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Form 990-PF Department of the Treasury Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2010

Fo	or ca	lendar year 2010, or tax year beginning	-	, 2010, and ending				, 20			
		ck all that apply Initial return		Initial return	of a former p	oublic char	rity		Final return		
		Amended return	_	Addre	ss change		Name chang	je	•		
Na	ame c	of foundation					A Employer	A Employer identification number			
		The Benjamin Foundation	on				87-0	6795	99		
Nı	umbe	r and street (or P O box number if mail is not deliver	ed to stre	et address)		Room/su	ite B Telephone	number (:	see page 10 of the instructions)		
		273 North East Capito.		•			801-				
		270 North East Supres									
C	ty or	town, state, and ZIP code				l	C If exemption	n applicat	ion is		
Ů.	, 0.	Salt Lake City, UT 8	1103				C If exemption pending, ch		►		
		batt hake city, or o	1100				1 -	-	ons, check here		
	Cha	all time of assessment as Time Construction	17-1701		f				ons meeting the ere and attach		
7		ck type of organization X Section 50°				4.00	computa	ation			
		ection 4947(a)(1) nonexempt charitable trust		Other taxable p					status was terminated		
'			_	method 🔀 C	asn Acc	crual	under sect	ion 507(b)	(1)(A), check here		
		ear (from Part II, col (c), line ► \$ 2,675,087.00 (Part		specify)	n coch bosic				n a 60-month termination		
7.				in (a) must be o	ii casii basis)	1	under secti	on 507(b)	(1)(B), check here		
Li	eit.	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	(a)	Revenue and	(b) Net inve	estment	(c) Adjusted r	net	(d) Disbursements for charitable		
		may not necessarily equal the amounts in	6	expenses per books	incon		income		purposes		
_	ı	column (a) (see page 11 of the instructions))							(cash basis only)		
	1	Contributions, gifts, grants, etc., received (attach schedule).		5,000.00	 						
	2	attach Sch B		5,933.00	ļ	122 00	E 033				
	3	Interest on savings and temporary cash investments		5,933.00	5,3	933.00	5,933	5.00			
	4	Dividends and interest from securities		10 150 00	100		40.150				
	5 a	Gross rents	ļ	40,158.00	40,.	158.00	40,158	.00			
	b	Net rental income or (loss) 19,713.00									
ne	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	ļ								
Revenue	ן י	assets on line 6a			REC	EIV!					
Zev	7	Capital gain net income (from Part IV, line 2)				 .					
_	8	Net short-term capital gain			NOV	76 201	197		. ", ,		
	9	Income modifications · · · · · · · · · · · · · · · · · · ·			-		- <u>-</u> 0		· · · · · · · · · · · · · · · · · · ·		
	IV a	Gross sales less returns and allowances · · · ·			agi	JEN, U	~,~~()				
		Less Cost of goods sold .			000	المالحال					
	С	Gross profit or (loss) (attach schedule)									
	11	Other income (attach schedule)		F1 001 00	1	201 00	16 001	0.0			
_	12	Total. Add lines 1 through 11		51,091.00	46,0	091.00	46,091	00			
	13	Compensation of officers, directors, trustees, etc		35 604 00	-						
Š	14	Other employee salaries and wages		35,624.00	 				<u> </u>		
nse	15	Pension plans, employee benefits		906.00		<u> </u>	C C 2 C				
pe	16a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6,612.00		612.00	6,612	2.00			
ũ	b	Accounting fees (attach schedule)		885.00							
tive	C	Other professional fees (attach schedule)									
Operating and Administrative Expenses	17	Interest		0 170 00		210 00	L 010				
Jis	18	Taxes (attach schedule) (see page 14 of the instructions)		8,178.00	1	319.00	5,319				
Ē	19	Depreciation (attach schedule) and depletion	-	15,068.00	15,0	068.00	15,068	5.00	<u></u>		
Ad	20	Occupancy		5.40.00	<u> </u>						
þ	21	Travel, conferences, and meetings		542.00							
jai	22	Printing and publications	·								
ting	23	Other expenses (attach schedule)		6,845.00		57.00	57	7.00			
rai	24	Total operating and administrative expenses	s.	B.4							
Dee		Add lines 13 through 23		74,660.00		056.00	27,056	0.00			
J	25	Contributions, gifts, grants paid		105,074.00					105,074.00		
_	26	Total expenses and disbursements. Add lines 24 and 2	5	179,734.00	27,	056.00	27,056	5.00	105,074.00		
	27	Subtract line 26 from line 12									
		Excess of revenue over expenses and disbursements		-128,643.00							
	b	Net investment income (if negative, enter -0-	·		19,	035.00					
	C	Adjusted net income (if negative, enter -0-).	.				19,035	5.00			

Part II		. Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of year		
			amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	٦,	Cash - non-interest-bean	ng	260,158.00	286,227.00	286,227.00	
			cash investments	125,000.00			
		Accounts receivable	r				
		Less allowance for doul	btful accounts ▶				
	4	Pledges receivable					
		Less allowance for doub	btful accounts ▶				
		_					
			officers, directors, trustees, and other				
			ach schedule) (see page 15 of the instructions)				
			eceivable (attach schedule)				
				867,548.00	867,548.00	867,548.00	
			btful accounts ▶	007,340.00	007,540.00	007,340.00	
ets	8	niventones for sale or us	e		· · · ·		
Assets			eferred charges				
۷			e government obligations (attach schedule).	453,365.00	451 402 00	700 312 00	
			stock (attach schedule)	453,365.00	451,493.00	700,312.00	
	11 C	Investments - corporate Investments - land, buildings	bonds (attach schedule)				
		and equipment basis					
		Less accumulated deprecia (attach schedule)					
			loans				
	13 14	Investments - other (atta	ach schedule)				
	14	equipment basis	578,657.00				
		Less accumulated deprecia (attach schedule)	15,068.00	578,576.00	563,508.00	821,000.00	
	15	Other assets (describe	> _) <u> </u>	-61.00			
			completed by all filers - see the				
		instructions Also, see p	age 1, item I)	2,284,586.00	2,168,776.00	2,675,087.00	
	17	Accounts payable and a	ccrued expenses		12,833.00		
		•					
S	19						
Liabilities			ors, trustees, and other disqualified persons		-		
abi			ites payable (attach schedule)				
3			• ▶)				
		•					
	23	Total liabilities (add line	s 17 through 22)		12,833.00		
			low SFAS 117, check here ▶				
es	24	Unrestricted					
JUC.	25	Temporarily restricted					
3ali	26	Permanently restricted					
þ		Foundations that do	not follow SEAS 447				
ᆵ		check here and com	nlete lines 27 through 31				
r.	27	Capital stock trust princ	cipal, or current funds				
ts (28	Paid-in or capital surplus, or	rland bldg, and equipment fund				
se	29	Retained earnings, accumi	ulated income, endowment, or other funds	2,284,586.00	2,155,943.00		
As	30	Total not accorde or f	fund balances (see page 17 of the	2/201/300.00	2,133,343.00		
Vet	••	instructions)	not follow SFAS 117, plete lines 27 through 31. riand, bldg, and equipment fund ulated income, endowment, or other funds fund balances (see page 17 of the	2,284,586.00	2,155,943.00		
_	31	Total liabilities and no	t assets/fund balances (see page 17	2/201/300.00	2,133,343.00		
				2 204 506 00	2 160 776 00		
Ξ	art II	Analysis of Cha	anges in Net Assets or Fund E	2,284,586.00 Ralances	2,168,776.00		
			alances at beginning of year - Part I		must agree with		
•			d on prior year's return)			2 204 506 02	
2		amount from Part I, I				2,284,586.00 -128,643.00	
					· · · · · · · · 	120,043.00	
						0 155 040 00	
_	Door		ling 2 (tamiza) »		! _ 1	2,155,943.00	
6	Total	net accete or fund be	alances at end of year (line 4 minus li	no 5\ Dort II not me (b)		0.155.050.55	
<u>-</u>	TULA	net assets of Junu Da	mances at end of year (line 4 minus li	ne 5) - Pait II, column (b)	, line 30 6	2,155,943.00 Form 990-PF (2010)	

Part IV Capital Gains	and Losses for Tax on Inve	estment Income			rage o
(a) List an	d describe the kind(s) of property sold (e	e g , real estate,	(b) How acquired P-Purchase	(c) Date acquired	(d) Date sold
	orick warehouse, or common stock, 200 s	shs MLC Co)	D-Donation	(mo , day, yr)	(mo , day, yr)
<u>1a</u>					
_b				 	
<u>C</u>					
<u>d</u>					
<u>e</u>	(9 Depression allowed	(g) Cost or other basis		(h) Com on (le	
(e) Gross sales price	(f) Deprectation allowed (or allowable)	plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a					
b					
C					-
d					
е					
Complete only for assets	showing gain in column (h) and owned	d by the foundation on 12/31/69	(1)	Gains (Col (h) g	ain minus
(i) F M V as of 12/31/69	(j) Adjusted basis	(k) Excess of col (ı)		(k), but not less t	han -0-) or
	as of 12/31/69	over col (j), if any		Losses (from co	l (h))
_a					
b					
<u>C</u>					
d					
е					
2 Capital gain net income or	r (net canital ince)	gain, also enter in Part I, line 7	,		
3 Net short-term canital day	n or (loss) as defined in sections 12	(loss), enter -0- in Part I, line 7	2		
	, line 8, column (c) (see pages 13 a				
	line 8		2		
Part V Qualification	Under Section 4940(e) for Rec	duced Tax on Net Investment I	ncome		
	the section 4942 tax on the distrib		ase perio	d?	Yes No
	not qualify under section 4940(e)				
	ount in each column for each year,	, see page 18 of the instructions be	fore mak		-
(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution r (col (b) divided by	
2009	105,074.00	2,255,500.00			0.0466
2008	140,900.00	1,892,862.00			0.0744
2007	99,676.00	1,671,485.00		_	0.0596
2006	105,508.00				0.0524
2005	106,482.00	2,097,161.00			0.0508
2 Total of line 1, column (d)		2		0.2838
3 Average distribution ratio	for the 5-year base period - divide	the total on line 2 by 5, or by the			
number of years the foun	idation has been in existence if less	s than 5 years	3		0.0568
4 Enter the net value of nor	ncharitable-use assets for 2010 from	m Part X, line 5	4	1,/	82,996.76
					01 074 00
5 Multiply line 4 by line 3			5	<u>_</u>	01,274.22
6 Enter 10/ of not	ont income (49) of Deat Live 2713				100 05
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		190.35
7 Add lines 5 and 6			,	1	01,464.57
Add iiiles 3 ailu 0		• • • • • • • • • • • • • • • • • • • •	7	<u> </u>	
					01,404.57
8 Enter qualifying distribution	ons from Part XII, line 4		8	1	05,074.00

			40110	ns)
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		190.	.00
	here and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2		1.00	
3	Add lines 1 and 2		190.	.00
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4		190.	00
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		190.	. 00
6	Credits/Payments			
a	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 787.00			
b	Exempt foreign organizations-tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c Backup withholding erroneously withheld 6d			
- a			787.	00
7	, , , , , , , , , , , , , , , , , , ,		, , , ,	
8 9	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
10	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		597.	0.0
11	Enter the amount of line 10 to be Credited to 2011 estimated tax 597.00 Refunded 11			
	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1b		Χ
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1 c		Χ
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶\$(2) On foundation managers ▶\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<u>4a</u>		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		
_	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		i	
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		Х	
7	conflict with the state law remain in the governing instrument?	<u>6</u> 7	X	
7 8 a		,	Λ	
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
U	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	JU		
•	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV	9	Х	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		· · · · · ·	
	names and addresses	10	Х	

Par	t VII-A	Statements Regarding Activities (continued)			
11	At any ti	me 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 page 20 of the instructions)	11		X
12	Did the f	oundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 1	17, 2008?	12		X
13	Did the f	foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website	address •			
14	The boo	ks are in care of JAN GARBETT at \(\bigsize 273 \) N. EAST CAPITOL ST. SLC UTAH ZIP+4 \(\bigsize 84103 \) 4947(a)(1) proper most charitable trusts filing Form 990-PE in lieu of Form 1041. Check here	30		
	Located	at ▶273 N. EAST CAPITOL ST. SLC UTAH ZIP+4 ▶84103			,
15	Section	4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here · · · · · · · · · · · · · · · · · ·		▶	
		er the amount of tax-exempt interest received or accrued during the year $\dots \dots \dots \dots \dots $ $\blacktriangleright \boxed{15}$			
16		time during calendar year 2010, did the foundation have an interest in or a signature or other authority		Yes	No
		ank, securities, or other financial account in a foreign country?	16	<u> </u>	
	See pag	ge 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 if "Yes," enter			
		e of the foreign country			L
Par	t VII-B	Statements Regarding Activities for Which Form 4720 May Be Required	1	1	
	File Fo	rm 4720 if any item is checked in the "Yes" column, unless an exception applies.	-	Yes	No_
1 a	•	he year did the foundation (either directly or indirectly)			
		age in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Born	ow money from, lend money to, or otherwise extend credit to (or accept it from) a			
		ualined person?			
	` '	instriguous, services, or racinities to (or accept them from) a disqualified person?			
		compensation to, or pay or reimburse the expenses of, a disqualified person?			
		rester any income or assets to a disqualified person (or make any of either available for the penefit or use of a disqualified person)?			
		serior of the disquiring person,			
		ee to pay money or property to a government official? (Exception. Check "No" if the	į		
		dation agreed to make a grant to or to employ the official for a period after			
L		initiation of government service, it terminating within 50 days /			
D		nswer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	16		X
		ations relying on a current notice regarding disaster assistance check here	"		
_	•	foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
·		corrected before the first day of the tax year beginning in 2010?	1 c		X
2		in failure to distribute income (section 4942) (does not apply for years the foundation was a private			1
_		g foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	•	nd of tax year 2010, did the foundation have any undistributed income (lines 6d and			
		XIII) for tax year(s) beginning before 2010? Yes			
		list the years			
b		re any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	1		
	(relating	to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	ŀ		
	ali years	listed, answer "No" and attach statement - see page 22 of the instructions)	2 b	<u> </u>	X
c	If the pr	ovisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶				1
3 a	Did the	foundation hold more than a 2% direct or indirect interest in any business enterprise			
		me during the year?			ļ
b	If "Yes,"	did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or			
		fied persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
		sioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of	1		
		., 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
		on had excess business holdings in 2010)	3 b	+	X
		foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	 	<u> </u>
Ь		foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		1	x
	charitab	le purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4 b		L 43

Part VII-B Statements Regarding Activities t	or Which Form 4	720 May Be Requ	ired (continued)						
5a During the year did the foundation pay or incur any amo									
(1) Carry on propaganda, or otherwise attempt to influe	nce legislation (section	4945(e))?	Yes X No	,					
(2) Influence the outcome of any specific public election		r to carry on,							
directly or indirectly, any voter registration drive?			Yes X No	,					
(3) Provide a grant to an individual for travel, study, or o	ther similar purposes?		Yes X No	,					
(4) Provide a grant to an organization other than a cha	ritable, etc., organizatio	n described in							
section 509(a)(1), (2), or (3), or section 4940(d)(2)?	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions)								
(5) Provide for any purpose other than religious, chants	able, scientific, literary,	or educational							
purposes, or for the prevention of cruelty to children	or animals?		. Yes X No	,					
b If any answer is "Yes" to 5a(1)-(5), did any of the tran									
Regulations section 53 4945 or in a current notice regar		•		5b					
Organizations relying on a current notice regarding disas	ster assistance check h	еге	▶ □						
c If the answer is "Yes" to question 5a(4), does the found									
because it maintained expenditure responsibility for the	·		Yes No	,					
If "Yes," attach the statement required by Regulations se									
6a Did the foundation, during the year, receive any funds,	· ·	nav premiums							
on a personal benefit contract?	•	• • •	Yes X No	,					
b Did the foundation, during the year, pay premiums, dire			•	6 b					
If "Yes" to 6b, file Form 8870	ony or manoony, on a	portornal portorne contract	^	5-2					
7a At any time during the tax year, was the foundation a p	arty to a prohibited tax	shelter transaction?	Yes X No						
b If "Yes," did the foundation receive any proceeds or have			• — —						
Part VIII Information About Officers, Director									
and Contractors		_		_					
1 List all officers, directors, trustees, foundation r									
	(h) Title and average I	(c) Compensation	(d) Contributions to	(a) Eymana					
(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		se account, owances				
(a) Name and address BRYSON GARBETT	(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						
	hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	employee benefit plans						
BRYSON GARBETT	hours per week devoted to position DIRECTOR	-0-)	employee benefit plans and deferred compensation		owances				
BRYSON GARBETT 273 E. CAPITOL ST. SLC UT 84103	hours per week devoted to position DIRECTOR .5	-0-)	employee benefit plans and deferred compensation		owances				
BRYSON GARBETT 273 E. CAPITOL ST. SLC UT 84103 JAN GARBETT	hours per week devoted to position DIRECTOR .5 DIRECTOR	0.00	employee benefit plans and deferred compensation		0.00				
BRYSON GARBETT 273 E. CAPITOL ST. SLC UT 84103 JAN GARBETT 273 E. CAPITOL ST. SLC UT 84103	hours per week devoted to position DIRECTOR .5 DIRECTOR .5	0.00	employee benefit plans and deferred compensation		0.00				
BRYSON GARBETT 273 E. CAPITOL ST. SLC UT 84103 JAN GARBETT 273 E. CAPITOL ST. SLC UT 84103 DAVID GARBETT	hours per week devoted to position DIRECTOR .5 DIRECTOR .5 DIRECTOR	0.00	employee benefit plans and deferred compensation 0.00		0.00 0.00				
BRYSON GARBETT 273 E. CAPITOL ST. SLC UT 84103 JAN GARBETT 273 E. CAPITOL ST. SLC UT 84103 DAVID GARBETT	hours per week devoted to position DIRECTOR .5 DIRECTOR .5 DIRECTOR	0.00	employee benefit plans and deferred compensation 0.00		0.00 0.00				
BRYSON GARBETT 273 E. CAPITOL ST. SLC UT 84103 JAN GARBETT 273 E. CAPITOL ST. SLC UT 84103 DAVID GARBETT	hours per week devoted to position DIRECTOR .5 DIRECTOR .5 DIRECTOR .5	0.00	employee benefit plans and deferred compensation 0.00 0.00 0.00	other all	0.00 0.00				
BRYSON GARBETT 273 E. CAPITOL ST. SLC UT 84103 JAN GARBETT 273 E. CAPITOL ST. SLC UT 84103 DAVID GARBETT 273 E. CAPITOL ST. SLC UT 84103 COmpensation of five highest-paid employees (o	hours per week devoted to position DIRECTOR .5 DIRECTOR .5 DIRECTOR .5 .5 ther than those inc	0.00	employee benefit plans and deferred compensation 0.00 0.00 0.00	ructions).	0.00 0.00				
BRYSON GARBETT 273 E. CAPITOL ST. SLC UT 84103 JAN GARBETT 273 E. CAPITOL ST. SLC UT 84103 DAVID GARBETT 273 E. CAPITOL ST. SLC UT 84103 2 Compensation of five highest-paid employees (of Innone, enter "NONE."	hours per week devoted to position DIRECTOR .5 DIRECTOR .5 DIRECTOR .5 ther than those inc	0.00 0.00 0.00	e page 23 of the inst (d) Contributions to employee benefit	ructions).	0.00 0.00 0.00				
BRYSON GARBETT 273 E. CAPITOL ST. SLC UT 84103 JAN GARBETT 273 E. CAPITOL ST. SLC UT 84103 DAVID GARBETT 273 E. CAPITOL ST. SLC UT 84103 CAPITOL ST. SLC UT 84103 2 Compensation of five highest-paid employees (of light strength of light str	hours per week devoted to position DIRECTOR .5 DIRECTOR .5 DIRECTOR .5 .5 ther than those inc	0.00 0.00 0.00	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	0.00 0.00 0.00				
BRYSON GARBETT 273 E. CAPITOL ST. SLC UT 84103 JAN GARBETT 273 E. CAPITOL ST. SLC UT 84103 DAVID GARBETT 273 E. CAPITOL ST. SLC UT 84103 2 Compensation of five highest-paid employees (of Innone, enter "NONE."	hours per week devoted to position DIRECTOR .5 DIRECTOR .5 DIRECTOR .5 .5 ther than those inc	0.00 0.00 0.00	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	0.00 0.00 0.00				
BRYSON GARBETT 273 E. CAPITOL ST. SLC UT 84103 JAN GARBETT 273 E. CAPITOL ST. SLC UT 84103 DAVID GARBETT 273 E. CAPITOL ST. SLC UT 84103 2 Compensation of five highest-paid employees (of Innone, enter "NONE."	hours per week devoted to position DIRECTOR .5 DIRECTOR .5 DIRECTOR .5 .5 ther than those inc	0.00 0.00 0.00	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	0.00 0.00 0.00				
BRYSON GARBETT 273 E. CAPITOL ST. SLC UT 84103 JAN GARBETT 273 E. CAPITOL ST. SLC UT 84103 DAVID GARBETT 273 E. CAPITOL ST. SLC UT 84103 2 Compensation of five highest-paid employees (of Innone, enter "NONE."	hours per week devoted to position DIRECTOR .5 DIRECTOR .5 DIRECTOR .5 .5 ther than those inc	0.00 0.00 0.00	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	0.00 0.00 0.00				
BRYSON GARBETT 273 E. CAPITOL ST. SLC UT 84103 JAN GARBETT 273 E. CAPITOL ST. SLC UT 84103 DAVID GARBETT 273 E. CAPITOL ST. SLC UT 84103 2 Compensation of five highest-paid employees (of Innone, enter "NONE."	hours per week devoted to position DIRECTOR .5 DIRECTOR .5 DIRECTOR .5 .5 ther than those inc	0.00 0.00 0.00	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	0.00 0.00 0.00				
BRYSON GARBETT 273 E. CAPITOL ST. SLC UT 84103 JAN GARBETT 273 E. CAPITOL ST. SLC UT 84103 DAVID GARBETT 273 E. CAPITOL ST. SLC UT 84103 2 Compensation of five highest-paid employees (of Innone, enter "NONE."	hours per week devoted to position DIRECTOR .5 DIRECTOR .5 DIRECTOR .5 .5 ther than those inc	0.00 0.00 0.00	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	0.00 0.00 0.00				
BRYSON GARBETT 273 E. CAPITOL ST. SLC UT 84103 JAN GARBETT 273 E. CAPITOL ST. SLC UT 84103 DAVID GARBETT 273 E. CAPITOL ST. SLC UT 84103 2 Compensation of five highest-paid employees (of Innone, enter "NONE."	hours per week devoted to position DIRECTOR .5 DIRECTOR .5 DIRECTOR .5 .5 ther than those inc	0.00 0.00 0.00	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	0.00 0.00 0.00				
BRYSON GARBETT 273 E. CAPITOL ST. SLC UT 84103 JAN GARBETT 273 E. CAPITOL ST. SLC UT 84103 DAVID GARBETT 273 E. CAPITOL ST. SLC UT 84103 2 Compensation of five highest-paid employees (of Innone, enter "NONE."	hours per week devoted to position DIRECTOR .5 DIRECTOR .5 DIRECTOR .5 .5 ther than those inc	0.00 0.00 0.00	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	0.00 0.00 0.00				
BRYSON GARBETT 273 E. CAPITOL ST. SLC UT 84103 JAN GARBETT 273 E. CAPITOL ST. SLC UT 84103 DAVID GARBETT 273 E. CAPITOL ST. SLC UT 84103 2 Compensation of five highest-paid employees (of Innone, enter "NONE."	hours per week devoted to position DIRECTOR .5 DIRECTOR .5 DIRECTOR .5 .5 ther than those inc	0.00 0.00 0.00	e page 23 of the inst (d) Contributions to employee benefit plans and deferred	ructions).	0.00 0.00 0.00				

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued)	oyees,
3 Five	highest-paid independent contractors for professional services (see page 23 of the instructions). If	none, enter "NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
		
~		
Total num	ber of others receiving over \$50,000 for professional services ▶	
Part IX-	Summary of Direct Charitable Activities	
	- Cuminary of Direct Official Activities	
List the for organization	undation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ins and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1		
2		
3		
4		
-		
Part IX-E		
Describe t	he two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		

		-
2		
All other n	regreen colored managers Conserved African and the conserved and t	
_	rogram-related investments. See page 24 of the instructions	
3		
Total Add	I lines 1 through 3	-
- Juli /\U	4 III 1994 1 III 1994 1 1 1 1 1 1 1 1 1	i e

Pa	Part X Minimum Investment Return see page 24 of the instructions	(All domestic foundations must of a control of the	complete this part. Forei	gn foundatio	ns,
1	Fair market value of assets not used	(or held for use) directly in carryi	ng out charitable, etc,		
	purposes		,		
а	a Average monthly fair market value of sec	urities		1a	653,457.00
b	b Average of monthly cash balances			1b	335,692.00
С	c Fair market value of all other assets (see	e page 25 of the instructions)		1c	821,000.00
	d Total (add lines 1a, b, and c)			1d	1,810,149.00
е	e Reduction claimed for blockage or other	factors reported on lines 1a and			
	1c (attach detailed explanation)				
2		ne 1 assets		2	
3	Subtract line 2 from line 1d			3	1,810,149.00
4	Cash deemed held for charitable activitie	s Enter 1 1/2 % of line 3 (for greater	amount, see page 25 of		.
	the instructions)			4	27,152.24
5	Net value of noncharitable-use assets. S	Subtract line 4 from line 3 Enter her	e and on Part V, line 4	5	1,782,996.76
6	Minimum investment return. Enter 5% of	of line 5		6	89,149.84
Pa	Part XI Distributable Amount (see pa	ge 25 of the instructions) (Section organizations check here ▶	1 4942(j)(3) and (j)(5) priva		
1	Minimum investment return from Part X,	line 6		1	89,149.84
2 a	2a Tax on investment income for 2010 from		190.00		
b		ide the tax from Part VI) 2b			
	A 1 1 1 . O			2c	190.00
3		Subtract line 2c from line 1			88,959.84
4				4	
5				5	88,959.84
6		e page 25 of the instructions)		6	
7					
	line 1			7	88,959.84
Pa	Part XII Qualifying Distributions (see				
1	Amounts paid (including administrative	expenses) to accomplish charitable	etc purposes		
·				1a	105,074.00
b		Part IX-R	• • • • • • • • • • • • • • • • • • • •	1b	
2			ing out charitable, etc.		
_	nurnoses		-	2	
3					·-·
a				3a	
b	b Cash distribution test (attach the require	ed schedule)		3b	<u>-</u>
4		h 3b Enter here and on Part V. line 8, an	d Part XIII, line 4	4	105,074.00
5					
-	Enter 1% of Part I, line 27b (see page 2			5	190.00
6				6	104,884.00
-	Note: The amount on line 6 will be				
	qualifies for the section 4940(e) r	eduction of tax in those years			

Form 990-PF (2010)

Pa	Part XIII Undistributed Income (see page 26 of the instructions)								
		(a)	(b)	(c)	(d)				
1	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010				
	line 7	,			88,959.84				
2	Undistributed income, if any, as of the end of 2010								
а	Enter amount for 2009 only			0.00					
	Total for pnor years 20,20,20								
	Excess distributions carryover, if any, to 2010								
	From 2005								
	From 2006								
	From 2007								
d	From 2008								
	From 2009	i							
	Total of lines 3a through e								
	Qualifying distributions for 2010 from Part XII,								
•	line 4 ▶ \$105,074.00								
а	Applied to 2009, but not more than line 2a								
									
D	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)								
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)								
А	Applied to 2010 distributable amount				105,074.00				
	Remaining amount distributed out of corpus	,			1037071.00				
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:								
2	Corpus Add lines 3f, 4c, and 4e Subtract line 5								
	Prior years' undistributed income Subtract								
D	line 4b from line 2b								
С	Enter the amount of prior years' undistributed								
	income for which a notice of deficiency has been								
	issued, or on which the section 4942(a) tax has been previously assessed								
ч	Subtract line 6c from line 6b Taxable		1						
u	amount - see page 27 of the instructions								
е	Undistributed income for 2009 Subtract line								
	4a from line 2a Taxable amount - see page 27 of the instructions								
_									
f	Undistributed income for 2010 Subtract lines 4d and 5 from line 1. This amount must be								
	distributed in 2011.				-16,114.16				
7	Amounts treated as distributions out of corpus								
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the								
	instructions)								
8	Excess distributions carryover from 2005 not l								
	applied on line 5 or line 7 (see page 27 of the instructions)								
9	Excess distributions carryover to 2011.								
	Subtract lines 7 and 8 from line 6a								
10	Analysis of line 9								
	Excess from 2006								
	Excess from 2007								
	Excess from 2008								
	Excess from 2009			·					
е	Excess from 2010								

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)								
1 a					ating			
	foundation, and the ruling				. ▶└			
b	Check box to indicate wh		private operating found	ation described in section	4942(J)	(3) or 4942(J)(5)		
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total		
	justed net income from Part I or the minimum investment	(a) 2010	(b) 2009	(c) 2008	(d) 2007			
	return from Part X for each							
	year listed							
b	85% of line 2a							
С	Qualifying distributions from Part	:						
d	XII, line 4 for each year listed . Amounts included in line 2c not							
u	used directly for active conduct							
_	of exempt activities	<u></u>						
е	Qualifying distributions made directly for active conduct of							
	exempt activities Subtract line							
3	2d from line 2c							
	alternative test relied upon							
а	"Assets" alternative test - enter (1) Value of all assets							
	(2) Value of assets qualifying							
	under section 4942(j)(3)(B)(i)							
ь	"Endowment" alternative test-							
	enter 2/3 of minimum invest- ment return shown in Part X,							
	line 6 for each year listed							
¢	"Support" alternative test - enter							
	(1) Total support other than gross investment income							
	(interest, dividends, rents,							
	payments on secunties toans (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)							
	port from an exempt							
	organization							
Pa		ary Information (C	omplete this part	only if the founda	ation had \$5,000	or more in assets		
		during the year - se		structions.)				
1	Information Regardin							
а	List any managers of before the close of any	the foundation who h	nave contributed more	e than 2% of the tota	I contributions receiv	ed by the foundation		
- D-D		y tax year (but offiy if th	ley have contributed i	nore than \$5,000) (or	ee section 507 (d)(2))			
	YSON GARBETT				. ,			
b	List any managers of					large portion of the		
	ownership of a partne	ramp or other entity) o	windi the loundation	inas a 1070 or greater	ii ital est			
NO	NE							
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsh	nip, etc., Programs:				
	Check here ▶ ıf 1	the foundation only	makes contributions	to preselected chard	table organizations a	ind does not accept		
	unsolicited requests	for funds. If the foun	dation makes gifts, g	rants, etc (see page	28 of the instruction	ons) to individuals or		
	organizations under of	ther conditions, compl	ete items 2a, b, c, and	d				
	The name, address, a				e addressed			
BR	YSON GARBETT, 2	73 NORTH EAST	CAPITOL ST. SL	C UT 84103				
b	The form in which app	olications should be su	bmitted and information	on and materials they	should include			
Cп	ARTARIE DIDDOGE	אאגטוואים סבטני	רטמט טאע אויי	ሮ ለፍ ጥእላ ፍላይነላን	ጥ ሮጥሽጥ፤፤ሮ			
	ARTABLE PURPOSE Any submission deadle		TOTED AND PROO	T OF THA EADMY	1 214102			
-	, cabcolori acadi							
NO	NE	······································						
d	Any restrictions or I factors	imitations on awards	, such as by geogra	aphical areas, charita	ble fields, kinds of	institutions, or other		
FΛ	ימכנטי <i>ס</i> אף יישר פווספר ר	יבי אוו בעודאייראיי	אאה ביד האדאוא הידי	C DIINCED AND D	OUEDTV			

Form 990-PF (2010) Page 11 Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or contribution Amount status of recipient Name and address (home or business) a Paid during the year FAMILY SUPPORT 7 TREATMENT CTR NONE HMNITRN AID 2,000.00 PBLC HALE FAMILY THEATRE NONE PBLC FRTHRNCE OF ARTS 5,000.00 SERVICE PRCT.IN MEXICO 43,374.00 NONE PBLC HMNITRN AID TREE OF LIFE FOUDNDATION NONE PBLC HMNTRN AID 800.00 25,000.00 CENTER FOR FAMILY LIST NONE PBLC HMNITRN AID ROTARY FDTN NONE PBLC HMNITRN AID 300.00 SOUTHERN SUDAN HUMANITARIAN NONE PBLC HMNITRN AID 3,500.00 BDY SCOUNTS OF AM. NONE PBLC HMNITRN AID 100.00 LDS HUMANITARIAN FUND NONE **PBLC** HMITRN AID 25,000.00 105,074.00 **b** Approved for future payment

▶ 3b

	A Analysis of Income-Produ					(0)
Enter gross a	amounts unless otherwise indicated	(a)	ated business income (b)	(c)	/ section 512, 513, or 514 (d)	(e) Related or exempt function income (See page 28 of
1 Program	service revenue	Business code	Amount	Exclusion code	Amount	the instructions)
					W = -	
b						
=						
f						<u> </u>
-	and contracts from government agencies					
	ship dues and assessments		<u> </u>	14	5,933.00	
	s and interest from securities			14	5,300.00	
	al income or (loss) from real estate		-			
	financed property					
b Not d	ebt-financed property					·
	income or (loss) from personal property	B .				
	vestment income					
	oss) from sales of assets other than inventory					
	ne or (loss) from special events					
	ofit or (loss) from sales of inventory					
	renue a					
d						
e						
2 Subtotal	Add columns (b), (d), and (e)				5,933.00	
13 Total. Ad	d line 12, columns (b), (d), and (e)				13	5,933.00
	eet in line 13 instructions on page 29					
Part XVI-	B Relationship of Activities		· · · · · · · · · · · · · · · · · · ·			
Line No.	Explain below how each activit					
▼	accomplishment of the foundation instructions)	ons exemp	or purposes (other tha	an by providin	g runus for such purpose	is) (See page 29 of th
	····		,			
			- , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>		
				······································		
						
						
					7 - 10 - 11	
						-,
			·····		· · · · · · · · · · · · · · · · · · ·	 ··
						
				· · · · · · · · · · · · · · · · · · ·		
						
					F-101-1	

orm 99	90-PF (2	(010)								Pa	ige 13
art	XVII	Information F Exempt Orga		ansfers To an	d Transac	ctions	and Relation	onships With	Nonc		
1	old the	e organization directly	or indirectly er	ngage in any of	the following	with a	ny other orga	nization describe	d	Yes	No
II	n sect	ion 501(c) of the Co							i i		
	rganıza										
		rs from the reporting fo		•	•				4-(4)		X
		h							1		X
		er assets	· · · · · · · · · ·	· · · · · · · · · · · ·					. 1a(2)	-	
		ransactions									,,
		es of assets to a nonch									X
		chases of assets from							1		X
(-	3) Rer	ntal of facilities, equipment	ent, or other assets						. 1b(3)		X
(4) Reii	mbursement arrangeme	ents	<i></i>					. 1b(4)		X
(5) Loa	ns or loan guarantees							. 1b(5)		X
(6) Per	formance of services o	r membership or fu	ndraising solicitation	ıs				. 1b(6)		X
c S	Sharing	of facilities, equipmen	it, mailing lists, othe	er assets, or paid em	ployees				. 1c	.	X
d I	f the	answer to any of t	the above is "Ye	s," complete the	following si	chedule	Column (b) s	hould always sh	ow the	fair i	market
v	alue d	of the goods, other	assets, or service	es given by the	reporting for	undation	If the founda	ation received les	ss than	fair r	market
v	alue ii	n any transaction or	sharing arrange	ment, show in c	olumn (d) th	e value	of the goods	, other assets, o	or service	es rec	cerved
(a) Line		(b) Amount involved		ncharitable exempt org				rs, transactions, and s			
				-							
				1 2 1							
				.			•				
								·····			
	-+			•							
		,									
									_		
		·					·				
			<u>.</u>				 				
d	describ	foundation directly ed in section 501(c) of complete the following	the Code (other tha					t organizations	Y	es _] No
	,	(a) Name of organization		(b) Type of	organization		(0) Description of relat	ionship		
		· · · · · · · · · · · · · · · · · · ·				1	·····				
		······································				-	-				
·							_				
							• •				
Sign		er penalties of perjury, I di f, it is true, correct, and cor									
_					1 11	14 41		Breit ne			
lere	 	WWW W			1 14	77/11	—— D	President	L		
		ignature of officer or truste		December 2	Date		Date	-	PTIN		
Paid		Print/Type preparer's ROBIN B	name ASTAK	Preparer's signa			Date // A /	Checkif	f		
		1-11/1/1/1/	47/41	-1 ////////////////////////////////////		-	11-9.1	self-employe	d p001	06967	7

87-0471068

Firm's EIN ▶

Phone no

Preparer

Use Only

Firm's name ▶ Robin W. Bastar CPA

Firm's address ▶ 1791 East 2100 South

Salt Lake City, UT 84106

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2010

Employer identification number Name of the organization The Benjamin Foundation 87-0679599 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)	Page	of	of Pa
Name of organization	 Employer :dentifi	cation nur	nber

The B	Benjamin Foundation		87-0679599
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	NONE	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(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) No.	(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) No.	(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) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
-		- - \$ -	Person Payroli Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- \$	Person Payroli Noncash (Complete Part II if there is

a noncash contribution)

_		
² ac	e	

of Part II

Name of organization Employer identification number The Benjamin Foundation

87-0679599

Noncash Property (see instructions)		
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
NONE		
	\ \\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		
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Schedule	R	(Form	990	990_F7	or 990-PF)	(2010)
Concade	v	(1 01111	330,	33U-CZ.	01 330-67	(2010)

age ____ of ___ of Part III

Name of organization
The Benjamin Foundation

Employer identification number

87-0679599

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry

For organizations completing Part III, enter the total of exclusively religious, charitable, etc.,

contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)

contri	butions of \$1,000 or less for the	year (Enter this informa	tion once See i	nstructions) ▶\$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	ift	
-	Transferee's name, address, an	d ZIP + 4	Relationsh	nip of transferor to transferee
a) No.				
rom Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	<u> </u>	(e) Transfer of g	ift	
	Transferee's name, address, an	d ZIP + 4	Relations	nip of transferor to transferee
_				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	-			
		(e) Transfer of g	ıift	
	Transferrate name address and			nia of transferor to transfero
	Transferee's name, address, an	d ZIP + 4	Relations	hip of transferor to transferee
->-				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-		(e) Transfer of g	gift	
	Transferorio	•		hin of transferor to transferor
	Transferee's name, address, an	U 417 T 4	Relations	hip of transferor to transferee
				<u> </u>

(Rev January 2011)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue				oplication for each return.			
• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box							
				sion, complete only Part II (on page			
Do not comp	olete Part II u	<i>inless</i> you have already been gran	nted an aut	tomatic 3-month extension on a prev	riously filed Fe	orm 88	368
				u need a 3-month automatic extens			
8868 to rec	n required i	to file Form 990-1), or an addition	iai (not aut	tomatic) 3-month extension of time. ed in Part I or Part II with the excep	You can elec	tronic	ally file Form
Return for	Transfers Δ	seconated With Certain Persona	1011115 IISLE 1 Renefit (Contracts, which must be sent to	the IPS in	08/0	formation
instructions)	For more	details on the electronic filing of th	is form, vis	sit www.irs.gov/efile and click on e-fil	e for Charitie	paper s & Na	normal (see
		-Month Extension of Time. On			O TOT OTTAINIC		
			. -	atic 6-month extension - check this be	ov and compl	oto.	
		_			ox and compi	51 6	_
All other cor	norations (inc DEMIC	Cs, and trusts must use Form 7004 to i	roquest on ex		n of time
to file incom			ips, ricinic	os, and trasts mast use I omi 7004 to I	equest an ex	ensio	n or unie
Type or		empt organization			Employer ide	ntificat	on number
print		enjamin Foundation			87-06795		
-		reet, and room or suite no If a P O box	x. see instruc	etions	07 00793	<i>))</i>	
File by the due date for		orth East Capitol Stre					
filing your		or post office, state, and ZIP code For		dress see instructions			
return See instructions		Lake City, UT 84103	a rororgii aa				
	Daic	nake crey, or 04103					
Enter the Re	eturn code f	or the return that this application i	s for (file a	a separate application for each return)			🗀
Application	-1,-		Return	Application			Return
Is For			Code	Is For			Code
Form 990			01	Form 990-T (corporation)			07
Form 990-BI			02	Form 1041-A			08.
Form 990-E2	7		03	Form 4720			09
Form 990-PF	-		04	Form 5227			10
Form 990-T	(sec. 401(a	a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above) 06 Form 8870				12			
Telephone If the orga If this is for the whole a list with the until for the	e No 80 anization do or a Group F e group, che e names an est an auton organizatio calendar ye tax year be ax year ente	Return, enter the organization's for eck this box	ousiness in ur digit Gro it is for pa on is for. poration re exempt org	equired to file Form 990-T) extension ganization return for the organization , and ending	of time	and a	e extension is
							
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions							
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
estimated tax payments made. Include any prior year overpayment allowed as a credit.					0		
				ent with this form, if required, by usi	na EFTPS		
		I Tax Payment System). See ınstru		, ,, ,, ,, ,, ,, ,, ,,	-	\$	0
				with this Form 8868, see Form 8-			8879-EO for
payment ins				·			

Form 886	68 (Rev 1-2011)				Page 2	
If yo	u are filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Part II and che	ck this box		
	Only complete Part II if you have already been gran					
If yo	u are filing for an Automatic 3-Month Extension, c	omplete o	only Part I (on page 1).	•		
Part I				copies needed).		
Туре				Employer identifica	tion number	
print	The Benjamin Foundation			87-0679599		
File by th						
extended	vended ue date for 273 North East Capitol Street					
due date filing you						
return Se	e C-1+ T-1- C-1+-	a 10101g11 aa	a. 600, 600 mon 20.00m2			
nstructio	ns Sait hake City, Of 04105	···				
Enter t	he Return code for the return that this application i	is for (file a	a separate application for each return)		
Applica	ation	Return	Application		Return	
ls For		Code	Is For		Code	
Form 9	990	01				
Form 9		02	Form 1041-A		08	
Form 9		03	Form 4720		09	
Form 9		04	Form 5227		10	
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11	
	990-T (trust other than above)	06	Form 8870	-	12	
	Do not complete Part II if you were not already			a previously filed F	orm 8868.	
	books are in the care of ▶ Bryson Garbett	<u> </u>		<u></u>		
	phone No. ► 801-456-2434		FAX No ▶			
	e organization does not have an office or place of b					
● Ifthi	s is for a Group Return, enter the organization's for	ur diait Gra	our Exemption Number (GEN)		f this is	
for the	whole group, check this box	fit is for no	ort of the group, check this box		attach a	
	the names and EINs of all members the extension		art of the group, check this box	🖊 🔛 anu	allacira	
	request an additional 3-month extension of time ur		her 15	20.11		
				20_11	20	
	or calendar year 2011, or other tax year beginni		, 20 , and ending	Final return	_, 20	
6 If	the tax year entered in line 5 is for less than 12 m Change in accounting period	ionins, che	ck reason Initial return	Final return		
7 S	tate in detail why you need the extension Addit:	ional t	ime is needed to gather	the info		
_1	necessary to file a complete and	accura	te return.			
_						
8a If	this application is for Form 990-BL, 990-PF, 99	90-T, 4720	o, or 6069, enter the tentative tax	κ, less any		
n	onrefundable credits. See instructions.			8a \$		
b lf	this application is for Form 990-PF, 990-T,	4720, or	6069, enter any refundable c			
	stimated tax payments made Include any pri					
	mount paid previously with Form 8868.	-		8ь \$		
c B	alance Due. Subtract line 8b from line 8a. Include	your paym	nent with this form, if required, by us		**	
	Electronic Federal Tax Payment System) See instru		, , ,	8c \$		
			d Verification	114	····	
-	enalties of perjury, I declare that I have examined this form, correct, and complete, and that I am authonzed to prepare this fo	including acc		to the best of my know	wledge and belief,	
Signatur	e ▶		Title ▶	Date ▶		
					68 (Rev 1-2011)	