	nakes contributions	to preselected chari	table organizations	and does not accept nizations under other	unsolicited conditions,
a The name, address, and telephone number	r of the person to w	hom applications sh	ould be addressed		
b The form in which applications should be s	submitted and inforr	nation and materials	they should includ	e	
c Any submission deadlines:					
d Any restrictions or limitations on awards, s	such as by geograpl	nical areas, charitab	le fields, kinds of in	nstitutions, or other fa	ctors
	- ,				
BAA	т	EEA0310 02/16/11		F	orm <b>990-PF</b> (2010)

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the	Year or Approved for Fut	ire Payment	<u></u>	
Recipient	If recipient is an individual show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)  a Paid during the year	substantial contributor	Touplant		
a raid during the year				
BRIGHAM YOUNG UNIVERSITY PROVO UT 846	NONE	N/A	ENDOWED SCHOLARSHIP	17,150.
				,
BRIGHAM YOUNG UNIVERSITY - ID REXBURG ID 834	1	N/A	SCHOLARSHIP	750.
BRIGHAM YOUNG UNIVERSITY - HAW LAIE HI 967		N/A	SCHOLARSHIP	7,500.
ENTERPRISE MENTORS INTERNATION DRAPER UT 840	l l	N/A	GENERAL CHARITABLE PURPOSES	20,550.
HABITAT FOR HUMANITY SALT LAKE CITY UT 841	NONE	N/A	GENERAL CHARITABLE PURPOSES	3,000.
HALE CENTRE THEATRE WEST VALLEY CITY UT 841	NONE	N/A	GENERAL CHARITABLE PURPOSES	8,000.
HUNTSMAN CANCER FOUNDATION SALT LAKE CITY UT 841	NONE	N/A	GENERAL CHARITABLE PURPOSES	10,000.
BOISE STATE UNIVERSITY BOISE ID 837	NONE 25	N/A	SCHOLARSHIP	1,500.
KBYU-TV PROVO UT 846 See Line 3a statement	NONE	N/A	GENERAL CHARITABLE PURPOSES	2,500.
See Line Sa statement				236,750.
Total			► 3a	307,700.
<b>b</b> Approved for future payment				
Total .	TEFA0501		▶ 3Ы	Form <b>990-PF</b> (2010

Page **12** 

Enter gross amounts unless otherwise indicated.		ed business income	<del>                                     </del>	y section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	(e) Related or exempt function income (see the instructions)
5			couc		· · - · · ·
a b			<del>                                     </del>		
С		<del>, , , ,</del> ,			
d					
е					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	671.	
4 Dividends and interest from securities			14	177,051.	
5 Net rental income or (loss) from real estate.	· 美多: "安美,	<b>州東京大阪大田田田町</b>	30 W C	1. 日本 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	, , , , , , , , , , , , , , , , , , , ,
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property			<u> </u>		
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	240,843.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory	<del></del>	7			
11 Other revenue.		The state of the s	<del>                                     </del>		* C )*
a TAX-EXEMPT INTEREST			14	3.	
b INCOME/(LOSS) FROM K-1			14	-18,691.	······································
С			<del>                                     </del>		
			<u> </u>		
d					
e			1 / 41		
e Subtotal Add columns (b), (d), and (e)	71'A		3.100	399,877.	
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)				399,877. 13	399,877.
e Subtotal Add columns (b), (d), and (e)					399,877.
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)	tions)			13	399,877.
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula)  Part XVI-B Relationship of Activities to the No. Explain below how each activity for which	he Accompl	ishment of Exemp	ot Purpos	13 Ses	to the
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula)  Part XVI-B Relationship of Activities to the second columns (b), (d), and (e)	he Accompl	ishment of Exemp	ot Purpos	13 Ses	to the
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula)  Part XVI-B Relationship of Activities to the No. Explain below how each activity for which	he Accompl	ishment of Exemp	ot Purpos	13 Ses	to the
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e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula)  Part XVI-B Relationship of Activities to the No. Explain below how each activity for which	he Accompl	ishment of Exemp	ot Purpos	13 Ses	to the
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula)  Part XVI-B Relationship of Activities to the No. Explain below how each activity for which	he Accompl	ishment of Exemp	ot Purpos	13 Ses	399,877.
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula)  Part XVI-B Relationship of Activities to the No. Explain below how each activity for which	he Accompl	ishment of Exemp	ot Purpos	13 Ses	to the
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula)  Part XVI-B Relationship of Activities to the No. Explain below how each activity for which	he Accompl	ishment of Exemp	ot Purpos	13 Ses	to the
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula)  Part XVI-B Relationship of Activities to the No. Explain below how each activity for which	he Accompl	ishment of Exemp	ot Purpos	13 Ses	to the
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orm <b>990-P</b>		FAMILY FO					87-0638		Pa	ige 13
Part XVI	Information Re Exempt Organ		nsfers To and 1	ransactio	ns and	d Relationship	s With Noncl	haritable		
								中國中華	Yes	No
descr	ne organization directly on tibed in section 501(c) of the political organization	f the Code (oth	gage in any of the fo er than section 501(	llowing with c)(3) organiz	any othe ations)	er organization or in section 527,		2. 医节点		43.
	fers from the reporting f		noncharitable exem	ot organizat	on of			• '		
(1) C				F				1a (1)		х
٠.	ther assets							1a (2)		х
	transactions:							7		
	ales of assets to a nonc	haritable exem	not organization					1 b (1)		x
	urchases of assets from			ion	_			1b(2)		х
• •	ental of facilities, equip							1 b (3)		х
٠,	eimbursement arrangen	•						1b (4)		х
	oans or loan guarantees							1b (5)		х
	erformance of services		or fundraising solic	itations				1b (6)	-	х
	ng of facilities, equipme	•	•		es			1c		x
the a	answer to any of the ab bods, other assets, or se ransaction or sharing an	ervices aiven b	v the reporting found	lation If the	foundati	on received less t	han fair market v	rket value o	of	
(a) Line no	(b) Amount involved	T	f noncharitable exempt or		T	Description of transfe		sharing arrang	jement	ts
						•				
					ŀ					
							•			
					•					
_										
descr	e foundation directly or in ribed in section 501(c) o	f the Code (oth	ted with, or related to ner than section 501(	o, one or mo (c)(3)) or in s	re tax-e section 5	xempt organization 27?	าร	Yes	x	No
р п те	s,' complete the following		(L) T		-	<b>/-&gt;</b>	\	_4		
	(a) Name of organization	on	(b) Type of	organization		(c) l	Description of rel	ationship		
							<del> </del>			_
				<u> </u>						
								<del></del>	<del>,</del>	
	<del> </del>		·					·		
Une	ter penalties of admin. I doctor	e that I have evans	Sed this return, including a	CCOMpanying so	hedules en	d statements, and to the	hest of my knowledge	e and belief it	is frue	
	der penalties of perjury, I declar rect, and complete Declaration	of pregarer (other	han taxpayer or fiduciary)	is based on all r	nformation	of which preparer has a	ny knowledge	o and Delici, It	is true	•
Sign Here <b>▶</b>	1Um	/sett	$\supset$		14.	6-11	TRUSTEE/I	) T R ፑርጥርነ	R	
	Signature of officer or trustee		-		Date	<u> </u>	Title		-	

Date Print/Type preparer's name Preparer's signature Check if 04/02/11 TROY W. KNIGHTON, CPA self-employed Paid HARTLE KNIGHTON, Preparer

**SUITE 1110** Use Only 175 S MAIN STREET, Firm's address

Firm's EIN ►

UT 84111-2154

(801) 596-9999 Phone no

PTIN

BAA

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

Department of the Treasury Internal Revenue Service Name of the organization

### **Schedule of Contributors**

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

OMB No 1545-0047

2010

Employer identification number

BERTIN FAMILY FOUNDATION		87-0638640
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	on
	4947(a)(1) nonexempt charitable trust not	t treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treat	ated as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the <b>Ge</b>	neral Rule or a Special Rule.	Dula and a Spacial Dula. See instructions
Note. Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General	Rule and a Special Rule See Instructions.
General Rule		
	. or 990-PF that received, during the year, \$5.0	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 F	orm 990 or 990-EZ, that met the 33-1/3% supp	ort test of the regulations under sections
509(a)(1) and 170(b)(1)(A)(vi), and received	d from any one contributor, during the year, a c	contribution of the greater of (1) \$5,000 or
	,,,	
For a section 501(c)(7), (8), or (10) organize aggregate contributions of more than \$1,000	ation filing Form 990 or 990-EZ, that received fi	rom any one contributor, during the year,
the prevention of cruelty to children or anim	als Complete Parts I, II, and III	steriality, or educational purposes, or
For a section 501(c)(7), (8), or (10) organiz	ation filing Form 990 or 990-EZ, that received f	rom any one contributor, during the year,
contributions for use exclusively for religious	s, charitable, etc, purposes, but these contribut	tions did not aggregate to more than \$1,000
purpose Do not complete any of the parts i	unless the <b>General Rule</b> applies to this organiza	ation because it received nonexclusively
religious, charitable, etc, contributions of \$5	5,000 or more during the year .	<b>►</b> \$
Caution: An organization that is not covered by	the General Rule and/or the Special Rules doe	es not file Schedule B (Form 990, 990-EZ, or
990-PF) but it must answer 'No' on Part IV, line	2 of their Form 990, or check the box on line I	H of its Form 990-EZ, or on line 2 of its Form
	<u> </u>	
BAA For Paperwork Reduction Act Notice, se	ee the Instructions for Form 990,	Schedule B (Form 990, 990-EZ, or 990-PF) (2010
General Rule  X For an organization filing Form 990, 990-EZ contributor (Complete Parts I and II.)  Special Rules  For a section 501(c)(3) organization filing Form 990, 990-EZ contributor (Complete Parts I and II.)  Special Rules  For a section 501(c)(3) organization filing Form 990, 100 (2) 2% of the amount on (i) Form 990, Part For a section 501(c)(7), (8), or (10) organizaggregate contributions of more than \$1,000 (10) the prevention of cruelty to children or animal Form a section 501(c)(7), (8), or (10) organization for use exclusively for religious contributions for use exclusively for religious If this box is checked, enter here the total copurpose Do not complete any of the parts or religious, charitable, etc, contributions of \$5 (2) (2) (3) (4) (4) (4) (5) (5) (6) (6) (6) (7) (8) (7) (8) (7) (8) (7) (8) (7) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	neral Rule or a Special Rule. anization can check boxes for both the General Rule or a Special Rule. anization can check boxes for both the General Rule or 990-PF that received, during the year, \$5,00 or 990-PF that received, during the year, a contributor, during the year, a contributor of the year, and the year of	Rule and a Special Rule See instructions.  2000 or more (in money or property) from any one ort test of the regulations under sections contribution of the greater of (1) \$5,000 or ete Parts I and II from any one contributor, during the year, cientific, literary, or educational purposes, or from any one contributor, during the year, cientific, literary, or educational purposes, or from any one contributor, during the year, cientific, literary, or educational purposes, or from any one contributor, during the year, cientific, literary, or educational purposes, or from any one contributor, during the year, cientific, literary, or educational purposes, or from any one contributor, during the year, cientific, literary, or educational purposes, or from any one contributor, during the year, cientific, literary, or educational purposes, or from any one contributor, during the year, cientific, literary, or educational purposes, or from any one contributor, during the year, cientific, literary, or educational purposes, or from any one contributor, during the year, cientific, literary, or educational purposes, or from any one contributor, during the year, cientific, literary, or educational purposes, or from any one contributor, during the year, cientific, literary, or educational purposes, or from any one contributor, during the year, cientific, literary, or educational purposes, or from any one contributor, during the year, cientific, literary, or educational purposes, or from any one contributor, during the year, cientific, literary, or educational purposes, or from any one contributor, during the year, cientific, literary, or educational purposes, or from any one contributor, during the year, cientific, literary, or educational purposes, or from any one contributor, during the year, cientific, literary, or educational purposes, or from any one contributor, during the year, cientific, literary, or educational purposes, or from any one contributor, during the year, cientific, literary, or educational purposes, or from an

L of Part I

BERTIN FAMILY FOUNDATION

Employer identification number

87-0638640

Partil	Contributors (see instructions )		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	KIM C. & JENNIFER BERTIN  723 MONT CLAIR DRIVE  NORTH SALT LAKE  UT 84054	\$200,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$`	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Form 990-PF, Page 1, Part I, Line 11

### Line 11 Stmt

Other income:	Rev/Exp Book	Net Inv Inc	Adj Net Inc
TAX-EXEMPT INTEREST	3.	0.	
INCOME/(LOSS) FROM K-1	-18,691.	-18,691.	
OTHER INCOME	899.	899.	

# Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (a) thru (d)

(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 acquired P-Purchase D-Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
PIEDMONT NATURAL GAS CO	P	03/23/09	10/08/10
EMERSON ELECTRIC CO	P	04/15/10	12/15/10
AFLAC INC	P	03/23/09	12/15/10
ANALOG DEVICES INC	P	03/23/09	12/15/10
BROWN-FORMAN CORP	P	03/23/09	12/15/10
CONOCOPHILLIPS	P	03/23/09	12/15/10
FACTSET RESEARCH SYSTEMS INC	P	03/23/09	12/15/10
GRAINGER W W INC	P	03/23/09	12/15/10
JOHNSON CONTROLS INC	P	11/06/09	12/15/10
MDU RESOURCES GROUP INC	P	03/23/09	Various
NORDSTROM INC	P	03/23/09	12/15/10
POLARIS INDS INC	P	03/23/09	12/15/10
SIGMA ALDRICH CORP	P	03/23/09	12/15/10
UNITED TECHNOLOGIES CORP	P	03/23/09	12/15/10
FUTURES PORTFOLIO FUND LP	P	05/21/09	08/25/10
SHORT-TERM CAPITAL LOSS FROM K-1	P	Various	Various
SEC 1256 CAPITAL GAIN FROM K-1	P	Various	Various
LONG-TERM CAPITAL GAIN DISTRIBUTIONS	P	Various	Various

# Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (e) thru (h)

(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
	96,841. 13,671. 7,833. 15,520. 8,783. 9,797. 8,802. 18,544. 26,659. 87,860. 13,041.	12,926. 1,579. 14,034. 13,621. 6,796. 6,350. 9,915. 18,675. 12,268. 35,642. 23,501. 51,368.
	8,887. 6,873. 454,821.	7,128. 6,133. 105.
	'' '	(or allowable) plus expense of sale  96,841. 13,671. 7,833. 15,520. 8,783. 9,797. 8,802. 18,544. 26,659. 87,860. 13,041. 19,266. 8,887. 6,873.

CENTERVILLE UT 84014

0.

Form 990-PF, Part IV Columns (e) thru (h)		and Losses	for T	ax on Investment I	ncome		Continued
(e) Gross sales price	(f) Depreciatio (or allowa			Cost or other basis is expense of sale			or (loss) minus (g)
0. 4,504. 467.			- -	4,846.			-4,846. 4,504. 467.
Total			=	802,044.		2	20,166.
Form 990-PF, Part IV Columns (i) thru (l)	/, Capital Gains	and Losses	for T	ax on Investment I	ncome		
Complete only for as by the foundation on		ın ın columr	n (h) a	and owned	ga	in minu	(column (h) s column (k),
(i) Fair Market Value as of 12/31/69	<b>(j)</b> Adjuste as of 12			Excess of column er column (j), if ar	(1)	or los	ess than -0-) ses (from mn (h))
Total	6 Part VIII Line						12,926. 1,579. 14,034. 13,621. 6,796. 6,350. 9,915. 18,675. 12,268. 35,642. 23,501. 51,368. 7,128. 6,133. 105. -4,846. 4,504. 467.
Form 990-PF, Page 6 Information about 0			, Etc.				
(a) Name and address		(b) Title, ar average he per wee devoted position	ours ek to	(c) Compensation (If not paid, enter -0-)	Contrib to emp benefit and de comper	utions ployee plans ferred	(e) Expense account, other allowances
	siness						
STEPHANIE BERT	IN	DIRECTO	R				

Form 990-PF, Page 6, Part VIII, Line 1 Information about Officers, Directors, Trustees, Etc.

Continued

<u> 0.</u>

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Person X Business				
MICHELLE GARFF	DIRECTOR			
MENLO PARK CA 94025	0.00	0.	0.	0.
Person X Business				
JAMES A. BERTIN	DIRECTOR			
NORTH SALT LAKE UT 84054	0.00	0.	0.	0.
Person X Business				
ALEX M. BERTIN	DIRECTOR			
NORTH SALT LAKE UT 84054	0.00	0.	0.	0.
Total				

Form 990-PF, Page 11, Part XV, line 3a

Line 3a statement

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	Person or Business Checkbox Amount
a Paid during the year THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS SALT LAKE CITY UT 84111	NONE	 N/A	PERPETUAL EDUCATION FUND	Person or Business X
THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS SALT LAKE CITY UT 84111	NONE	<u>N/A</u>	MISSIONARY FUND	Person or Business X 25,000.
THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS SALT LAKE CITY UT 84111	NONE	 N/A	HUMANITARIAN SERVICES/AID	Person or Business . X
MOTHERS WITHOUT BORDERS AMERICAN FORK UT 84003	NONE	 N/A	GENERAL CHARITABLE PURPOSES	Person or Business X
QUARTERS FOR CHRISTMAS SALT LAKE CITY UT 84110	NONE		GENERAL CHARITABLE PURPOSES	Person or Business X 3,000.
THE LIGHTED CANDLE SOCIETY SALT LAKE CITY UT 84111	NONE	 N/A	GENERAL CHARITABLE PURPOSES	Person or Business X 5,000.

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Continued

	· , · ·	<del> </del>		
Recipient	If recipient is	Foun-	Purpose of	Person or
·	an individual,	dation	grant or contribution	Business
Name and address	show any	status	grant or contribution	Checkbox
	1			Officerbox
(home or business)	relationship to	of re-		
	any foundation	cipient		Amount
	manager or			
	substantial			
	contributor			
<del> </del>	· · · · · · · · · · · · · · · · · · ·	<del> </del>		
a Paid during the year				Person or
THE ROAD HOME	NONE	N/A	GENERAL CHARITABLE	Business X
SALT LAKE CITY UT 84101			PURPOSES	4,000.
		· · · · · · · · · · · · · · · · · · ·		Person or
UMAN GUARNOUN C ORERA	NONE			
UTAH SYMPHONY & OPERA	NONE	<u>N/A</u>	GENERAL CHARITABLE	
SALT LAKE CITY UT 84111			PURPOSES	3,000.
				Person or
ROOM TO READ	NONE	N/A	GENERAL CHARITABLE	Business X
SAN FRANCISCO CA 94104			PURPOSES	33,000.
	L			Person or
DONORS CHOICE	NONE	N/A	GENERAL CHARITABLE	Business X
PALO ALTO CA 94301			PURPOSES	2,000.
				Person or
WEDER OF THE TRITIER OF THE				
WEBER STATE UNIVERSITY	NONE	<u>N/A</u>	SCHOLARSHIP	
OGDEN UT 84408				1,500.
				Person or
OPERATION SMILE	NONE	N/A	GENERAL CHARITABLE	Business X
NORFOLK VA 23509			PURPOSES	7,500.
				Person or
KOINS FOR KENYA	NONE	N/A	GENERAL CHARITABLE	Business X
SALT LAKE CITY UT 84111			PURPOSES	1,500.
				Person or
	NONE	N/A	GENERAL CHARITABLE	Business X
PRIMARY CHILDRENS MEDICAL CENTER			<del>-</del>	—
SALT LAKE CITY UT 84158	<del></del>	ļ	PURPOSES	10,000.
				Person or
UTAH FOOD BANK	NONE	<u>N/A</u>	GENERAL CHARITABLE	Business X
SALT LAKE CITY UT 84119			PURPOSES	10,000.
	<b></b>	l	<b></b>	Person or
JUNIOR ACHIEVEMENT OF UTAH	NONE	<b>-</b>	GENERAL CHARITABLE	Business X
SALT LAKE CITY UT 84102		N/A	PURPOSES	15,000.
NATIONAL MULTIPLE SCLEROSIS SOCIETY	1	T		Person or
	NONE		COMPONE CUARTERES	I
UTAH CHAPTER			GENERAL CHARITABLE	
SALT LAKE CITY UT 84054		N/A	PURPOSES	1,000.
				Person or
REACH THE CHILDREN	NONE		SCHOLARSHIPS	Business X
FAIRPORT NY 14450		N/A		1,000.
		l		Person or
HOPE ALLIANCE	NONE		GENERAL CHARITABLE	Business X
SALT LAKE CITY UT 84104		N/A	PURPOSES	1,000.
	<u> </u>	<del>  /</del>		Person or
	NONE			
KUED-TV	NONE		GENERAL CHARITABLE	
SALT LAKE CITY UT 84112		N/A	PURPOSES	2,500.
				Person or
PROPOSITION 8 LEGAL DEFENSE FUND	NONE	.l	GENERAL CHARITABLE	Business
SACRAMENTO CA 95816		N/A	PURPOSES	250.
			··	

Form 990-PF, Page 11, Part XV, line 3a

Line 3a statement

Continued

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	Person or Business Checkbox Amount
a Paid during the year				

Total

236,750.

Form 990-PF, Page 1, Part I Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
HARTLE KNIGHTON, LLC	TAX RETURN PREPARATION	2,285.	2,285.		

Total

2,285.

2,285.

Form 990-PF, Page 1, Part I

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
WELLS FARGO ADVISORS	MANAGED ACCOUNT FRES	46,212.	46,212.		

Total

46,212. 46,212.

Form 990-PF, Page 2, Part II, Line 13

L-13 Stmt

	End of	Year
Line 13 - Investments - Other:	Book Value	Fair Market Value
WELLS FARGO SECURITIES ACCOUNTS	4,876,515.	7,240,881.

Total

4,876,515. 7,240,881.