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## Form 990-PF

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

OMB No 1545-0052

Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2011 or tax year beginning , and ending Name of foundation A Employer identification number LON D. & ANN B. SECRIST FOUNDATION 26-2172113 Number and street (or P O box number if mail is not delivered to street address) **B** Telephone number 8789 OAK VALLEY DRIVE 801-566-2600 City or town, state, and ZIP code C If exemption application is pending, check here SANDY, UT 84093 G Check all that apply Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method X Cash Accrual If the foundation is in a 60-month termination (from Part II, col (c), line 16) Other (specify) under section 507(b)(1)(B), check here 8,895. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (a) Revenue and (b) Net investment (d) Disbursements (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for chantable purposes (cash basis only) expenses per books income income 300,000. N/A Contributions, gifts, grants, etc., received 2 Check ▶ if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 50 50 STATEMENT Dividends and interest from securities 5a Gross rents D Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 0. 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 300,050. 50. 12\_Total. Add lines 1 through 11 0. 0. Ō. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 2 800. 0 Ō. **b** Accounting fees c Other professional fees RECEIVED and Administrative 17 Interest 18 19 Depreciation and depletion <del>OCT 1 2 2|)</del>|2 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 3 17. 0 Ō. Operating 23 Other expenses 24 Total operating and administrative 817. 0 expenses. Add lines 13 through 23 312,600. 312,600. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 313,417 0 312,600. Add lines 24 and 25 27 Subtract line 26 from line 12 -13,367 2 Excess of revenue over expenses and disbursements 50. b Net investment income (if negative, enter -0-)

C Adjusted net income (if negative, enter -0-)

N/A

Part III	Analysis of	Changes	in Net	Assets	or Fund	Balances
rart III	Allaly 313 O	Ondriges	111 1461	Maacta	or runu	DaiailCes

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	22,262.
2	Enter amount from Part I, line 27a	2	-13,367.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	8,895.
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	8,895.

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LON D. & ANN B. SECRIST FOUNDATION

		rty sold (e g , real estate, ock, 200 shs. MLC Co )		(u)	low acq - Purcha - Donati	ise on (	(c) Date acquired (mo , day, yr )		(d) Date sold (mo , day, yr )
<u> 1a                                     </u>				<u> </u>					
b NON	E								
<u>c</u>				┼—					
<u>d</u>		<u> </u>							
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis (or allowable) plus expense of sale					,_L	(h) Gain (			
a	(or allowable	, pius e					(6) plus (1)		9/
b									
<u>c</u>	-					_			
d e									
Complete only for assets showing	gain in column (h) and	d owned by the foundation	on 12/31/69		-	(1) (	Gains (Col (	h) gain	minus
(i) F M V as of 12/31/69	(j) Adjusted ba as of 12/31/6	sis (k) Ex	cess of col (i)			col (	k), but not l Losses (fro	ess than	1-0-) at
a			(//)					-	-
b						_			
C									
d							_		
<u>e</u>									
Papital gain net income or (net cap	ital loss)   If gai	n, also enter in Part I, line ss), enter -0- in Part I, line	7 7	}	2				
Net short-term capital gain or (loss	•					-			
If gain, also enter in Part I, line 8, c	•	, , , , , , , , , , , , , , , , , , , ,		] [					
Part V Qualification Ur		40(e) for Reduced		للِ	3				
Vas the foundation liable for the section is a section of the sect	y under section 4940(e	) Do not complete this pa	ırt				<del></del>		Yes X No
Enter the appropriate amount in ea	ich column for each ye		making any entri				T		(d)
Base period years Calendar year (or tax year beginning	y in) Adjusted q	(b) ualifying distributions	Net value of no	(c) onchai	ritable-us		(d) Distribution ratio (cot (b) divided by cot (c))		
2010		121,821.			128	,993.			.94440
2009		166,994.			59	,520. 0.	ļ <u> </u>		2.80567
2008 2007		0.				<del> 0 •</del>	· .		.00000
2007							<u> </u>		
	1		<del></del>						
! Total of line 1, column (d)							2		3.75007
Average distribution ratio for the 5-	-	de the total on line 2 by 5,	or by the number	r of ye	ars				1 05000
the foundation has been in existent	ce if less than 5 years						3	<del></del>	1.25002
Enter the net value of noncharitable	e-use assets for 2011 f	rom Part X, line 5					4		15,345
5 Multiply line 4 by line 3						5		19,182	
Enter 1% of net investment income	(1% of Part I, line 27b	)					6		1
Add lines 5 and 6							7		19,183
Enter qualifying distributions from	Part XII, line 4						8		312,600
If line 8 is equal to or greater than I See the Part VI instructions	ine 7, check the box in	Part VI, line 1b, and comp	plete that part usin	ig a 19	% tax rat	е			

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	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s	see instr						
1a	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 X and enter 1%			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-)			$\frac{0.}{1.}$				
3	3 Add lines 1 and 2							
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.				
5	Tax based on investment Income. Subtract line 4 from line 3. If zero or less, enter -0-			1.				
6								
	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 6a							
	Exempt foreign organizations - tax withheld at source							
	Tax paid with application for extension of time to file (Form 8868)							
	Backup withholding erroneously withheld			Λ				
_	Total credits and payments Add lines 6a through 6d			0.				
8				1.				
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			<del></del>				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid							
	Enter the amount of line 10 to be Credited to 2012 estimated tax ► Refunded ► 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		Yes	No				
ıa	any political campaign?	1a	1.00	X				
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b	.   -	X				
U	If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and copies of any materials published or	\- <del></del>	1					
	distributed by the foundation in connection with the activities.							
c	Did the foundation file Form 1120-POL for this year?	10		Х				
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year							
•	(1) On the foundation $\blacktriangleright$ \$ 0 . (2) On foundation managers $\blacktriangleright$ \$ 0 .							
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation							
	managers > \$O.							
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				
	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?	A 4b		<u> </u>				
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			v				
_	remain in the governing instrument?	7	Х	X				
7	Did the foundation have at least \$5,000 in assets at any time during the year?	<u>'</u>	<u>^</u>	$\vdash$				
•	If "Yes," complete Part II, col. (c), and Part XV.  Enter the states to which the foundation reports or with which it is registered (see instructions).  NONE							
Вa	Enter the states to which the foundation reports or with which it is registered (see instructions) NONE	<del></del>						
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)							
n	of each state as required by General Instruction G? If "No," attach explanation							
۵	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	<u>8b</u>	X					
J	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV							
10								
Forr								

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Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to		_		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No	
(2) Influençe the outcome of any specific public election (see section 4955), o	r to carry on, directly or indire	ectly,		
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	<b>—</b> ]	( <del>V</del> )	
509(a)(1), (2), or (3), or section 4940(d)(2)?		<del></del>	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or	s X No	
the prevention of cruelty to children or animals?		· · · · · · · · · · · · · · · · · · ·	S A NO	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations	N/A	5b
section 53 4945 or in a current notice regarding disaster assistance (see instru				30
Organizations relying on a current notice regarding disaster assistance check h	and			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		/A Ye	s No	
expenditure responsibility for the grant?		/A		
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				
a personal benefit contract?	Day premiums on	□ v <sub>e</sub>	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	arconal banafit contract?	٠, ت		6b X
If "Yes" to 6b, file Form 8870.	ersonal benefit contract.		<del> </del>	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Ye	s X No	
b if "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b
Information About Officers Directors Trust		nagers. Highly		
Part VIII Paid Employees, and Contractors			,	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	(if not paid, enter -0-)	and deferred compensation	allowances
			i	
SEE STATEMENT 4		0.	0.	0.
		7		
2 Compensation of five highest-paid employees (other than those inc	luded on line 4). If some	anton (MONE II		l
2 Compensation of five nignest-paid employees (other than those inc	(b) Title, and average	enter NONE.	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	account, other allowances
NONE	devoted to position		compensation	allowalices
NONE				
				1
	<del></del>			
Total number of other employees paid over \$50,000			<b>•</b> [	0
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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		
Total number of others receiving over \$50,000 for professional services	<b></b>	0
Part IX-A Summary of Direct Charitable Activities	<del></del>	
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.	E	xpenses
1 N/A	_	
	<del></del>	
2	_	
3		
	_	
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	A	mount
1 N/A		
2	_	
All other program-related investments. See instructions  3		
Total. Add lines 1 through 3		0.
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LON D. & ANN B. SECRIST FOUNDATION 26-2172113 Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 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 b Average of monthly cash balances 1b 16 c Fair market value of all other assets 15,579. d Total (add lines 1a, b, and c) 10 e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d 3 4 4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) 15,345 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 5 Minimum investment return. Enter 5% of line 5 6 Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating foundations and certain Part XI foreign organizations check here 
and do not complete this part ) 767. 1 Minimum investment return from Part X, line 6 1 1. Tax on investment income for 2011 from Part VI, line 5 b Income tax for 2011 (This does not include the tax from Part VI) 2b c Add lines 2a and 2b 2c 3 3 Distributable amount before adjustments. Subtract line 2c from line 1 4 4 Recoveries of amounts treated as qualifying distributions 5 Add lines 3 and 4 5 6 Deduction from distributable amount (see instructions) 6 7 7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 312,600. a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 1b 2 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the. a Suitability test (prior IRS approval required) 3а **b** Cash distribution test (attach the required schedule) 3b 312,600. Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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

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5 6

income Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years

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Part XIII Undistributed Income (see instructions)

. ,	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				766.
2 Undistributed income, if any, as of the end of 2011	***************************************	***************************************	***************************************	
a Enter amount for 2010 only			0.	
b Total for prior years	***************************************			
		0.		
3 Excess distributions carryover, if any, to 2011				
<b>a</b> From 2006				
<b>b</b> From 2007				
¢ From 2008				
d From 2009 164,030.				
e From 2010 115,388.	0.70 410			
f Total of lines 3a through e	279,418.			
4 Qualifying distributions for 2011 from				
Part XII, line 4 ►\$ 312,600.			0	
a Applied to 2010, but not more than line 2a	••••••	<u> </u>	0.	чиннинининин
b Applied to undistributed income of prior		,		
years (Election required - see instructions)		0.		<del></del>
c Treated as distributions out of corpus				
(Election required - see instructions)	0.	' -, 'l-remain mi''n simil il	· · · · · · · · · · · · · · · · · · ·	766.
d Applied to 2011 distributable amount	211 024			700.
e Remaining amount distributed out of corpus	311,834.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below:	7			
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	591,252.			
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				0
be distributed in 2012			1,11 1111, <del>1   1 - 1</del>	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	^			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.	E01 2E2	1		
Subtract lines 7 and 8 from line 6a	591,252.			
10 Analysis of line 9	1			
a Excess from 2007				
b Excess from 2008				
c Excess from 2009 164,030.				
d Excess from 2010 115,388.				,
e Excess from 2011 311,834.				Form <b>990-PF</b> (2011)

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LON D. & ANN B. SECRIST FOUNDATION 26-2172113 Page 11 ' Form 990-PF (2011) Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount contribution any foundation manager status of Name and address (home or business) or substantial contributor recipient a Paid during the year SOUTHERN UTAH UNIVERSITY NONE EXEMPT EDUCATION 351 W UNIVERSITY BOULEVARD CEDAR CITY, UT 84720 100. EXEMPT EDUCATION LDS BUSINESS COLLEGE NONE 95 NORTH 300 WEST 200,000. SALT LAKE CITY, UT 84101 LDS CHURCH NONE EXEMPT RELIGIOUS DONATION 50 E NORTH TEMPLE SALT LAKE CITY, UT 84150 100,000. EXEMPT UNIVERSITY OF UTAH NONE SPORTS MEDICINE 201 S 1460 E FACILITY SALT LAKE CITY, UT 84112 12,500. ➤ 3a 312,600. Total b Approved for future payment NONE

**▶** 3b

Total

- A	A I !	£ 1	-Producina	A -41i4i
VI-A :	Anaiveie (	IT INCOME	-Producina	ACTIVITIES

Enter gross amounts unless otherwise indicated	Unrelated	business income		ded by section 512, 513, or 514	(e)	
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income	
1 Program service revenue	code		code	Amount	- Idilication income	
a						
b	_		-   -	···		
	-			<del></del>		
	1				<del></del>	
	- <del>   -</del>		<del>- -  </del>			
g Fees and contracts from government agencies						
g Fees and contracts from government agencies  2 Membership dues and assessments				<del></del>		
3 Interest on savings and temporary cash	-					
Investments			14	50.		
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	_					
E	_					
d	_					
e	_	<del></del> ,				
12 Subtotal Add columns (b), (d), and (e)			).	50.	0.	
13 Total. Add line 12, columns (b), (d), and (e)				13	50.	
(See worksheet in line 13 instructions to verify calculations )	<u> </u>	<del></del>			<del></del>	

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)							

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10111 330-FF (A	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			TOT TOUNDING		1: 140:11 11 1	72110	_	ye io
Part XVII	Information Re Exempt Organ		nsfers To a	and Transactions	and Relations	ships With Nonch	naritable	•	
1 Did the or	<del></del>		of the following	g with any other organizati	on described in sec	tion 501(c) of	- IIII	Yes	No
	·			7, relating to political orga					
	from the reporting found						i		i
(1) Cash	• •		<b>-</b>	•			1a(1)		X
(2) Othe							1a(2)		X
<b>b</b> Other tran									
(1) Sales	of assets to a noncharita	ible exempt organiz	ation				1b(1)		_X_
(2) Purc	hases of assets from a no	ncharitable exempt	organization				1b(2)		X
(3) Rent	al of facilities, equipment,	or other assets					1b(3)		X
(4) Reim	bursement arrangements	i					1b(4)		Χ
(5) Loan	s or loan guarantees						1b(5)		X_
(6) Perfo	ormance of services or me	embership or fundra	nsing solicitatio	ns			1b(6)		Х
c Sharing o	of facilities, equipment, ma	illing lists, other ass	ets, or paid em	ployees			10		X
	•	•	•	edule. Column <b>(b)</b> should al	=	<del>-</del>		ets,	
				ed less than fair market val	ue in any transactio	n or sharing arrangemen	it, show in		
	i) the value of the goods,					<del></del>			
(a) Line no	(b) Amount involved	(c) Name o		exempt organization	(0) Descriptio	n of transfers, transactions, a	and sharing an	rangeme	nts
			N/A			<u> </u>			
	<u></u>	<del> </del>					<del></del>		
		_							
	<del></del>	<del> </del>				<del> </del>			
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-+				·					
					<del>                                     </del>				
					-				
2a Is the fou	ndation directly or indirec	tly affiliated with or	related to one	or more tax-exempt organ	izations described	<del></del>		-	
	501(c) of the Code (othe	-			124110110 000011004		Yes	ſΧ	] No
	omplete the following sch	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	(a) Name of org			(b) Type of organization	1	(c) Description of relation	nship		
	N/A	· · · · · · · · · · · · · · · · · · ·							
	<u> </u>								
				g accompanying schedules and			May the IRS o	discuss t	his
Sign   📐	elief, it is true, dorrect, and cor	nplete Declaration of p	prepare (other that	n taxpayer) is based on all inform	mation of which prepare	er nas any knowledge	return with the	e prepan	er
Here	M May D.	سعة الم	42	194/12			X Yes		] No
Sign	ature of officer or trustee			Date	Trtle	L			
	Print/Type preparer's na	ame	Preparer's s	gnature	Date	Check If PTI	N		
			$\perp$ / \ /	X _	9.26.12	, self- employed			
Paid	RANDY SELL				<u> </u>		01260		
Preparer	Firm's name ► PRO	FESSIONAL	L BUSIN	ESS ADVISORS	, LLC	Firm's EIN ► 20-	31531	67	
Use Only			///////	· ·					
	Firm's address ► 17		, ,	ST, SUITE 20	0		000		_
	BO	UNTIFUL,	UT 84Q	10	<u>.</u>		<u>-296</u> -		
							Form <b>990</b>	-PF (	2011)
			\						

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

**Schedule of Contributors** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

LC	ON D. & ANN B. SECRIST FOUNDATION	26-2172113
Organization type (check o	one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 501(c)  General Rule	s 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 Ru	
For an organization contributor. Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in m lete 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.	
total contributions	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contri of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or ederuelty to children or animals. Complete Parts I, II, and III.	= · · · · · · · · · · · · · · · · · · ·
contributions for use If this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions did not to see exclusively for religious, charitable, etc., purposes, but these contributions did not to sed, enter here the total contributions that were received during the year for an exclusive amplete any of the parts unless the <b>General Rule</b> applies to this organization because re, etc., contributions of \$5,000 or more during the year.	tal to more than \$1,000. ely religious, charitable, etc.,
out it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule I Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part the filing 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) (2011)

Employer identification number

#### LON D. & ANN B. SECRIST FOUNDATION

26-2172113

Part I	Contributors (	(see instructions)	. Use duplicate copies of	f Part I if additional space is needed.
--------	----------------	--------------------	---------------------------	---

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LON D. & ANN B. SECRIST CHARITABLE REMAINDER UNITRUST  8789 OAK VALLEY DRIVE  SANDY, UT 84093	\$300,000.	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 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 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 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 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 Noncash (Complete Part II if there is a noncash contribution.)

**Employer identification number** 

#### LON D. & ANN B. SECRIST FOUNDATION

26-2172113

art II No	ncash 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. 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
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			······································
	<del></del>	<del></del>   <sub>\$</sub>	

Name of orga	inization		Employer identification number				
LON D	& ANN B. SECRIST FOUN	ΝΑΨΤΩΝ	26-2172113				
Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc.  Use duplicate copies of Part III if additional	Idual contributions to section 501 (one following line entry: For organizations, contributions of \$1,000 or less for	(7), (8), or (10) organizations that total more than \$1,000 for the				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
<u> </u>	<del></del>	(e) Transfer of gif	t				
	Transferee's name, address, ar	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				
		(e) Transfer of gif					
	Turnefoundle nous adduss a						
-	Transferee's name, address, an	IG 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 gif	t				
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				

FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY CASH II	NVESTMENTS	STATEMENT
SOURCE				AMOUNT
INTEREST INCOME			_	50
TOTAL TO FORM 990-PF, PART I	, LINE 3, CO	LUMN A	=	50
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT
DESCRIPTION		(B) NET INVEST- MENT INCOME		
PROFESSIONAL FEES	800.	0.		0
TO FORM 990-PF, PG 1, LN 16B	800.	0.		0
FORM 990-PF	OTHER E	XPENSES		STATEMENT
DESCRIPTION	(A) EXPENSES PER BOOKS			
FILING FEE	17.	0.		0
TO FORM 990-PF, PG 1, LN 23	17.	0.		

	LIST OF OFFICERS, DIRECTORS AND FOUNDATION MANAGERS			STATEMENT 4		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE		
LON D. SECRIST 8789 OAK VALLEY DR SANDY, UT 84093	TRUSTEE 1.00	0.	0.	0.		
ANN B. SECRIST 8789 OAK VALLEY DR SANDY, UT 84093	TRUSTEE 1.00	0.	0.	0.		
RYAN L. SECRIST 1249 W MARGARET ROSE DR RIVERTON, UT 84065	TRUSTEE 1.00	0.	0.	0.		
JENNY S. ROBISON 4413 SID DR SOUTH JORDAN, UT 84095	TRUSTEE 1.00	0.	0.	0.		
PHILLIP L. SECRIST 5558 S BROOKRIDGE DR APT #15D MURRAY, UT 84107	TRUSTEE 1.00	0.	0.	0.		
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	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

Form 8868 (Rev. 1-2012)

	u are filing for an Automatic 3-Month Extension, complete					X
-	u are filing for an Additional (Not Automatic) 3-Month Ex					
	t complete Part II unless you have already been granted a					
	onic filing (e-file). You can electronically file Form 8868 if y					
	d 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 elec	tronic filing of this t	form,
	ww.irs.gov/efile and click on e-file for Chanties & Nonprofits					
Part						
A corp	oration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and o	complete	_	
Part I c	• • • • • • • • • • • • • • • • • • • •	· • · · · · · · · · · · · · · · · · · ·			· <b>&gt;</b>	· L
	er corporations (including 1120-C filers), partnerships, REM ncome tax returns.	ICs, and ti	rusts must use Form 7004 to reques	t an exten	sion of time	
Type o	Name of exempt organization or other filer, see instruc	ctions.		Employe	dentification numl	ber (EIN) or
print	LON D. & ANN B. SECRIST FOU	JNDAT:	ION	X	26-217211	13
File by th due date	Number, street, and room or suite no. If a P.O. box, se			Social se	curity number (SSN	1)
filing you return Se	* O'O'S OTHE VIHIBLE BILLVE	<del></del>				
instructio	City, town or post office, state, and ZIP code. For a form	ereign add	ress, see instructions.			
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	90	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
Form 9	90-EZ	01	Form 4720			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
Tele	LON SECRIST  books are in the care of  8789 OAK VALLES  ephone No.  801–566–2600		FAX No. ▶	93		
	e organization does not have an office or place of business					`. L
_	is is for a Group Return, enter the organization's four digit	h				
box ▶					ers the extension is	tor.
_			to tile Form 990-1) extension of time tion return for the organization name		The extension	
	s for the organization's return for:					
,	x calendar year 2011 or					
	tax year beginning	, an	d ending		<del>-</del> ·	
2 l	f the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return I	Final retur	n	
	f this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any			^
-	nonrefundable credits. See instructions.	<del></del>		3a	\$	0.
	f this application is for Form 990-PF, 990-T, 4720, or 6069,					^
	estimated tax payments made. Include any prior year overp			3b	\$	0.
	Balance due. Subtract line 3b from line 3a. Include your pa	-	•			Λ
<u></u>	by using EFTPS (Electronic Federal Tax Payment System).			3c	<b>5</b>	0.

LHA

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2012)					Page 2
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month Ex</li> </ul>	tension, d	complete only Part II and check thi	s box		► X
Note. Only complete Part II if you have already been granted an a					
<ul> <li>If you are filing for an Automatic 3-Month Extension, complete</li> </ul>	te only Pa	ert I (on page 1).			
Part # Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	nal (no c	opies neede	d).
		Enter filer's	identifyin	g number, see	instructions
Type or Name of exempt organization or other filer, see Instruc	ctions	į	Employer	identification nu	ımber (EIN) or
print		1			
File by the LON D. & ANN B. SECRIST FOUN	ITAC	ON	X	26-2172	113
due date for Number, street, and room or suite no. If a P.O. box, se	ee instruc	tions.	Social se	curity number (S	SSN)
filing your return. See 8789 OAK VALLEY DRIVE					
instructions City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions.			
SANDY, UT 84093					
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			0 4
·	•				
Application	Return	Application			Return
ls For	Code	Is For			Code
Form 990	01	7 37 38 37 4	, , , ,		7 7
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	01	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted	an autor	natic 3-month extension on a pre-	viously file	d Form 8868.	
LON SECRIST					
<ul> <li>The books are in the care of ► 8789 OAK VALLEY</li> </ul>	Y DRI	VE - SANDY, UT 840	93		
Telephone No. ► 801–566–2600		FAX No. ▶			
If the organization does not have an office or place of business	s in the Lir				<b>▶</b> □
If this is for a Group Return, enter the organization's four digit (					n check this
box ▶	1	ch a list with the names and EINs o			
<del> </del>		BER 15, 2012.	1 all Therris	cis the exterisio	11 15 101.
5 For calendar year 2011, or other tax year beginning		, and endir	00		
6 If the tax year entered in line 5 is for less than 12 months, c	heck reas	<del></del>	Final r	eturn	·
Change in accounting period	1100111000				
7 State in detail why you need the extension		1			
INFORMATION NEEDED TO FILE RET	rurn :	NOT AVAILABLE		·····	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069. e	nter the tentative tax, less any			
nonrefundable credits. See instructions.	, .		8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	777		
tax payments made. Include any prior year overpayment all	-	i			
previously with Form 8868.			8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your pa	vment wit	h this form if required by using	-   05	<u> </u>	<del></del>
EFTPS (Electronic Federal Tax Payment System). See instru	•	in this form, in required, by using	8c	s	0.
		st be completed for Part II		Ψ.	
Under penalties of perjury, I declare that I have examined this form, include		, -	_	f my knowledae a	nd helief
it is true, correct, and complete, and that I am authorized to prepare this fo	ing accomp	C C C	'o aio nest <u>n</u>	• •	
Signature Title	(	'VH	Date	8-3.	12
Signature			שמש		Rev. 1-2012)
V		1		FUIII 0000	(1104. 1.2012)
\		i			