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

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

, 20

G Check all that apply.

 Initial return  Initial return of a former public charity Final return Amended return Address change Name change

Name of foundation

ROBERTS FAMILY FOUNDATION

A Employer identification number

88-0513653

Number and street (or P O box number if mail is not delivered to street address)

1534 SUNRISE CIRCLE

Room/suite

B Telephone number (see instructions)  
(702) 293-6068

City or town, state, and ZIP code

BOULDER CITY NV 89005

C If exempt, application is pending, check here ►  
D 1. Foreign organizations, check here ►  
2. Foreign organizations meeting the 85% test, check here and attach computation ►H Check type of organization:  Section 501(c)(3) exempt private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here... ►

 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here. ►

I Fair market value of all assets at end of year (from Part II, col (c), line 16) **J Accounting method**  Cash  Accrual  
 Other (specify) \_\_\_\_\_

► \$ 1,750,809 (Part I, column (d) must be on cash basis)

**Part I Analysis of Revenue and Expenses**

(The total of amounts in columns (b), (c), &amp; (d) may not necessarily equal the amounts in column (a) (see instructions))

(a) Revenue and expenses per books

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes (cash basis only)

<b>R E V E N U E</b>	1 Contributions, gifts, grants, etc., received (attach schedule) .....			
	2 Check ► <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B			
	3 Interest on savings and temp. cash investments	21,348	21,348	
	4 Dividends and interest from securities	7,636	7,636	
	5 a Gross rents .....			
	b Net rental income or (loss) _____			
	6 a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a	13,305		
	7 Capital gain net income (from Part IV, line 2) .....	13,305		
	8 Net short-term capital gain .....			
	9 Income modifications .....			
	10 a Gross sales less rts., & allowances b Less Cost of goods sold .....	2,504,289		
	c Gross profit or (loss) (attach schedule) #14	350,482	350,482	
<b>O P E R A T I N G &amp; A D M I N I S T R U C T I O N S</b>	11 Other income (attach schedule) .....			
	12 Total. Add lines 1 through 11...	392,771	42,289	350,482
	13 Compensation of officers, directors, trustees, etc .....	0		
	14 Other employee salaries and wages .....			
	15 Pension plans, employee benefits .....			
	16 a Legal fees (attach schedule) .....			
	b Accounting fees (attach schedule) .....			
	c Other professional fees (attach schedule) #12	1,940	1,940	
	17 Interest .....			
	18 Taxes (attach schedule) (see instruction #3)	83	83	
	19 Depreciation (attach sch) and depletion			
	20 Occupancy .....			
	21 Travel, conferences, and meetings .....			
	22 Printing and publications .....			
	23 Other expenses (attach schedule) .....			
	24 Total operating and administrative expenses. Add lines 13 through 23	2,023	2,023	0
	25 Contributions, gifts, grants paid .....	68,616		68,616
	26 Total exp & disbursements Add lines 24 and 25	70,639	2,023	0
	27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements .....	322,132		
	b Net Investment Income (if neg, enter -0-)		40,266	
	c Adjusted net income (if neg, enter -0-)			350,482

For Paperwork Reduction Act Notice, see the Instructions.

Form 990-PF (2010)

<b>Part II</b> Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See inst.)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
ASSETS	1	Cash -- non-interest-bearing .....	23,250	13,193	13,193
	2	Savings and temporary cash investments .....	13,323	39,829	39,829
	3	Accounts receivable ►			
		Less: allowance for doubtful accts ►			
	4	Pledges receivable ►			
		Less: allowance for doubtful accts ►			
	5	Grants receivable .....			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
	7	Other notes and loans receivable (attach schedule) ►			
		Less allowance for doubtful accounts ►			
	8	Inventories for sale or use .....	699,688	1,073,682	1,073,682
	9	Prepaid expenses and deferred charges .....			
	10a	Investments -- U.S. and state govt. obligations (attach schedule) #4			
	b	Investments -- corporate stock (attach schedule) .... #5	713,862	223,347	223,347
	c	Investments -- corporate bonds (attach schedule) #6 .....		258,825	258,825
	11	Investments -- land, buildings, and equipment basis .....			
	Less accumulated depreciation (attach schedule) .....				
12	Investments -- mortgage loans .....				
13	Investments -- other (attach schedule) .....				
14	Land, buildings, and equipment basis ►				
	Less accumulated depreciation (attach schedule) .....				
15	Other assets (describe ►) .....				
16	<b>Total assets</b> (to be completed by all filers -- see the instructions. Also, see page 1, item 1) .....	1,450,123	1,750,809	1,750,809	
LIABILITIES	17	Accounts payable and accrued expenses .....	40,867	19,827	
	18	Grants payable .....			
	19	Deferred revenue .....			
	20	Loans from officers, directors, trustees, and other disqualified persons .....			
	21	Mortgages and other notes payable (attach schedule) .....			
	22	Other liabilities (describe ►) .....	40,867	19,827	
	23	<b>Total liabilities</b> (add lines 17 through 22) .....			
NET ASSETS	Foundations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted .....			
	25	Temporarily restricted .....			
	26	Permanently restricted .....			
	Foundations that do not follow SFAS 117, ck. here ► <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds .....			
	28	Paid-in or capital surplus, or land, bldg, and equipment fund .....			
	29	Retained earnings, accumulated income, endowment, or other funds .....	1,409,256	1,730,982	
	30	<b>Total net assets or fund balances</b> (see the instructions) .....	1,409,256	1,730,982	
	31	<b>Total liabilities and net assets/fund balances</b> (see the inst.) .....	1,450,123	1,750,809	

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

1	Total net assets or fund balances at beginning of year -- Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) .....	1	1,409,256
2	Enter amount from Part I, line 27a .....	2	322,132
3	Other increases not included in line 2 (itemize) .....	3	
4	Add lines 1, 2, and 3 .....	4	1,731,388
5	Decreases not included in line 2 (itemize) ► SEE ATTACHMENT #7	5	406
6	Total net assets or fund balances at end of year (line 4 minus line 5) -- Part II, column (b), line 30 .....	6	1,730,982

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )		(b) How acquired P -- Purchase D -- Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<b>1a SEE ATTACHMENT #8</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>(e) Gross sales price</b>	<b>(f) Depreciation allowed (or allowable)</b>	<b>(g) Cost or other basis plus expense of sale</b>	<b>(h) Gain or (loss) (e) plus (f) minus (g)</b>	
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				<b>(I) Gains (Col. (h)) gain minus col. (k), but not less than -0- or Losses (from col. (h))</b>
<b>(I) F.M V as of 12/31/69</b>	<b>(J) Adjusted basis as of 12/31/69</b>	<b>(k) Excess of col. (i) over col. (j), if any</b>		
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2 Capital gain net income or (net capital loss) .....</b>		<b>If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</b>	<b>2</b>	<b>13,305</b>
<b>3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see the instructions) If (loss), enter -0- in Part I, line 8 .....</b>			<b>3</b>	<b>12,877</b>

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

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

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

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

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

<b>(a) Base period years Calendar year (or tax year beg. in)</b>	<b>(b) Adjusted qualifying distributions</b>	<b>(c) Net value of noncharitable-use assets</b>	<b>(d) Distribution ratio (col. (b) divided by col. (c))</b>
2009	55,704	1,377,701	0.040433
2008	66,701	1,189,726	0.056064
2007	52,300	285,985	0.182877
2006	59,850	1,212,115	0.049377
2005	41,360	1,234,636	0.033500

<b>2 Total of line 1, column (d) .....</b>	<b>2</b>	<b>0.362251</b>
<b>3 Average distribution ratio for the 5-year base period -- divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years, .....</b>	<b>3</b>	<b>0.072450</b>
<b>4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 .....</b>	<b>4</b>	<b>1,576,460</b>
<b>5 Multiply line 4 by line 3 .....</b>	<b>5</b>	<b>114,215</b>
<b>6 Enter 1% of net investment income (1% of Part I, line 27b).....</b>	<b>6</b>	<b>403</b>
<b>7 Add lines 5 and 6 .....</b>	<b>7</b>	<b>114,618</b>
<b>8 Enter qualifying distributions from Part XII, line 4 .....</b>	<b>8</b>	<b>68,616</b>

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

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

1 a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter: _____ (attach copy of letter if necessary -- see Inst.)	1	403
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2	3	403
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	<b>Tax based on Investment Income.</b> Subtract line 4 from line 3 If zero or less, enter -0-	5	403
6	<b>Credits/Payments:</b>		
a	2010 estimated tax payments and 2009 overpayment credited to 2010.	6a	
b	Exempt foreign organizations -- tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868).	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	0
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	403
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	
11	Enter the amount of line 10 to be <b>Credited to 2011 estimated tax</b> ► <input type="checkbox"/> Refunded ► <input type="checkbox"/> 11		

**Part VII-A Statements Regarding Activities**

		Yes	No
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1b	X
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.			
c	Did the foundation file <b>Form 1120-POL</b> for this year?	1c	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation ► \$ <u>0</u> (2) On foundation managers ► \$ <u>0</u>		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ <u>0</u>		
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			
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	X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b	N/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	X
If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: ● By language in the governing instrument, or ● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X
7	Did the foundation have at least \$5,000 in assets at any time during the yr.? If "Yes," complete Part II, col. (c), & Part XV.	7	X
8 a	Enter the states to which the foundation reports or with which it is registered (see the instructions) ► <u>NONE</u>		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation.	8b	X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	X

**Part VII-A Statements Regarding Activities (continued)**

11		X
12		X
13	X	
14	Telephone no. ►	
Located at ►	ZIP+4 ►	
15	► 15	
16	Yes	No
	X	

See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of the foreign country ►

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly):	Yes	No
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? . . . . . Organizations relying on a current notice regarding disaster assistance check here ►	1b	X
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? . . . . .	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	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? . . . . . If "Yes," list the years ► 20 __, 20 __, 20 __, 20 __	2a	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement -- see instructions) . . . . .	2b	X
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20 __, 20 __, 20 __, 20 __		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .	3a	
b	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 determine if the foundation had excess business holdings in 2010.) . . . . .	3b	X
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010? . . . . .	4b	X

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

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

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

(a) Name and address	(b) Title, and avg. hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred comp.	(e) Expense account, other allowances
SEE ATTACHMENT #10				

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and avg. hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

0

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

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

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

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

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

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

Expenses

1	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Amount

1	
2	
All other program-related investments. See the instructions.	
3	

**Total. Add lines 1 through 3** ..... ►

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	668,984
b	Average of monthly cash balances	1b	44,798
c	Fair market value of all other assets (see the instructions)	1c	886,685
d	<b>Total</b> (add lines 1a, b, and c)	1d	1,600,467
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,600,467
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see the instructions)	4	24,007
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,576,460
6	<b>Minimum Investment return.</b> Enter 5% of line 5	6	78,823

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

1	Minimum investment return from Part X, line 6	1	78,823
2a	Tax on investment income for 2010 from Part VI, line 5	2a	403
b	Income tax for 2010. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	403
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	78,420
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	78,420
6	Deduction from distributable amount (see the instructions)	6	
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	78,420

**Part XII Qualifying Distributions** (see the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. -- total from Part I, column (d), line 26	1a	68,616
b	Program-related investments -- total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	68,616
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see the instructions)	5	403
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	68,213

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

**Part XIII Undistributed Income** (see the instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7 . . . . .				78,420
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only . . . . .			67,317	
b Total for prior years 20 ____ , 20 ____ , 20 ____				
3 Excess distributions carryover, if any, to 2010				
a From 2005 . . . . .				
b From 2006 . . . . .				
c From 2007 . . . . .				
d From 2008 . . . . .				
e From 2009 . . . . .				
f Total of lines 3a through e . . . . .	0			
4 Qualifying distributions for 2010 from Part XII, line 4 ► \$ 68,616			68,616	
a Applied to 2009, but not more than line 2a				
b Applied to undistributed income of prior years (Election required -- see the instructions) . . . . .				
c Treated as distributions out of corpus (Election required -- see the instructions)				
d Applied to 2010 distributable amount . . . . .				1,299
e Remaining amount distributed out of corpus, . . . . .				
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				
b Prior years' undistributed income. Subtract line 4b from line 2b . . . . .				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . .				
d Subtract line 6c from line 6b. Taxable amount -- see the instructions . . . . .				
e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount -- see the instructions . . . . .				
f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011 . . . . .				77,121
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see the instructions) . . . . .				
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see the instructions) . . . . .				
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a . . . . .				
10 Analysis of line 9:				
a Excess from 2006 . . . . .				
b Excess from 2007 . . . . .				
c Excess from 2008 . . . . .				
d Excess from 2009 . . . . .				
e Excess from 2010 . . . . .				

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

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling . . . . . ►			N/A	
b	Check box to indicate whether the foundation is a private operating foundation described in section			4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .				
b	85% of line 2a . . . . .				
c	Qualifying distributions from Part XII, line 4 for each year listed . . . . .				
d	Amounts included in line 2c not used directly for active conduct exempt act.				
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c. . . . .				
3	Complete 3a, b, or c for the alternative test relied upon:				
a	"Assets" alternative test -- enter.				
(1)	Value of all assets. . . . .				
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .				
b	"Endowment" alternative test -- enter 2/3 of min. investment return shown in Part X, line 6 for each year listed. . . . .				
c	"Support" alternative test -- enter:				
(1)	Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .				
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .				
(3)	Largest amount of support from an exempt organization. . . . .				
(4)	Gross investment income. . . . .				

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

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

NONE

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

NONE

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

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

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

SEE ATTACHMENT 11

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

SEE ATTACHMENT 11

c Any submission deadlines:

SEE ATTACHMENT 11

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

SEE ATTACHMENT 11

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

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 SEE ATTACHMENT #12				
<b>Total</b>				► 3a 68,616
b Approved for future payment				
<b>Total</b>				► 3b

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

Enter gross amounts unless otherwise indicated.

**1 Program service revenue**

a \_\_\_\_\_  
 b \_\_\_\_\_  
 c \_\_\_\_\_  
 d \_\_\_\_\_  
 e \_\_\_\_\_  
 f \_\_\_\_\_

g Fees &amp; contracts from government agencies

2 Membership dues and assessments

3 Interest on savings and temporary cash investments

4 Dividends and interest from securities

5 Net rental income or (loss) from real estate

a Debt-financed property .....  
 b Not debt-financed property .....

6 Net rental income or (loss) from personal property

7 Other investment income

8 Gain or (loss) from sales of assets other than inventory

9 Net income or (loss) from special events

10 Gross profit or (loss) from sales of inventory

11 Other revenue: a

b \_\_\_\_\_  
 c \_\_\_\_\_  
 d \_\_\_\_\_  
 e \_\_\_\_\_

12 Subtotal. Add columns (b), (d), and (e) .....

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

(See worksheet in line 13 instructions to verify calculations.)

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

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

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

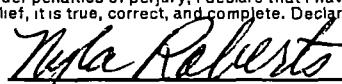
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?	Yes	No
a	Transfers from the reporting foundation to a noncharitable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

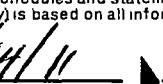
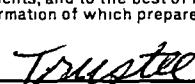
(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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

b If "Yes," complete the following schedule

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

Sign Here  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge

Date  Title 

Paid Preparer Use Only	Print/Type preparer's name <i>Royce Richards</i>	Preparer's signature <i>ROYCE RICHARDS</i>	Date 04-14-2011	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► WOOD RICHARDS & ASSOCIATES PC		Firm's EIN ► 87-0491872		
	Firm's address ► 2490 WALL AVE		Phone no. (801) 621-0440		

**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****Name of the organization****ROBERTS FAMILY FOUNDATION****Employer identification number**

88-0513653

**Organization type (check one):****Fillers 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** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.**Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ► \$ \_\_\_\_\_**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).**For Paperwork Reduction Act Notice, see the Instructions  
for Form 990, 990-EZ, or 990-PF.****Schedule B (Form 990, 990-EZ, or 990-PF) (2010)**

Name of organization ROBERTS FAMILY FOUNDATION	Employer identification number 88-0513653
---	--

**Part I** **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	NONE	\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

**990 SCHEDULE OF GROSS PROFIT OR (LOSS) FROM SALE OF INVENTORY****ATTACHMENT 1: PAGE 1 - 990-PF PAGE 1, PART I, LINE 10****Keep for Your Records**

OPEN TO PUBLIC INSPECTION	For calendar year 2010, or tax period beginning , and ending		
Name of Organization <b>ROBERTS FAMILY FOUNDATION</b>		Employer Identification Number <b>88-0513653</b>	
Type of Inventory Sold	Gross Sales	Cost of Goods	Gross Profit or (Loss)
REAL ESTATE	2,504,289	2,153,807	350,482
<b>Total:</b>	<b>2,504,289</b>	<b>2,153,807</b>	<b>350,482</b>

**990 SCHEDULE OF OTHER PROFESSIONAL FEES**ATTACHMENT 2: PAGE 1 - 990-PF PAGE 1, PART I, LINE 16C

OPEN TO PUBLIC INSPECTION	For calendar year 2010, or tax period beginning _____, and ending _____			Employer Identification Number <b>88-0513653</b>
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charity
INVESTMENT PORTFOLIO FEES	1,940	1,940		
<b>Total:</b>	<b>1,940</b>	<b>1,940</b>		

**990 SCHEDULE OF TAXES PAID**

ATTACHMENT 3: PAGE 1 - 990- PF PAGE 1, PART I, LINE 18

OPEN TO PUBLIC  
INSPECTION

For calendar year 2010, or tax period beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name of Organization

## ROBERTS FAMILY FOUNDATION

Employer Identification Number  
88-0513653

# 990 SCHEDULE OF INVESTMENTS - GOVERNMENT OBLIGATIONS

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

OPEN TO PUBLIC INSPECTION	For calendar year 2010, or tax period beginning _____, and ending _____			
Name of Organization ROBERTS FAMILY FOUNDATION	Employer Identification Number 88-0513653			
Description	Cost	FMV at End of Year	Book Value	Fair Market Value
U.S. Government Obligations				
State and Municipal Government Obligations			141,933	141,933
Total U.S. and State Government Obligations	.....	.....	141,933	141,933

**990 SCHEDULE OF INVESTMENTS - CORPORATE STOCKS**

**ATTACHMENT 5: PAGE 1 - 990-PF PAGE 2, PART II, LINE 10B**

OPEN TO PUBLIC

INSPECTION For calendar year 2010, or tax period beginning

, and ending

Name of Organization

**ROBERTS FAMILY FOUNDATION**

Employer Identification Number

**88-0513653**

Description of Property	Cost	FMV at Year End	Book Value	Fair Market Value
CHARLES SCHWAB MUTUAL FUNDS		X	223,347	223,347
<b>Total:</b>			<b>223,347</b>	<b>223,347</b>

# 990 SCHEDULE OF INVESTMENTS - CORPORATE BONDS

ATTACHMENT 6: PAGE 1 - 990-PF PAGE 2, PART II, LINE 10C

OPEN TO PUBLIC				
INSPECTION	For calendar year 2010, or tax period beginning	, and ending		
Name of Organization			Employer Identification Number	
ROBERTS FAMILY FOUNDATION			88-0513653	
Description of Property	Cost	FMV at Year End	Book Value	Fair Market Value
CHARLES SCHWAB BOND MUTUAL FUNDS		X	46,871	46,871
CHARLES SCHWAB CORPORATE BONDS		X	211,954	211,954
Total:	258,825	258,825		

**990 SCHEDULE OF OTHER DECREASES**

ATTACHMENT 7: PAGE 1 - 990- PF PAGE 2, PART III, LINE 5

OPEN TO PUBLIC INSPECTION	For calendar year 2010, or tax period beginning	, and ending
Name of Organization ROBERTS FAMILY FOUNDATION	Employer Identification Number 88-0513653	
Description of Decrease	Total Amount	
FEDERAL TAXES PAID	406	
	Total: 406	

# 990 PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

**ATTACHMENT 8: PAGE 1 - 990-PF PAGE 3, PART IV, LINE 1**

OPEN TO PUBLIC INSPECTION		For calendar year 2010 or tax period beginning _____, and ending _____		
Name of Organization <b>ROBERTS FAMILY FOUNDATION</b>		Employer Identification Number <b>88-0513653</b>		
	(a) List and Describe the Kind(s) of Property Sold (e.g., Real Estate, 2-story Brick Warehouse, or Common Stock, 200 shs. MLC Co.)	(b) How Acquired P -- Purchase D -- Donation	(c) Date Acquired (mo., day, yr.)	(d) Date Sold (mo., day, yr.)
1	ANTRIM PA MUN	P	05-29-2009	05-01-2010
2	CHURCH & DWIGHT	P	08-19-2010	12-30-2010
3	FORTUNE BRANDS	P	06-17-2009	03-10-2010
4	ILLINOIS ST CIV	P	06-09-2009	12-15-2010
5	REEVES CNTY TX	P	09-15-2010	12-01-2010
6	UNITED HEALTH GR	P	06-16-2009	08-27-2010
7	CHARLES SCHWAB CAPITAL GAIN DISTRIBUTIONS	P	12-08-2008	12-30-2010
8	BP PLC ADR	P	02-27-2009	01-29-2010
9	CONOCOPHILLIPS: CPO	P	05-06-2009	01-27-2010
10	PETROLEL BRASILEIRO ADRFSPONSORED	P	05-06-2009	01-26-2010
11	SCHLUMBERGER LTD	P	04-06-2010	05-10-2010
12	VALE SA ADR	P	07-24-2009	01-26-2010
13	SCHLUMBERGER LTD	P	05-06-2009	05-10-2010
14	TRANSOCEAN INC NEW	P	05-06-2009	05-10-2010
	(e) Gross Sales Price	(f) Depreciation Allowed (or allowable)	(g) Cost or Other Basis Plus Expense of Sale	(h) Gain or (loss) (e) Plus (f) Minus (g)
1	25,000		25,000	
2	25,000		25,395	-395
3	25,675		25,241	434
4	25,000		25,410	-410
5	25,000		24,963	37
6	25,100		25,106	-6
7	407			407
8	28,340		20,891	7,449
9	5,078		4,417	661
10	8,217		7,945	272
11	42		42	
12	15,543		11,124	4,419
13	13,247		11,215	2,032
14	9,827		11,422	-1,595
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
	(I) F.M.V. as of 12/31/69	(J) Adjusted Basis as of 12/31/69	(K) Excess if Col. (I) Over Col. (J), if Any	(L) Gains (Col. (h) Gain Minus Col. (K), But Not Less Than -0-) or Losses (from col. (h))
1				-395
2				434
3				-410
4				37
5				-6
6				407
7				7,449
8				661
9				272
10				4,419
11				2,032
12				-1,595
13				
14				

**990 BOOKS ARE IN CARE OF****ATTACHMENT 9 - 990-PF PAGE 5, PART VII-A, LINE 14**

OPEN TO PUBLIC INSPECTION	For calendar year 2010, or tax period beginning , and ending	
Name of Organization <b>ROBERTS FAMILY FOUNDATION</b>	Employer Identification Number <b>88-0513653</b>	
<b>Part VII-A - Line 14</b>		
Individual Name .....	<u>DENNIS ROBERTS</u>	
or		
Business Name.		
Street Address	<u>1534 SUNRISE CIRCLE</u>	
U.S. Address:		
Zip code <u>89005</u>	City <u>BOULDER CITY</u>	State <u>NV</u>
or		
Foreign Address		
City .....		
Province or State .....		
Country .....		
Postal code .....		
Phone Number .....		
Fax Number .....		

**990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES****ATTACHMENT 10: PAGE 1 - 990-PF PAGE 6, PART VIII**

OPEN TO PUBLIC INSPECTION	For calendar year 2010, or tax period beginning _____, and ending _____			Employer Identification Number <b>88-0513653</b>
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def Comp.	(E) Expense Account & Other Allowances
DENNIS ROBERTS 1534 SUNRISE CIRCLE	DIRECTOR	0	0	0
NYLA ROBERTS 1534 SUNRISE CIRCLE	DIRECTOR	0	0	0
ROYCE RICHARDS 2490 WALL AVE OGDEN, UT 84401	DIRECTOR	0	0	0

**990 APPLICATION SUBMISSION INFORMATION**

ATTACHMENT 11: PAGE 1 990-PF PAGE 10, PART XV, LINE 2

OPEN TO PUBLIC

For Calendar year 2010, or tax year period beginning

Name of Organization <b>ROBERTS FAMILY FOUNDATION</b>	Phone Number	Info and Materials Included	Submission Deadlines	Restrictions on Awards
DENNIS ROBERTS 1534 SUNRISE CIRCLE BOULDER CITY NV 89005		DESCRIPTION OF THE PURPOSE OF SOLICITED GRANT OR DONATION. INCLUDE THE NAME OF DONEE, ADDRESS, PHONE NUMBER, AND THE NATURE OF OPERATIONS OF USE OF 702-271-2605FUND\$ .	NONE	NONE
and ending				
			Employer Identification Number <b>88-0513653</b>	

## **990 GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR**

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

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## OPEN TO PU

**INSPECTION** For calendar year 2010, or tax period beginning

, and ending

**Name of Organization**

Name of organization:

Employer Identification Number  
88-0513653

ROBERTS FAMILY FOUNDATION		88-0313633		
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)				
SOUTH BAPTIST CHURCH OF SCOTTSDALE	NONE		PUBLIC ASSISTANCE	
JOHNSON FUNERAL	NONE		FUNERAL ASSISTANCE	300
DENNY PETERSEN	NONE		MEDICAL ASSISTANCE	1,850
FARRAGUT UNITED METHODIST CHURCH	NONE		HUMANITARIAN	2,500
BOULDER CITY BALLET COMPANY	NONE		PERFORMING ARTS	5,000
LDS CHURCH	NONE		PUBLIC ASSISTANCE	1,000
WORLD VISION	NONE		CHILDREN	52,566
				5,400

**Total:**

68, 616

## 2010 DETAIL STATEMENTS

ROBERTS FAMILY FOUNDATION  
88-0513653

PAGE 1

### STATEMENT #1 - INTEREST (990-PF PG 1 LINE 3(B))

MONEY MARKET.....	9
CHARLES SCHWAB.....	21,333
CHARLES SCHWAB.....	6
TOTAL CARRIED TO 990-PF PG 1 LINE 3(B).....	21,348

### STATEMENT #2 - DIVIDENDS (990-PF PG 1 LINE 4(B))

CHARLES SCHWAB.....	6,959
CHARLES SCHWAB.....	677
TOTAL CARRIED TO 990-PF PG 1 LINE 4(B).....	7,636

**990 SCHEDULE OF RELATIONSHIP OF ACTIVITIES  
TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

ATTACHMENT 13: PAGE 1 990-PF PAGE 12, PART XVI-B

OPEN TO PUBLIC INSPECTION	For calendar year 2010, or tax period beginning , and ending	
Name of Organization ROBERTS FAMILY FOUNDATION		Employer Identification Number 88-0513653
Line Number	Briefly Describe How the Activity Reported In Column (E) of Part VII Specifically Contributed to the Accomplishment of The Organization's Exempt Purposes (other than by providing funds for such purposes).	
10	THE SOLE PURPOSE OF BUYING AND SELLING THE INVENTORY IS TO PROVIDE ADDITIONAL FUNDS FOR CHARITABLE DONATIONS. THE TRUSTEES OF THE ORGANIZATION DO NOT RECEIVE COMPENSATION IN ANY FORM FOR PERFORMING THESE ACTIVITIES.	