

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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## Form **990-PF**

# **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

Department of the Treasury Internal Revenue Service Note. The foundation may	be able to use a copy of this		rtina requirements.	<b>ZU IU</b>
	13, 2010	, and ending	MAY 31, 2011	
G Check all that apply:  X Initial return Amended return	Initial return of a fo	· · · —	Final return Name change	
Name of foundation			A Employer identification o	umber
ICON HEALTH & FITNESS	FOUNDATION		27-4244038	
Number and street (or P O box number if mail is not delivered to street		Room/suite	B Telephone number	
1500 SOUTH 1000 WEST			435-786-361	4
City or town, state, and ZIP code			C if exemption application is pen-	
LOGAN , UT 84321	<del></del>		D 1 Foreign organizations, o	heck here
H Check type of organization: X Section 501(c)(3) e			Foreign organizations meets check here and attach comp	outation Land
	Other taxable private founda ing method: X Cash	Accrual	E If private foundation status	
I Fair market value of all assets at end of year J Account (from Part II, col. (c), line 16)	ther (specify)	Acciual	under section 507(b)(1)(A	••
	ımn (d) must be on cash b	asis )	F If the foundation is in a 60 under section 507(b)(1)(B)	
Part ! Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
necessarily equal the amounts in column (a))  1 Contributions, gifts, grants, etc., received	62,537.	**		(000,000,0,7,
2 Check I in the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments				
I A UNUMBARE and interact from cacurities				
5a Gross rents				
D Net felital ficcine of (loss)				
63 Net gain or (loss) from sale of assets not on line 10  Gross sales price for all  b assets on line 6a  7 Capital gain net income (from Part IV, line 2)				
b assets on line 6a 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain		0.		
I M Net Short-term cabital dain			0.	
9 Income modifications Gross sales less returns				
10a and allowances				
b Less Cost of goods sold			<del> </del>	
c Gross profit or (loss)				
11 Other income 12 Total, Add lines 1 through 11	62,537.	0.	0.	
13 Compensation of officers, directors, trustees etc	0.	0.	0.	0.
14 Other employees and wages D				
15 Pension plans, employee benefits				
16a Legal rees NOV 1 6 2012				
C Other professional fees				
17 Interest OGDEN, UT		<del></del>		
18 Taxes				
19 Depreciation and depletion				
17 Interest OGDEN, UT 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications		·		
21 Travel, conferences, and meetings		~	<u> </u>	
22 Printing and publications			<u> </u>	
23 Other expenses				
23 Other expenses 24 Total operating and administrative expenses Add lines 13 through 23	0.	0.	. 0.	0.
25 Contributions, gifts, grants paid	31,002.			31,002.
26 Total expenses and disbursements.				
Add lines 24 and 25	31,002.	0	0.	31,002.
27 Subtract line 26 from line 12:				
3 Excess of revenue over expenses and disbursements	31,535.			
b Net investment income (if negative, enter -0-)		0	· · · · · · · · · · · · · · · · · · ·	
C Adjusted net income (if negative, enter -0-)			0.	Form 900-DE (2010)

For	m 99	0-PF (2010) ICON HEALTH & FITNESS F		27	-4244038 Page 2
Б	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		of year
	ai t	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		49,939	<u>49,939.</u>
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶	_		
		Less: allowance for doubtful accounts			
	4	Pledges receivable ▶	<u> </u>		
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable	<u> </u>		
		Less; allowance for doubtful accounts			
13	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers)		0. 49,939	. 49,939.
		Accounts payable and accrued expenses			
	18	Grants payable			
ø	19	Deferred revenue			
Liabilities	1	Loans from officers, directors, trustees, and other disqualified persons			
apij	21	Mortgages and other notes payable			
Ë		Other liabilities (describe )			
	23	Total liabilities (add lines 17 through 22)		0	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31			
ces	24	Unrestricted			
and	25	Temporarily restricted		***	
Bal	26	Permanently restricted			
Б		Foundations that do not follow SFAS 117, check here			-
Ī		and complete lines 27 through 31.			
ģ	27	Capital stock, trust principal, or current funds		0. 49,939	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund		0. 0	<del>-</del> 1
Net Assets or Fund Balan	29	Retained earnings, accumulated income, endowment, or other funds		0. 0	<del>-</del>
et	30	Total net assets or fund balances		0. 49,939	
Z	100	TOTAL HOL ASSOCIA OF INTA PRIMITING		37,733	
	31	Total liabilities and net assets/fund balances		0. 49,939	
_			5 - 1	<u> </u>	• 1
LP	art	Analysis of Changes in Net Assets or Fund I	Balances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), lin	e 30	1	
		st agree with end-of-year figure reported on prior year's return)			0.
2	•	r amount from Part I, line 27a	•	• -	31,535.
		r increases not included in line 2 (itemize)			31,535. 3 18,404.
3		lines 1, 2, and 3	355		$\frac{3}{4}$ $\frac{18,404}{49,939}$
4		reases not included in line 2 (itemize)		· · · · -	5 49,939.
5		I net assets or fund balances at end of year (line 4 minus line 5) - Part II,	column (h) line 20		6 49,939.
0	ı Ula	i net assets of fund balances at end of year (fille 4 fillings line 3) - Part II,	ooranni (u), mie au	1	Form <b>990-PF</b> (2010)
					FULLI 330"FF (2010)

	N HEALTH & FIT and Losses for Tax o					27-4	244038	Page 3
(a) List and desc	ribe the kind(s) of property solo arehouse; or common stock, 20	l (e.g., real estate,		( <b>b)</b> Ho	w acquired Purchase Donation	(c) Date acquire (mo., day, yr.)		te sold ay, yr.)
<u>1a</u>			<del> </del>					
	NE			-				
d	······································			<del> </del>				
e		· · · · · · · · · · · · · · · · · · ·	<del>.</del>	<u> </u>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		<del></del>	(h) Gain or ( (e) plus (f) mir		
a								
b								
<u>C</u>				_			<del></del>	
<u>d</u>								
Complete only for accets showing	a source column (h) and awar	d by the foundation	2 2 10/01/60	-				
Complete only for assets showing	(i) Adjusted basis		cess of col. (i)		c	(I) Gains (Col. (h) ol. (k), but not less	gain minus than -0-) <b>or</b>	
(i) F M.V. as of 12/31/69	as of 12/31/69	over	col. (j), if any	- 1		Losses (from c	ol. (h))	
a b				+				
C				-+				
d				<del></del>				
0							· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	C If gain, also	enter in Part I, line	7	7				
2 Capital gain net income or (net ca		er -0- in Part I, line		<i>}</i>  -	2	·····		
Net short-term capital gain or (los If gain, also enter in Part I, line 8,	column (c).	5) and (6):		1				
If (loss), enter -0- in Part I, line 8	Inder Section 4940(e)	for Doduces	Toy on Not	1	3			
<u> </u>	<del></del>					come		
(For optional use by domestic private	e toundations subject to the sec	tion 4940(a) tax or	net investment ir	ncome.)			N/A	•
If section 4940(d)(2) applies, leave t	his part blank.							
Was the foundation liable for the sec	tion 4042 tay on the dietributah	le amount of any v	oar in the hace no	riod?			□ Voo	
If "Yes," the foundation does not qua		• •	•	i iou r			Yes	∟i No
1 Enter the appropriate amount in				es.				
(a) Base period years Calendar year (or tax year beginni	(b) Adjusted qualifyin		Net value of no	(c)	able-use asse	ts (col.(b)	(d) stribution ratio ) divided by col	(0))
2009	319111)					(60% (6	J divided by col	. (6))
2008				·····	<del> </del>			
2007				•				
2006								
2005								
		<u>-,                                      </u>						
2 Total of line 1, column (d)						2		
3 Average distribution ratio for the		total on line 2 by 5,	or by the number	r of yea	rs .			
the foundation has been in existe	nce if less than 5 years	•				3		
4 Enter the net value of noncharital	ble-use assets for 2010 from Pa	ırt X, line 5	•			4		
5 Multiply line 4 by line 3						5		
6 Enter 1% of net investment incor	me (1% of Part I, line 27b)		<u>-</u>		-	6		
7 Add lines 5 and 6	1 .					7		
8 Enter qualifying distributions from	m Part XII, line 4					8		
If line 8 is equal to or greater that See the Part VI instructions.	•	I, line 1b, and com	plete that part usi	ng a 1%	tax rate.	· L		
023521 12-07-10					<del></del>		Form <b>990</b> -	<b>PF</b> (2010

	1990-PF (2010) ICON HEALTH & FITNESS FOUNDATION 2 rt' VI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49		4244(			Page 4
_	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.	<del></del>	333			
10	Date of ruling or determination letter:	1				
h	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1				0.
•	of Part I, line 27b	-	<del></del>			<u> </u>
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
	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				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
6	Credits/Payments:	<u> </u>	<del>-</del> <u>-</u> .			<u> </u>
-	2010 estimated tax payments and 2009 overpayment credited to 2010 6a					
	Exempt foreign organizations - tax withheld at source 6b	1				
	Tax paid with application for extension of time to file (Form 8868)  6c					
	Backup withholding erroneously withheld 6d					
	Total credits and payments. Add lines 6a through 6d	7				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				<u> </u>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
10	Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				<del>••</del>
		11				
	rt VII-A Statements Regarding Activities					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		T		Yes	No
	any political campaign?	•	ŀ	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		. }	1b		X
_	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	or	t			
	distributed by the foundation in connection with the activities.	Ç.				
c	Did the foundation file Form 1120-POL for this year?			10		x
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		F			
_	(1) On the foundation. ► S 0 . (2) On foundation managers. ► \$ 0 .					
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ▶ \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		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		X_
4a	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 Form 990-T for this year?	N	/A	4b		
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		İ			
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 I	aw				
	remain in the governing instrument?	_		6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year?		_ [	7	X	
	If "Yes," complete Part II, col. (c), and Part XV		ĺ			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	UT					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General instruction G? If "No," attach explanation		. [	8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calen	dar	ſ			
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV		1	9		X
_10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses			10		Х
			Forn	990	-PF	(2010)

	33011 (2010) ICON HEALTH & FITNESS FOUNDATION 27-42	<u> 44038</u>		aye J
Pa	rf VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of		1	
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  N/A	13		
	Website address ► WWW.ICONFITNESS.COM/ABOUT/INVOLVEMENT			
14	The books are in care of ► EVERETT SMITH Telephone no. ►435-	786-3	614	
	Located at ► 1500 SOUTH 1000 WEST, LOGAN, UT ZIP+4 ►			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		•	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,	·· <u></u> -	Yes	No
-	securities, or other financial account in a foreign country?	16		X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of	.		
	the foreign country			
Pa	art 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.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		1	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?	1		
	(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.)			
+	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 page 22 of the instructions)?  N/A	1b		ì
	Organizations relying on a current notice regarding disaster assistance check here	1		
,	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	<b>.</b>		
•	before the first day of the tax year beginning in 2010?	10		x
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	<u>                                   </u>		
-	defined in section 4942(j)(3) or 4942(j)(5)):			
	that the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
٠	before 2010? Yes X No			
	If "Yes," list the years ▶			
ŀ	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		<b> </b>	ļ
	statement - see instructions.)	2b		
	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
,	• • • • • • • • • • • • • • • • • • •			
3:	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
٠.	Type of the season	.		
ı	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.)	3ь		
A	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<u> </u>	X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	74		**
	had not been removed from jeopardy before the first day of the tax year beginning in 2010?	46	1	x
	into the section of the section of a section and the section and section of the s	Form <b>99</b> (	)-PF	
			'	(-010)

orm 990-PF (2010) ICON HEALTH & FITNESS FO	UNDATION		27-42440	38 Page <b>6</b>
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ued)	
<ul> <li>5a During the year did the foundation pay or incur any amount to:</li> <li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section</li> <li>(2) Influence the outcome of any specific public election (see section 4955); or any voter registration drive?</li> <li>(3) Provide a grant to an individual for travel, study, or other similar purposes?</li> <li>(4) Provide a grant to an organization other than a charitable, etc., organization</li> </ul>	r to carry on, directly or indire	ectly, Ye	s X No s X No s X No	
<ul><li>509(a)(1), (2), or (3), or section 4940(d)(2)?</li><li>(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?</li></ul>	or educational purposes, or f	or Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53.4945 or in a current notice regarding disaster assistance (see instru-Organizations relying on a current notice regarding disaster assistance check h.c. If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the content of	ctions)? ere		N/A !	5b
expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945  6a Did the foundation, during the year, receive any funds, directly or indirectly, to provide the statement required by Regulations section 53 4945	N 5-5(d)	I/A □ Ye	s No	
a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a p  If "Yes" to 6b, file Form 8870.			_	Sb X
7a At any time during the tax year, was the foundation a party to a prohibited tax s b if "Yes." did the foundation receive any proceeds or have any net income attribute.		Ye	s X No N/A	7b
Information About Officers, Directors, Trusto		nagers, Highly		<del>- 1</del>
Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their	^omnoncotion			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 2	71 <u>000</u>	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000				0

Form 990-PF (2010) ICON HEALTH & FITNESS FOUNDATION 27	-4244	038 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		(0)
HOND		
		<del></del>
Total number of others receiving over \$50,000 for professional services	<b>•</b>	
Part IX-A Summary of Direct Charitable Activities		0
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 N/A		
41/44	$\dashv$	
2		
	7	
3		
	_	
	7	
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
2	_	
All other program-related investments. See instructions.		
3		
	_	
Total. Add lines 1 through 3		<u> </u>
	Forn	n <b>990-PF</b> (2010)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	e instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	12,757.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	12,757.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	12,757.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	191.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	12,566.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	293.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here in and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	293.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	293.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	293.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	293.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	31,002.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	31,002.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	Income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	31,002.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies for th	ie section

Form **990-PF** (2010)

#### Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:				
2		0.		
3 Excess distributions carryover, if any, to 2010:		0.		•
a From 2005				
<b>b</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: ► \$ N/A				
a Applied to 2009, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	-			
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a) )	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 31, 4c, and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011		-		0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	0.			
0 Analysis of line 9:				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010				
6 EX0803 ITOTI 2010				L

Form 990-PF (2010) ICON HE	ALTH & FITN	ESS FOUNDAT	NOI	27-42	44038 Page 10
Part XIV   Private Operating F	oundations (see ins	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2010, enter the date of t	the ruling	<b>▶</b>		
b Check box to indicate whether the found		ng foundation described	in section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					
each year listed	_				
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					*****
for active conduct of exempt activities.					
Subtract line 2d from line 2c 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)					- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter;					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from		·			
an exempt organization					
(4) Gross investment income		<u> </u>			
Part XV Supplementary Info			if the foundation	on had \$5,000 or me	ore in assets
at any time during t	he year-see the i	instructions.)			
1 Information Regarding Foundation a List any managers of the foundation wh year (but only if they have contributed in NONE	o have contributed more		tributions received by t	he foundation before the clo	se of any tax
b List any managers of the foundation who ther entity) of which the foundation ha	o own 10% or more of the	e stock of a corporation	(or an equally large po	rtion of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribut					
Check here  if the foundation of the foundation makes gifts, grants, etc.	(see instructions) to indiv	viduals or organizations i	under other conditions	s not accept unsolicited required complete items 2a, b, c, and	iests for funds. If d d.
a The name, address, and telephone num	ber of the person to who	m applications should be	addressed:		
SEE STATEMENT 3					
<b>b</b> The form in which applications should t	e submitted and informa	tion and materials they s	hould include:		
c Any submission deadlines:			•		
1 A		-l	hada afaast t		
d Any restrictions or limitations on award	s, such as by geographic	ai areas, charitable fields	, kinas of institutions, (	or other factors:	

Supplementary Information (continued) 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 Purpose of grant or contribution Foundation status of Amount Name and address (home or business) recipient a Paid dunng the year 501(C)(3) TO PROVIDE SHOES TO CACHE VALLEY ELEMENTARY NO 4,265. SCHOOLS RELATIONSHIP ORGANIZATINEEDY ELEMENTARY SCHOOL STUDENTS ENGLISH LEARNING CENTER NO 501(C)(3) TO ASSIST THE CENTER 2,000. ORGANIZATITHAT TEACHES CHILDREN RELATIONSHIP ENGLISH MISCELLANEOUS CHARITIBLE NO NONE 24,737. ASSISTANCE TO VARIOUS RECIPIENTS RELATIONSHIP INDIVIDUALS IN NEED AS DETERMINED BY COMMITTEE ➤ 3a 31,002. b Approved for future payment NONE Total **▶** 3b 0.

D 1300 A				
Part XVI-A	Analys	is of incom	e-Producing	Activities

ter gross amounts unless otherwise indicated.		business income	Exclud	ed by section 512, 513, or 514	(e)
Program service revenue:	Business code	( <b>b)</b> Amount	Exclu- sion code	(d) Amount	Related or exemp
a	1000				
			1 1		
	_				
					<u> </u>
Fees and contracts from government agencies					
Tembership dues and assessments					
terest on savings and temporary cash					
vestments					
ividends and interest from securities					. ,,,,,,,
et rental income or (loss) from real estate:		· · · · · · · · · · · · · · · · · · ·			
Debt-financed property			1 1		
Not debt-financed property					
et rental income or (loss) from personal		-			-
roperty					
ther investment income					
ain or (loss) from sales of assets other					
an inventory					
et income or (loss) from special events					
ross profit or (loss) from sales of inventory					
ther revenue:					
<u></u>					
ubtotal. Add columns (b), (d), and (e)		0.		0.	
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.				13	
Relationship of Activities  No Explain below how each activity for which in	come is reported in	column (e) of Part XVI-A			nplishment of
the foundation's exempt purposes (other th		··-···································			
the foundation's exempt purposes (other th					
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The foundation's exempt purposes (other th					

Page 13

Fait Avii	Exempt Organ		isters 10 a	and Transactions a	and Relatio	nsnips with Nonchai	ntable	€	
1 Did the o			of the following	ng with any other organizati	on described to s	estion 601(a) of	1	Yes	No
				27, relating to political organ		ection 50 I(c) or		* 03	140
	from the reporting found				IIIZALIONS :				
(1) Cast	, ,		isio sitampi or	gamzadon on			1a(1)		x
	r assets			•			1a(2)		X
b Other train					-	• • •	14(2)		<u> </u>
	s of assets to a noncharita	ble exempt organiza	tion				15(1)		v
• •	hases of assets from a no			•		•	1b(2)		X
• •	al of facilities, equipment,	•	or gamezaon	•	•		1b(3)		X
	bursement arrangements			•		• •	1b(4)		X
	is or loan guarantees		•	•			1b(5)		X
	ormance of services or me	mbership or fundra	ısına solicitatio	ons	•	•	1b(6)		X
	of facilities, equipment, ma				•		16		X
					wavs show the fa	ur market value of the goods, o		ets.	
or service	es given by the reporting fo	oundation. If the fou	ndation receiv	ed less than fair market valu	ue in any transac	tion or sharing arrangement, s	how in	,	
	d) the value of the goods,				_	,			
(a) Line no.	(b) Amount involved	(c) Name o	f noncharitable	e exempt organization	(d) Descrip	otion of transfers, transactions and	sharing ar	rangeme	ents
			N/A						
	· · · · · · · · · · · · · · · · · · ·								
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			·						
						<u></u>			
									<del></del>
0 1-11-1-		N - (f) - t - 1 - 15							
				or more tax-exempt organ	izations describe	ď	٦.,		л
	n 501(c) of the Code (other complete the following sch	•	)(3)) OF III SEC	11011 527 ?	-	<b>L</b>	Yes	لمة	∐No
U 11 163, C	(a) Name of org			(b) Type of organization	<u> </u>	(c) Description of relations	nin.		
	N/A	, a, n. a		(b) type of organization		(v) bescription of relations	пр		
	21,12				<del>                                     </del>				
						<del></del>			
Und	ler penalties of perjury, I declare	e that I have examined t	his return, includ	ling accompanying schedules an eased on all information of which	nd statements, and	to the best of my knowledge and be	ef, it is tr	це, сспе	ect,
Sign	complete Zeclaration of prepa	to (direction taxpayer		rased on all information of which	preparer has any ki		1		
Here	1/201	17 CM		10/1/1	12	Sec	1012	14	
	Signature of officer or tru		/	Date (		Title		/	
$\mathcal{C}$	Print/Type preparer's na		Preparer's s	signature	Date	Check If PTIN			
Date	1	ODWIN,	1/1/	al - 1/2	10/1/11	self- employed			
Paid	CPA		479	XICTUI	17////				
Preparer	Firm's name DAI	NES GOODV	VIN & C	COMPANY PC		Firm's EIN 🕨			
Use Only			4 0 0		·····				
				ST, SUITE 220	)				
	<u> </u>	LT LAKE (	LTY, U	DT 84101		Phone no. (801			
						Fo	rm <b>99</b> 0	J-PF	(2010)

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

OMB No 1545-0047

**2010** 

Employer identification number

I	CON HEALTH & FITNESS FOUNDATION	27-4244038
Organization type (check of		
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	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt chantable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 501(c	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (10) organization can check boxes for both the General Rule and a Special Rule, (10) organization can check boxes for both the General Rule and a Special Rule, (10) organization can check boxes for both the General Rule and a Special Rule, (10) organization can check boxes for both the General Rule and a Special Rule, (10) organization can check boxes for both the General Rule and a Special Rule, (10) organization can check boxes for both the General Rule and a Special Rule, (10) organization can check boxes for both the General Rule and a Special Rule, (10) organization can check boxes for both the General Rule and a Special Rule, (10) organization can check boxes for both the General Rule and (10) organization can check boxes for both the General Rule and (10) organization can check boxes for both the General Rule and (10) organization can check boxes for both the General Rule and (10) organization can check boxes for both the General Rule and (10) organization can check boxes for both the General Rule and (10) organization can check boxes for both the General Rule and (10) organization can check boxes for both the General Rule and (10) organization can check boxes for both the General Rule and (10) organization can check boxes for both the General Rule and (10) organization can check boxes for both the General Rule and (10) organization can check boxes for both the General Rule and (10) organization can check boxes for both the General Rule and (10) organization can check boxes for both the General Rule and (10) organization can check boxes for both the General Rule and (10) organization can check boxes	
•	plete Parts I and II.	oney or property) from any one
Special Rules		
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg (b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II.	
aggregate contrib	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contriutions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, cruelty to children or animals. Complete Parts I, II, and III	- ·
contributions for u If this box is chec purpose. Do not c	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contruse exclusively for religious, charitable, etc., purposes, but these contributions did not acked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the <b>General Rule</b> applies to this organization because it le, etc., contributions of \$5,000 or more during the year.	ggregate to more than \$1,000. ely religious, chantable, etc,
but it must answer "No" or	that is not covered by the General Rule and/or the Special Rules does not file Schedule in Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line liling requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	• • • • • • • • • • • • • • • • • • • •

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

Person Payroll Noncash

(c)

Aggregate contributions

Noncash (Complete Part II if there is a noncash contribution )

(d)

Type of contribution

(Complete Part II if there is a noncash contribution)

(a)

No.

(b)

Name, address, and ZIP + 4

of Part II

Name of organization

Employer identification number

of

## ICON HEALTH & FITNESS FOUNDATION

27-4244038

(a) No. from Part I  (a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
No.			
No.		   _	
art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		<b>\$</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. Irom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
   		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Employer identification number

ON HE	EALTH & FITNESS FOUNDA' Exclusively religious, charitable, etc., in	dividual contributions to section	on 501(c)(7), (8), or (10) or	27-4244038			
	more than \$1,000 for the year. Complete Part III, enter the total of exclusively religio \$1,000 or less for the year (Enter this info	e columns (a) through (e) and the eus, charitable, etc., contributions	following line entry. For or of	rganizations completing			
No. om rt!	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
-   - -							
	(e) Transfer of gift						
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee				
 No.							
rt I	(b) Purpose of gift (c) Use o		t (d) Description of how gift is h				
_							
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee						
-	Transieree 5 name, address, ar	IG ZIP + 4	Relationship of tran	sferor to transferee			
No.							
om art I	(b) Purpose of gift	(c) Use of gift	(d) Descr	uption of how gift is held			
-							
	Transferee's name, address, ar	(e) Transfer of gif	Relationship of transferor to transferee				
-							
n) No. From	(b) Purpose of gift	(c) Use of gift	(d) Desci	(d) Description of how gift is held			
_   -							
-	· (e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				

FORM 990-PF OTHER INCREASES I	N NET ASSETS OR FU	ND BALANCES	STATI	EMENT 1		
DESCRIPTION	Al	AMOUNT				
NET AMOUNTS COLLECTED PRIOR TO ORGANIZATION  TOTAL TO FORM 990-PF, PART III, LINE 3				18,404.		
				18,404.		
	IST OF OFFICERS, D ND FOUNDATION MANA		STATI	EMENT 2		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT		
MATTHEW ALLEN 1500 SOUTH 1000 WEST LOGAN, UT 84321	DIRECTOR 2.00	0.	0.	0.		
JOHN HORTIN 1500 SOUTH 1000 WEST LOGAN, UT 84321	DIRECTOR 2.00	0.	0.	0.		
BLAKE WATTERSON 1500 SOUTH 1000 WEST LOGAN, UT 84321	DIRECTOR 2.00	0.	0.	0.		
DOUG CLAUSEN 1500 SOUTH 1000 WEST LOGAN, UT 84321	PRESIDENT 2.00	0.	0.	0.		
CHARLES ALLEY 1500 SOUTH 1000 WEST LOGAN, UT 84321	TREASURER/SECR 2.00	ETARY 0.	0.	0.		
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.		

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

3

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

EVERETT SMITH 1500 SOUTH 1000 WEST LOGAN , UT 84321

TELEPHONE NUMBER

435-786-3614

FORM AND CONTENT OF APPLICATIONS

ALL APPLICATIONS SHOULD BE MADE IN WRITING AND SHOULD INCLUDE THE NAME OF THE ORGANIZATION, A DESCRIPTION OF ITS CHARITABLE OBJECTIVES AND MISSION, A HISTORY OF ACCOMPLISMENTS, A LIST OF ITS OFFICERS AND DIRECTORS, WHAT SPECIFIC PURPOSE ANY GRANTS MADE TO THE ORGANIZATION WILL BE USED TOWARD.

ANY SUBMISSION DEADLINES

RESTRICTIONS AND LIMITATIONS ON AWARDS