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Form 990-PF Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

| For cal | alendar year 2011 or tax year beginning | | , and ending | | |
|----------------|---|--|---------------------------------------|---|--|
| Name | e of foundation | | | A Employer identification | n number |
| HE | ELP A FRIEND FOUNDATION | | | 20-0421055 | 5 |
| | ber and street (or P O box number if mail is not delivered to | | Room/suite | B Telephone number | |
| 25 | 516 S ORCHARD DRIVE | | | (801) 550- | -7944 |
| | or town, state, and ZIP code | | | C If exemption application is | pending, check here |
| _BO | DUNTIFUL, UT 84010 | | | | . — |
| G Che | neck all that apply Initial return | | rmer public charity | D 1. Foreign organization | s, check here |
| | Final return | Amended return | | Foreign organizations m 2. check here and attach c | eeting the 85% test, |
| | Address change | Name change 3) exempt private foundation | | | |
| | neck type of organization LX Section 501(c)(Section 4947(a)(1) nonexempt charitable trust [| Other taxable private foundation | tion | E If private foundation sta under section 507(b)(1 | |
| | | ounting method X Cash | Accrual | F If the foundation is in a | |
| | om Part II, col (c), line 16) | Other (specify) | | under section 507(b)(1 | |
| ▶\$ | \$ 63,213. (Part I, | column (d) must be on cash b | oasis.) | | |
| Par | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may in necessarily equal the amounts in column (a)) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for chantable purposes (cash basis only) |
| | 1 Contributions, gifts, grants, etc., received | 175,317. | | N/A | |
| - 1 | 2 Check I if the foundation is not required to attach Sch | В | | | |
| | Interest on savings and temporary cash investments | 202. | 202. | | STATEMENT 1 |
| | 4 Dividends and interest from securities | | | | |
| | 5a Gross rents | | · · · · · · · · · · · · · · · · · · · | | |
| } | Net rental income or (loss) | | . ' | . , | |
| e e | 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all | | | | - |
| Revenue | 7 Capital gain net income (from Part IV_line-2) | | 0. | | |
| æ | 8 Net sport-term capital gain \ \(\bigcirc \) | | | | |
| | 9 Income modifications | | 1' 12' 1''1''1'' 1 1 1 1 | | |
| 1 | 10a and allowances | | | | |
| | D Less charte good and and b LUIL W | | | | |
| | c Gross prom or (loss) | | | | |
| l. | 11 Other income 11 Total. Add lines it through 11 | 175 510 | 202 | | |
| | | 175,519. | 202. | | 0. |
| | Compensation of officers, directors, trustees, etc Other employee salaries and wages | | | | |
| 1. | 14 Other employee salaries and wages 15 Pension plans, employee benefits | | | | |
| 8 1 | 16a Legal fees | | | | |
| ens | b Accounting fees | | | | |
| 쫎 | c Other professional fees | | | | |
| <u>8</u> 1 | 17 Interest | | | | |
| ابد | 18 Taxes STMT 2 | 6. | 0. | | 0. |
| inis | 19 Depreciation and depletion | | - <u>-</u> | | |
| E 2 | 20 Occupancy | | | | |
| ۷ 2 و 2 | 21 Travel, conferences, and meetings | | | | |
| a G | 22 Printing and publications23 Other expensesSTMT 3 | 274. | 0. | | 0. |
| .= . | 24 Total operating and administrative | | | | |
| Der. | expenses. Add lines 13 through 23 | 280. | 0. | | 0. |
| o ₂ | 25 Contributions, gifts, grants paid | 196,920. | | | 196,920. |
| 2 | 26 Total expenses and disbursements. | | _ | | 106 000 |
| \perp | Add lines 24 and 25 | 197,200. | 0. | | 196,920. |
| 2 | 27 Subtract line 26 from line 12 | 21 (01 | | | |
| | Excess of revenue over expenses and disbursements | -21,681. | 202. | | · , ',' , |
| | b Net investment income (if negative, enter -0-) | | 202 | N/A | |
| 100501 | C Adjusted net income (if negative, enter -0-) | | | 1 11/11 | Farm 000 DE (2011) |

SEANNED NOV 2 7 2012

| Part III Analysis of Changes in Net Assets of 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) | 11 | 84,894 |
| 2 Enter amount from Part I, line 27a | 2 | -21,681 |
| 3 Other increases not included in line 2 (itemize) ▶ | 3 | 0 , |
| 4 Add lines 1, 2, and 3 | 4 | 63,213 |
| 5 Decreases not included in line 2 (itemize) | 5 | 0 . |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 63,213 |

| Part IV Capital Gains an | nd Losses for Tax on Ir | nvestment | Income | | | | | |
|---|---|---|------------------------------------|---|--|-------------------|-------------------------------|------------------------------------|
| (a) List and describe 2-story brick warel | e the kind(s) of property sold (e g house, or common stock, 200 sh | , real estate, s. MLC Co) | | ` Þ | low acquired - Purchase - Donation | (c) Date (mo , | acquired day, yr) | (d) Date sold (mo., day, yr) |
| 1a | | | | | | | | |
| b NONI | <u> </u> | | | 1 | | | | |
| <u>c</u> | | | | | | | | |
| <u>d</u> | | | | - | | | | |
| <u>e</u> | | 1 () 0 | | <u> </u> | | (1-) | 2 (1 | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | t or other basis xpense of sale | | · | | Gain or (loss is (f) minus | |
| <u>a</u> | | | | | | | | |
| <u>b</u> | | <u>-</u> | | | · - | | | |
| C | | - | | | | | | |
| <u>d</u> | | | - | | | | | |
| e Complete only for assets showing | gain in column (h) and owned by | the foundation | on 12/31/69 | | | (I) Cause / | Col (h) gain | minus |
| Complete only for assets showing i | · · · · · · · · · · · · · · · · · · · | 1 | cess of col (I) | - | C | òl (k), buṫ | not less tha | n -0-) or |
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | col (j), if any | | | Losse | s (from col (| (h)) |
| <u>a</u> | | | | | | | | |
| b | | <u> </u> | | | | | | |
| <u>C</u> | | | | | | | | |
| d | | | | | | | | |
| <u>e</u> | | <u> </u> | • | $\overline{}$ | | | | |
| 2 Capital gain net income or (net capit | lf gain, also ente lal loss) { | r in Part I, line)- in Part I, line | 7 7 | } | 2 | | | |
| 3 Net short-term capital gain or (loss) | as defined in sections 1222(5) as | nd (6) | | | | | | |
| If gain, also enter in Part I, line 8, co | lumn (c) | | | • | _ | | | |
| If (loss), enter -0- in Part I, line 8 Part V Qualification Unit | day Castian 4040/a) fa | r Dadusad | Toy-on Not | <u> [</u> | 3 | oomo | | |
| <u></u> | | | | | | COITIC | | |
| (For optional use by domestic private for | oundations subject to the section | 4940(a) tax on | net investment ir | ncome | 9) | | | |
| If section 4940(d)(2) applies, leave this | part blank | | | | | | | |
| Was the foundation liable for the section | n 4040 tay on the distributable as | nount of any vo | ar in the base no | riod? | | | | Yes X No |
| If "Yes," the foundation does not qualify | | | • | iiou, | | | | 163 [140 |
| 1 Enter the appropriate amount in each | | | | es | | | | |
| (a) | (b) | | <u>.</u> | (c) | · · · · · · · · · · · · · · · · · | | District | (d) |
| Base periód years Calendar year (or tax year beginning | Advised avalence du | stributions | Net value of no | | ritable-use asset | ts | | oùtion ratio vided by col. (c)) |
| 2010 | | 37,363. | | | 185,04 | 7. | | 1.823121 |
| 2009 | | 9,857. | • | | 159,01 | | | 1.256875 |
| 2008 | | 2,926. | | | 1,81 | 7. | | 78.660429 |
| 2007 | 4 | 8,106. | | | 42,31 | 1. | | 1.136962 |
| 2006 | 7 | 1,926. | | | 20,86 | 6. | | 3.447043 |
| | | | | | | | | |
| 2 Total of line 1, column (d) | | | | | | 2 | | 86.324430 |
| 3 Average distribution ratio for the 5-y | year base period - divide the total | on line 2 by 5, | or by the number | r of ye | ars | | | |
| the foundation has been in existence | e if less than 5 years | | | | | 3 | | 17.264886 |
| | | | | | | | | |
| 4 Enter the net value of noncharitable- | -use assets for 2011 from Part X, | line 5 | | | | 4 | | 73,006. |
| | | | | | | | | |
| 5 Multiply line 4 by line 3 | | | | | | 5_ | ļ | 1,260,440. |
| | | | | | | | | |
| 6 Enter 1% of net investment income | (1% of Part I, line 27b) | | | | | 6 | | |
| | | | | | | | 1 | 1 000 440 |
| 7 Add lines 5 and 6 | | | | | | 7 | | 1,260,442. |
| 8 Enter qualifying distributions from P | Part XII line 4 | | | | | 8 | | 196,920. |
| , , , | | . 1h and | lota that and use | 10 2 41 | 0/ tay rata | | 1 | |
| If line 8 is equal to or greater than lii See the Part VI instructions | HE 7, CHECK THE DOX IN PART VI, IING | a iu, and comp | nete that part usir | ıya I' | /0 LGA TALE | | | |

| Form | | | 4210 | | | Page 4 |
|------|---|-------------------|-------|-------------|-------------|----------------|
| Pai | t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494 | 18 - s | ee in | stru | ction | <u>15)</u> |
| | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 | | | | | |
| | Date of ruling or determination letter (attach copy of letter if necessary-see instructions) | | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1% | 1 | | | | 4. |
| | of Part I, line 27b | | | | | |
| | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 💚 | | | | | _ |
| 2 | (-), (-), (-), (-), (-), (-), (-), (-), | 2 | | | | <u>0.</u> |
| - | · · · · · · · · · · · · · · · · · · · | 3 | | | | 4. |
| | 5 data (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, | 4 | | | | 0. |
| | | 5 | | | | 4. |
| | Credits/Payments | | | | | |
| | 2011 estimated tax payments and 2010 overpayment credited to 2011 | | | | | |
| | Exempt foreign organizations - tax withheld at source | | | | | |
| | Tax paid with application for extension of time to file (Form 8868) | | | | | |
| | Backup withholding erroneously withheld 6d 5 | _ | | | | Λ |
| | | 7 | | | | 0. |
| | | 8 | | | | 4. |
| | . – | 9 | | | | -1. |
| | 1 | 10 | | | | |
| | Enter the amount of line 10 to be Credited to 2012 estimated tax ► Refunded ► 1 **T VII-A Statements Regarding Activities | 11 | | | | |
| | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | | | | Yes | No |
| | any political campaign? | | - | 1a | .00 | X |
| | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? | | F | 1b | | |
| | If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and copies of any materials published | or | | | | |
| | distributed by the foundation in connection with the activities | 0, | | | | |
| | Did the foundation file Form 1120-POL for this year? | | | 1c | | Х |
| | Enter the amount (If any) of tax on political expenditures (section 4955) imposed during the year | | - | | | |
| | (1) On the foundation \(\) \\$ \(\) | | | | ٠, | ~ |
| | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | | |
| | managers ▶\$ 0. | | | | | |
| | 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. | | Γ | | | |
| 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 | | L | 3 | | _X_ |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | L | 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. | | | | | |
| 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 la | W | | _ | | 17 |
| | remain in the governing instrument? | | - | 6 | 37 | X |
| | Did the foundation have at least \$5,000 in assets at any time during the year? | | - | 7 | Х | |
| | If "Yes," complete Part II, col. (c), and Part XV. | | | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) NONE | | | | | |
| 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 | | Ĺ | 8b | X | |
| | is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calend | ar | ſ | | | |
| | year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV | | L | 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 |
| | | | Form | 990 | -PF(| 2011) |

had not been removed from jeopardy before the first day of the tax year beginning in 2011?

▶

All other program-related investments. See instructions

Total. Add lines 1 through 3

| Fo | m 990-PF (2011) HELP A FRIEND FOUNDATION | 20-0 | 421055 Page 8 |
|----|---|-----------------|----------------------|
| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign for | oundations, see | e instructions.) |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes | | |
| а | Average monthly fair market value of securities | 1a | 0. |
| b | Average of monthly cash balances . | 1b | 74,118. |
| C | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 74,118. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | $74,\overline{1}18.$ |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 1,112. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. | 5 | 73,006. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 3,650. |
| P | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations foreign organizations check here and do not complete this part.) | and certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 3,650. |
| 2a | | | |
| b | | 7 | |
| C | Add lines 2a and 2b | 2c | 4. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 3,646. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 3,646. |
| 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 | 3,646. |
| P | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | 106 020 |
| a | | 1a | <u> </u> |
| b | • | 1b | <u> </u> |
| 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 | | |
| | Suitability test (prior IRS approval required) | 3a | |
| | Cash distribution test (attach the required schedule) | 3b | 106 020 |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 196,920. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | ^ |
| | income Enter 1% of Part I. line 27h | 5 | 0. |

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

Form **990-PF** (2011)

196,920.

6 Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years

Page 9

Part XIII Undistributed Income (see instructions)

HELP A FRIEND FOUNDATION

| | | | | |
|--|-----------------------|---------------------|--|---|
| | (a) | (b) | (c) | (d) |
| A D | Corpus | Years prior to 2010 | 2010 | 2011 |
| 1 Distributable amount for 2011 from Part XI, | | | | 3,646. |
| line 7 | | •••••••••••••••••• | *************************************** | 3,040. |
| 2 Undistributed income, if any, as of the end of 2011 | | | 0. | |
| a Enter amount for 2010 only b Total for prior years | | | ······································ | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| B Total for prior years | | 0. | | |
| 3 Excess distributions carryover, if any, to 2011 | | | HI [] | *************************************** |
| a From 2006 70,883. | | | | |
| b From 2007 45,997. | | | | |
| c From 2008 142,855. | | | | |
| d From 2009 191, 915. | | | | |
| e From 2010 328, 117. | | | | |
| f Total of lines 3a through e | 779,767. | | | |
| 4 Qualifying distributions for 2011 from | | | | |
| Part XII, line 4 ▶\$ 196, 920. | | | | |
| a Applied to 2010, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | '44-11 .1 115 '12-11. | | | ··· ·································· |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | · ··· | | | transcript of the transcript of |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2011 distributable amount | -nn - m-n | | - 1 | 3,646. |
| e Remaining amount distributed out of corpus | 193,274. | | | |
| 5 Excess distributions carryover applied to 2011 | 0. | | ,, | 0. |
| (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 | | <i>"</i> | , | ^ - // |
| indicated below: | | | | |
| 3 Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 973,041. | | | |
| 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 2010 Subtract line | | | _ | |
| 4a from line 2a Taxable amount - see instr | | | 0. | |
| f Undistributed income for 2011 Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | • |
| be distributed in 2012 | | | ······································ | 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 2006 | 70 000 | | | |
| not applied on line 5 or line 7 | 70,883. | | | |
| 9 Excess distributions carryover to 2012. | 000 150 | | | |
| Subtract lines 7 and 8 from line 6a | 902,158. | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2007 45,997. | | | | |
| b Excess from 2008 142,855. | | | | |
| c Excess from 2009 191, 915. | | } | | |
| d Excess from 2010 328, 117. | | i | | |
| e Excess from 2011 193, 274. | | | | Form QQD_DF (2011) |

123601 12-02-11

0.

Total

<u>▶ 3b</u>

| Part XV Supplementary Information | <u> </u> | <u>-</u> | | |
|---|--|----------------------|----------------------------------|--------------|
| 3 Grants and Contributions Paid During the 1 | | 1 | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| WOODS CROSS HIGH SCHOOL FOUNDATION 600 W 2200 S WOODS CROSS, UT 84087 | NONE | EXEMPT | DONATION TO DRAMA DEPARTMENT | 2,000. |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| Total from continuation sheets | <u> </u> | L | L | 2,000. |

| nter gross amounts unless otherwise indicated. | Unrelate | d business inco | | | ed by section 51 | 2, 513, or 514 | 4 | (e) |
|--|-------------------------|---|-------------|--------------------|------------------|----------------|--|-------------|
| Program service revenue | (a) Business code | (b) Amoun | + si | clu- ion ode | (i Ami | i) ount | I I | ted or exer |
| - | | | | + | | | - | |
| | l i | | | - | | | | |
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| | | _ | | 一十 | | | | |
| e | | | | | | | | |
| g Fees and contracts from government agencies | | | | | _ | | | |
| Membership dues and assessments | | | | — † | | | | |
| Interest on savings and temporary cash | | | | | | | | |
| investments | | | | 14 | | 202 | 2. | |
| Dividends and interest from securities | | | | | | | + | |
| Net rental income or (loss) from real estate | | | | | | · | | |
| Debt-financed property | | | | | | •••••• | | |
| Not debt-financed property | | | 1 | | | | | |
| Net rental income or (loss) from personal | | | | | | | | |
| property | | | | 1 | | | | |
| Other investment income | | | | $\neg \uparrow$ | ··· | | | |
| Gain or (loss) from sales of assets other | | | | | | • | | |
| than inventory | | | | - | | | | |
| Net income or (loss) from special events | <u> </u> | | | | | | | |
| Gross profit or (loss) from sales of inventory | | | | | | | - | |
| Other revenue | | | | T | | • | | |
| a | | | | - 1 | | | | |
| b | | _ ===================================== | | - | | | | |
| C | | | | | | | | |
| d | | | | | | | | |
| e | | | | | | | | |
| Subtotal Add columns (b), (d), and (e) | | | 0. | | | 202 | 2. | |
| Total. Add line 12, columns (b), (d), and (e) | · | | | | | 13 | | |
| e worksheet in line 13 instructions to verify calculation | ns) | | | | | | | - |
| art XVI-B Relationship of Activiti | | mplishme | nt of Exer | mpt | Purpose | s | | |
| me No. Explain below how each activity for which the foundation's exempt purposes (other | | | | ntribu | ited importan | ly to the acc | complishmen | t of |
| INTEREST EARNED USED | | | | DE | FUNDS | FOR C | HARTTA | BLE |
| | | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | | | | | | | | |
| | | <u> </u> | | • | | | | |
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123621 12-02-11

Form **990-PF** (2011)

| Part | | egarding Transfers To | | and Relations | hine With Nonch | | raye is |
|-------------|---|--|-------------------------------|-----------------------|---|--|----------|
| | Exempt Organ | | and transactions | and Relations | inps with rectici | iai itabie | |
| 1 Dic | | rectly engage in any of the following | ing with any other organizati | on described in sect | ion 501(c) of | Ye | s No |
| | | c)(3) organizations) or in section 5 | | | | | |
| | | lation to a noncharitable exempt o | | | | | |
| (1) | Cash | | • | _ | | 1a(1) | X |
| (2) | Other assets | | | | | 1a(2) | X |
| b Oth | er transactions | | | | | | T |
| (1) | Sales of assets to a noncharita | able exempt organization | | | | 1b(1) | X |
| (2) | Purchases of assets from a no | oncharitable 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 me | embership or fundraising solicitati | ions | | | 1b(6) | X_ |
| c Sh | aring of facilities, equipment, ma | ailing lists, other assets, or paid er | mployees | | | 16 | X |
| d Ift | he answer to any of the above is | s "Yes," complete the following sch | nedule Column (b) should al | ways show the fair r | narket value of the good: | s, other assets, | |
| | • • • | foundation. If the foundation recei | | ue in any transactior | or sharing arrangement | t, show in | |
| | | other assets, or services received | | | | | |
| (a) Line r | o (b) Amount involved | (c) Name of noncharitab | le exempt organization | (d) Description | of transfers, transactions, a | nd shanng arranger | nents |
| | | N/A | | | | | |
| | | | | | | | |
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| | | <u> </u> | | | | | |
| | - | | <u> </u> | - | | | |
| 2a ls 1 | he foundation directly or indirec | ctly affiliated with, or related to, on | e or more tax-exempt organ | izations described | | | |
| | | er than section 501(c)(3)) or in sec | · · · | 120(10113 003011000 | | Yes [| X No |
| | res," complete the following sch | | 0 | | | | |
| | (a) Name of org | | (b) Type of organization | | (c) Description of relatio | nship | |
| | N/A | | - | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | <u> </u> | |
| | | that I have examined this return, including the property of the modern than the things of the parent of the parent of the things of the parent | | | the and the state of the state | May the IRS discus | s this |
| Sign | and benef, it is true, correct, and cor | 1 pieto Degiaration of preparer (other th | | | 1 | eturn with the prep shown below (see ii | |
| Here | | 8 | 11/12/201 | > Truste | | X Yes | No |
| | Signature of officer or trystee | <u></u> | Date | Tıtl <u>e</u> | | | |
| | Print/Type preparer 5 na | ame Preparer's | signature / | Date | Check if PTII | V | |
| | | L Y | 1/1 | 11.17.17 | self- employed | 0106010 | ^ |
| Paid | RANDY SELL | | X A CONTRACTOR | 11.12.12 | | 0126018 | <u> </u> |
| Prepa | | FESSIONAL BUS | ADVISORS | , LLC | Firm's EIN ► 20- | 3123167 | |
| Use (| | 10C 0011mm F00 1m | nom Cutmo 00 | 10 | | | |
| | | 06 SOUTH 500 WE | EST, SUITE 20 | 10 | 001 | _206_10 | 60 |

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2011

Employer identification number Name of the organization HELP A FRIEND FOUNDATION 20-0421055 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (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, total 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 total 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 Part II, line 2 of its Form 990-PF, to

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) (2011)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

| HELP | A FRIEND FOUNDATION | 2(| 0-0421055 |
|-------------|---|----------------------------|--|
| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | l space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | GRACE LIN | | Person X |
| | 67 RANDALL ST | s10,160. | Payroll Noncash |
| | SAN FRANCISCO, CA 94131 | | (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | HAL GOOCH | | Person X Payroll |
| | 6511 S CANYON RANCH RD | \$ 12,464. | Noncash |
| | SALT LAKE CITY, UT 84121 | | (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | M. ALLAN @ SUZANNE DALY | | Person X Payroll |
| | 27 LITTLE HOG CANYON LANE | \$ 12,200. | |
| | PATAGONIA, AZ 85624 | | is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | DALRY INVESTMENTS LLC | | Person X |
| | 2516 S ORCHARD DR | \$30,000. | Payroll Noncash |
| | BOUNTIFUL, UT 84010 | | (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | TAYLOR FAMILY HISTORY FOUNDATION | | Person X |
| | 5827 N SAGE CREST ROAD | \$6,765. | Payroll Noncash |
| | MOUNTAIN GREEN, UT 84050 | | (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | LYNETTE GRIFFITH | | Person X |
| | 511 FREMONT CIRCLE | \$10,150. | Payroll Noncash |
| | ROCK SPRINGS, WY 82091 | | (Complete Part II if there is a noncash contribution.) |

Name of organization

Employer Identification number

| UELL | A FRIEND FOUNDATION | | <u>-0421033</u> |
|------------|---|---------------------------|--|
| Part I | Contributors (see instructions). Use duplicate copies of Part I if ad | ditional space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | WES & JEAN KELLER 5060 BOABAB DR SALT LAKE CITY, UT 84117 | \$13,787. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II if there is a noncash contribution. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II if there is a noncash contribution. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroli Noncash (Complete Part II if there is a noncash contribution. |

Name of organization

Employer identification number

HELP A FRIEND FOUNDATION

20-0421055

| ert II | Noncash Property (see instructions). Use duplicate copies of P. | art II if additional space is needed. | |
|------------------------------|---|--|-------------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (a) No. rom | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| - - - | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| - - - | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| - - - | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| - - - | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | 990, 990-EZ, or 990-PF) (|

| vame of orga | nization | | Employer Identification number | | | | | |
|---------------------------|---|--|---|--|--|--|--|--|
| HELP A Part III | year Complete columns (a) through (e) and the | he following line entry. For organizatio | 20-0421055 (7), (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter | | | | | |
| | the total of exclusively religious, charitable, etc Use duplicate copies of Part III if addition | c , contributions of \$1,000 or less for | the year (Enter this information once.) | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| - - | | | | | | | | |
| | (e) Transfer of gift | | | | | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | | | | |
| - | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| - | | (a) Transfer of aiff | | | | | | |
| | (e) Transfer of gift Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | | | | | |
| | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| | | | | | | | | |
| | (e) Transfer of gift | | | | | | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | | | | | |
| - | | | | | | | | |
| | | | | | | | | |

| • | | | | | |
|------------------------------|------------------------------|-----------------------------------|-------------|-------------|--|
| FORM 990-PF INTEREST ON SAV | INGS AND TEM | PORARY CASH II | IVESTMENTS | STATEMENT 1 | |
| SOURCE | | | | AMOUNT | |
| INTEREST INCOME | | | - | 202. | |
| TOTAL TO FORM 990-PF, PART I | , LINE 3, CO | LUMN A | = | 202. | |
| FORM 990-PF | TAXES | | | STATEMENT 2 | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | NET INVEST- | | CHARITABLE | |
| FORM 990PF | 6. | 0. | | 0. | |
| TO FORM 990-PF, PG 1, LN 18 | 6. | 0. | | 0. | |
| FORM 990-PF | OTHER E | XPENSES | | STATEMENT 3 | |
| DESCRIPTION | EXPENSES | (B) NET INVEST- MENT INCOME | ADJUSTED | CHARITABLE | |
| BANK FEES | 274. | 0. | | 0. | |
| TO FORM 990-PF, PG 1, LN 23 | 274. | 0. | | 0. | |
| | | | | | |

Form 8868

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

| | u are filing for an Automatic 3-Month Extension, complet u are filing for an Additional (Not Automatic) 3-Month Ex | • | | | | X | | |
|---|--|--|--|------------------------------|-------------------------|-----------|--|--|
| | t complete Part II unless you have already been granted a | | | | n 8868. | | | |
| | onic filing (e-file) You can electronically file Form 8868 if y | | | | | ration | | |
| | ed to file Form 990-T), or an additional (not automatic) 3-mor | | | | | | | |
| | | | | | | | | |
| | to file any of the forms listed in Part I or Part II with the exc | | | | | | | |
| | al Benefit Contracts, which must be sent to the IRS in pap | | (see instructions). For more details o | on the elect | ronic filing of this fo | orm, | | |
| | ww.irs gov/efile and click on e-file for Charities & Nonprofits | | when it evicinal (see series no | | | | | |
| Part | | | | | | | | |
| A corp | oration required to file Form 990-T and requesting an autor | natic 6-mo | onth extension - check this box and | complete | _ | | | |
| Part I c | | | | | 🕨 | | | |
| | er corporations (including 1120-C filers), partnerships, REM ncome tax returns. | ICs, and t | rusts must use Form 7004 to reques | t an extens | ion of time | | | |
| Type o | | | | dentification numb | er (EIN) or | | | |
| File by th | HELP A FRIEND FOUNDATION | | | | | | | |
| due date filing you | for Number, street, and room or suite no. If a P.O. box, sor 2516 S ORCHARD DRIVE | ee instruc | tions. | Social security number (SSN) | | | | |
| return See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOUNTIFUL, UT 84010 | | | | | | | | |
| Enter t | he Return code for the return that this application is for (file | a separa | te application for each return) | | | 0 4 | | |
| Applic | ation | Return | Application | | | Return | | |
| Is For | | Code | Is For | | | Code | | |
| Form 9 | 990 | . 01 | Form 990-T (corporation) | | | 07 | | |
| Form 9 | | 02 | Form 1041-A | | | 08 | | |
| Form 9 | | 01 | Form 4720 | | | 09 | | |
| Form 9 | | 04 | Form 5227 | | | 10 | | |
| | 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 | | |
| | | 06 | Form 8870 | | | 12 | | |
| rom s | 990-T (trust other than above) RANDY G SELLERS | | Foili 6670 | | | 1 | | |
| | books are in the care of > 2516 S ORCHARD | | | 84010 |) | | | |
| Tele | ephone No. ► (801) 550-7944 | | FAX No. ▶ | | | | | |
| | e organization does not have an office or place of business | | | | 🕨 | | | |
| • If th | is is for a Group Return, enter the organization's four digit | Group Exe | emption Number (GEN) I | If this is for | the whole group, c | heck this | | |
| box ▶ | . If it is for part of the group, check this box | and atta | ch a list with the names and EINs of | f all membe | rs the extension is | for. | | |
| 1 | request an automatic 3-month (6 months for a corporation | required | to file Form 990-T) extension of time | until | | | | |
| | AUGUST 15, 2012, to file the exemp | t organiza | tion return for the organization name | ed above. T | he extension | | | |
| i | s for the organization's return for: | _ | - | | | | | |
| | X calendar year 2011 or | | | | | | | |
| • | tax year beginning | . an | d endina | | | | | |
| | | | | | - 1 | | | |
| 2 i | If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period | | | | | | | |
| 3a | 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any | | | | | | | |
| | nonrefundable credits. See instructions. | <u> </u> | • | 3a | \$ | 0. | | |
| b I | f this application is for Form 990-PF, 990-T, 4720, or 6069, | enter any | refundable credits and | | | | | |
| | | made. Include any prior year overpayment allowed as a credit. 3b \$ | | | | 0. | | |
| | Balance due. Subtract line 3b from line 3a. Include your pa | - | • | | _ | | | |
| | by using EFTPS (Electronic Federal Tax Payment System). | | | 3c | \$ | 0. | | |
| Cautio | n. If you are going to make an electronic fund withdrawal w | <u>vith this Fo</u> | orm 8868, see Form 8453-EO and Fo | orm 8879-E | O for payment insti | ructions. | | |

| Form 886 | 68් (Rev. 1-2012) | | | | | Page 2 | |
|--|--|------------------------------------|---|---------------------------------------|--|---------------|--|
| • If you a | are filing for an Additional (Not Automatic) 3-Month Ex | tension, d | complete only Part II and check thi | s box | | ► X | |
| Note. On | ly complete Part II if you have already been granted an a | utomatic | 3-month extension on a previously t | iled Form 88 | 868. | | |
| • If you | are filing for an Automatic 3-Month Extension, comple | te only Pa | art I (on page 1). | | | | |
| Part II | Additional (Not Automatic) 3-Month E | xtensio | n of Time. Only file the origin | nal (no co | pies needed) |). | |
| | | | Enter filer's | identifying | number, see in | structions | |
| Type or | _ | | | | mployer identification number (EIN) or | | |
| print | | | | | | | |
| File by the | | | | X 20-0421055 | | | |
| due date for filing your return. See | Number, street, and room or suite no. If a P.O. box, see instructions. 2516 S ORCHARD DRIVE | | | Social secu | urity number (SS | iN) | |
| instructions. | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | | | | | |
| | | | | | | | |
| Enter the | Return code for the return that this application is for (file | a separa | te application for each return) | | | 04 | |
| Application | | Return | Application | F | | | |
| ls For | | Code | Is For | | ·, | Code | |
| Form 990 |) | 01 | | , , , , , , , , , , , , , , , , , , , | , | 4 | |
| Form 990 | | 02 | Form 1041-A | | | 08 | |
| Form 990 | | 01 | Form 4720 | | | 09 | |
| Form 990 | | 04 | Form 5227 | | | 10 | |
| | 0-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 | |
| | O-T (trust other than above) | 06 | Form 8870 | | | 12 | |
| 210PLD | o not complete Part II if you were not already granted RANDY G SELLERS | | natic 3-month extension on a prev | nously filea | Form 8868. | | |
| • The h | ooks are in the care of > 2516 S ORCHARD | | BOINTEIL IITAH - | 84010 | | | |
| | none No. ► (801) 550-7944 | DIC, | FAX No. ► | 04010 | | | |
| | organization does not have an office or place of business | n in tha l le | | ····· | | | |
| | is for a Group Return, enter the organization's four digit | | | | | . check this | |
| box ► | . If it is for part of the group, check this box | • | ach a list with the names and EINs o | | | | |
| | | | BER 15, 2012. | | | | |
| | r calendar year 2011, or other tax year beginning | | , and endir | ng | | | |
| | he tax year entered in line 5 is for less than 12 months, c | heck reas | | Final ret | turn | | |
| | Change in accounting period | | | | | | |
| | | | | | | | |
| <u>II</u> | NFORMATION NEEDED TO FILE RES | rurn : | NOT AVAILABLE | | | | |
| | | | | _ | | | |
| | | | | | | | |
| | his application is for Form 990-BL, 990-PF, 990-T, 4720, | or 6069, e | enter the tentative tax, less any | | | ^ | |
| | nrefundable credits. See instructions. | | | 8a | \$ | 0. | |
| | his application is for Form 990-PF, 990-T, 4720, or 6069, | • | i | | | | |
| tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$ | | | | | 0. | | |
| c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using | | | | _ | | | |
| EF | EFTPS (Electronic Federal Tax Payment System). See instructions. 8c \$ | | | | 0. | | |
| | | | st be completed for Part II | - | | | |
| Under pen | alties of perjury, I declare that I have examined this form, includ | ing accomp | panying schedules and statements, and t | o the best of r | my knowledge and | l belief, | |
| | correct, and complete, and that I am authorized to prepare this fo | "፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟ | ` · | | 0-2- | n | |
| Signature | Title > | UM | | Date | | | |
| | | | | | Form 8868 (| (Rev. 1-2012) | |
| | | | | | | | |

123842 01-06-12