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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public

Department of the Treasury ▶The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service For the 2011 calendar year, or tax year beginning and ending 7/1/2011 6/30/2012 C Name of organization D Employer identification number Check if applicable Martha Torok Charitable Trust Address change Doing Business As 23-7839769 Number and street (or P O box if mail is not delivered to street address) Name change E Telephone number Initial return c/o Larry R. Roth, Esquire, 123 North 5th Street 610-434-1517 Terminated City or town, state or country, and ZIP + 4 Amended return 18102 G Gross receipts \$ 104.288 F Name and address of principal officer Application pending H(a) Is this a group return for affiliates? H(b) Are all affiliates included? X 501(c)(3) If "No," attach a list (see instructions) Tax-exempt status 501(c) ◀ (insert no) 4947(a)(1) or 527 Website: ► N/A H(c) Group exemption number ▶ X Trust L Year of formation 1996 K Form of organization Corporation Association Other ▶ M State of legal domicile PA Part I Summary Briefly describe the organization's mission or most significant activities Investment of trust assets for the benefit of its sole beneficiary, The Corporation of the President of the Church of Jesus Activities & Governance Christ of Latter-Day Saints, for the benefit of two named local congregations or later formed congregations Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b). 3 4 Total number of individuals employed in calendar year 2011-(Part-V 5 0 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0)SO Net unrelated business taxable income from Form 990-iাপুline,34 7b 0 က် **Prior Year** Current Year 8 Contributions and grants (Part VIII, line 1h) α 0 0 9 Program service revenue (Part VIII, line 2g) ol 0 OGDEN. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,793 92,959 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,793 92,959 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 65.000 60,000 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2.118 1.475 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25). 67,118 61,475 Revenue less expenses Subtract line 18 from line 12. -63,32531,484 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,253,138 1,284,623 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 1,253,138 1,284,623 र्ज Part II Signature Block Under penalties of perjugy lectare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, co , and complete Declaration of preparer (other than officer) is based on all Info Sign Signature of officer Here Charles E. Blades, Harry Rinehart and Douglas Trotter Co-Trustees Type or print name and title Print/Type preparer's name Preparer's signature Date Paid Check Larry R Roth, Esq. 9/26/2012 self-employed Larry R. Roth, Esq **Preparer**

Use Only

Firm's name ► THE ROTH LAW FIRM

Firm's address ► 123 N 5TH STREET, ALLENTOWN, PA 18102

May the IRS discuss this return with the preparer shown above? (see instructions)

No

X Yes

Firm's EIN ► 23-3064518

Phone no

(610) 434-1517

	990 (2011)	Martha Torok Charitable Trust	23-7839769	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response to any question in this Part III		
1	Briefly d	escribe the organization's mission		
	See Atta	ched		
2	Did the	organization undertake any significant program services during the year which were not listed on		
-		Form 990 or 990-EZ?	Yes	X No
	•	describe these new services on Schedule O		<u> </u>
2				
3		organization cease conducting, or make significant changes in how it conducts, any program		□
			· · L Yes	X No
		describe these changes on Schedule O		
4		e the organization's program service accomplishments for each of its three largest program service		
		s Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to rep		f
	grants a	nd allocations to others, the total expenses, and revenue, if any, for each program service report	ed	
4a	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue	e \$	0)
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4b	(Code.) (Expenses \$ 0 including grants of \$ 0) (Revenue	e\$	0)
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4-1	Oth	ogram convices (Decembe in Cahadula O.)		
4d		ogram services (Describe in Schedule O)	6 \	
	(Expens	es \$ 0 including grants of \$ 0) (Revenue \$	0)	

Part IV	Checklist	of Requi	ired	Schedules
	OHOUNHOL	OI IVOQUI		

1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "yes," complete Schedule A 2 is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2		· ·	1	res	NO
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in infect or inclinect political campagin activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 3 Section 501(5)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Section 501(5)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(c)(6), 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 58-19? If "Yes," complete Schedule C, Part II 5 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negatitation services? If "Yes," complete Schedule D, Part V II III the organization's answer to any of the following questions is "Yes," complete Schedule D, Part V II III III III III III III III III I	1		1	х	
3 Dut the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office, if "Yes," complete Schedule C, Part I 4 Section \$01(c)(3) organizations. Did the organization engage in lobbying activities, or have a section \$01(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section \$01(c)(4), \$01(c)(5), or \$01(c)(6), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure \$84.97 if "Yes," complete Schedule C, Part II 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts" If "Yes," complete Schedule D, Part II 7 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice or high distribution or investment of amounts in such funds or accounts" If "Yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 10 Did the organization in amount for any of the following questioners is "Yes," complete Schedule D, Part VI, VII, VIII, IX, or X as applicable 10 Did the organization senser to any of the following questions is "Yes," complete Schedule D, Part VI, VII, VIII, IX, or X as applicable 10 Did the organization report an amount for investments—other securities in Part X, line 10 that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII 10 Did the organization report an amount for investments—officer schedule D, Part XII III 11 X 12 Did the organization report an amount for lone assets in	2	,	<u> </u>		Y
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on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 X		to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X		on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
If "Yes," complete Schedule G, Part III		Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19				
			_		
b if Yes to line ∠ua, did the organization attach a copy of its audited financial statements to this return? . 20b					<u>X</u>
	b	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	202	

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Par	t IV Checklist of Required Schedules (continued)		,	
	· ·		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	on 21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J .	. 23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	. 24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.			×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee			 ^
27	disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Pa</i> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			X
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27	્રમી	X
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	\		١
00	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	. 29		Х
0.4	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	. 32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within			
	the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .			х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O .

_		39769	P	age 5
Par	Statements Regarding Other IRS Filings and Tax Compliance			$\overline{}$
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a	4		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		/	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_	_
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b 4a	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40		
b	If "Yes," enter the name of the foreign country	4a	 	X
D	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		.*	* }
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-^-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	100		
Ju	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	18° V	5 3	7
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	* .	X7:	*
	and services provided to the payor?	7a	/ mm	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year . 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	*	٠,	۶,
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		X
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	4		_
ь I1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	-		
	Section 501(c)(12) organizations. Enter. Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources	┨		
U	against amounts due or received from them.)			
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O	.58		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI

Martha Torok Charitable Trust

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions. Check if Schedule O contains a response to any question in this Part VI

Sect	ion A. Governing Body and Management				<u> </u>
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .	1a3	3	, ne 4,	*
	If there are material differences in voting rights among members of the governing body, or		,		^
	If the governing body delegated broad authority to an executive committee or similar				,
	committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 3	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	onship with]
	any other officer, director, trustee, or key employee?		2		_X_
3	Did the organization delegate control over management duties customarily performed by or und				
	supervision of officers, directors, or trustees, or key employees to a management company or o	•	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		
5	Did the organization become aware during the year of a significant diversion of the organization	's assets?	5		
6	Did the organization have members or stockholders?	•	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or appoint			
	one or more members of the governing body?		7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	ers,			
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions underta	ken during	2.	, kg , , , , , , , , , ,	3 %
	the year by the following			Arthurus Ar) ») <u>.</u>
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot b				
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule (9	Χ	
Sect	ion B. Policies (This Section B requests information about policies not required by the li	nternal Revenue C	ode.)		
40-	Did the assessment on house level should be active to the control of the Control		40	Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of suc	•			
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt	• •	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the second state of the provided to	ore filling the form?	11a	Х	.24
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		40		
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12a 12b		X
C	Did the organization regularly and consistently monitor and enforce compliance with the policy?	•	120		
·	describe in Schedule O how this was done	11 1 C S,	12c		
13	Did the organization have a written whistleblower policy?		13		<u>x</u>
14	Did the organization have a written document retention and destruction policy? .	•	14		$\frac{\lambda}{X}$
15	Did the process for determining compensation of the following persons include a review and app	roval by	' ' '	7 (^
	independent persons, comparability data, and contemporaneous substantiation of the deliberation			. 5	
а	The organization's CEO, Executive Director, or top management official	on and addictor.	15a		
b	Other officers or key employees of the organization		15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	•	*		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	ingement			
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev	aluate its	1		
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa				į
	the organization's exempt status with respect to such arrangements?		16b		,
Sect	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ PA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section 501(c)(3)s	only)	
	available for public inspection Indicate how you made these available. Check all that apply	`		• •	
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documen	ts, conflict of interes	i		
	policy, and financial statements available to the public				
20	State the name, physical address, and telephone number of the person who possesses the boo	ks and records of the	•		
	organization ► Larry R Roth, Esquire	610-434-15	17		
	123 North 5th Street, Allentown, PA 18102				-

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated		
	Employees, and Independent Contractors		
	Check if Schedule O contains a response to any question in this Part VII		

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer employee Former Former Institutional trustee or director				is both	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Charles E Blades		.,								
Co-Trustee	2 00	X	<u> </u>					0	0	0
(2) Harry Rinehart Co-Trustee	1.00	¥						0	0	0
(3) Douglas Trotter	1.00	<u> </u>	 						· · · · · · · · ·	<u> </u>
Co-Trustee	1 00	х						o	o	0
.(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)	_									
(11)						-				
(12)	<u> </u>									
(13)										
(14)									-	

Р	section A. Officers, Directors, T	rustees, Key Eı	mplo	yee	s, a	nd	High	est	Compensated	Employees (c	ontinued)
	(A)	(C) Position (B) (do not check more than on box, unless person is both a							(D)	(E) Reportable	(F)
	Name and title	hours per week (describe hours for related organizations in Schedule O)		er an	dad		Highest compensated employee	tee)	Reportable compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(15)											_
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(25)											
1b c	Sub-total Total from continuation sheets to Part VII,	Section A				-		>	0	Ú	0 0
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but not		listed	d ab	ove) wl	ho re	ceiv	oved more than \$		<u> </u>
3	Did the organization list any former officer, di employee on line 1a? If "Yes," complete Sche	rector, or trustee				yee	e, or h	nigh	est compensate	ed .	Yes No
4	For any individual listed on line 1a, is the sum the organization and related organizations greated individual	of reportable co	ompe	ensa	itior				•		4 X
5	Did any person listed on line 1a receive or according services rendered to the organization? If "									ndıvıdual	5 X
Sec	tion B. Independent Contractors	•				_					
1	Complete this table for your five highest comp compensation from the organization Report of year										
	(A) Name and business add	ress							(B) Description of ser	vices	(C) Compensation
								_			0
		<u> </u>									0 0
						_					0
								L			0
2	Total number of independent contractors (incl more than \$100,000 of compensation from the		nited ►	to t	hos	e lis	sted a	abo [,]	ve) who received		

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Par	t VIII	Statement of Revenue			-		ļ						
	•					A) revenue	Rela ex fur	(B) ated or empt action renue	bu	(C) related siness venue	exci tax un	(D) evenue uded fror der secti 513, or 5	ions
Contributions, Giffs, Grants and Other Similar Amounts	1a b c	Federated campaigns Membership dues Fundraising events	1a 1b 1c	0									
ifts ar A	d	Related organizations	. 1d	·	1					~			
s, G mik	e	Government grants (contributio			4						i		
ion	f	All other contributions, gifts, gra			1		İ	,		1-		٠	
the ibut		similar amounts not included al	oove 1f	0			-,	* «	,	*	84	_s t	
d or	g	Noncash contributions included in	lines 1a-1f [.] \$	0			_						
<u>S</u> <u>E</u>	h	Total. Add lines 1a-1f		D		0		~	ļ		ļ	w	
Program Service Revenue				Business Code	 								
eve	2a				 -	0	-		 				
9 E	b				<u> </u>	0							
Ē	d					0							
SE	e					0	1						
gra	f	All other program service reven	ue			0	1		<u> </u>				
P	q	Total. Add lines 2a–2f				0	k 3%.	16 (1	, ·		-		, vii
	3	Investment income (including dother similar amounts)	ıvıdends, ınteres	st, and		90,486							<u></u>
	4	Income from investment of tax-	exempt bond pro	oceeds >		0							
	5	Royalties		•		0							
			(ı) Real	(II) Personal	* 1	\	. 🦏 .	N	* 1	1			, Ang
	6a	Gross rents .] {	* »]	* . **	67	.2. %	. , #		
	b	Less rental expenses .			۷,	-3				, "%		2. A	8
	С	Rental income or (loss)		0						<u> </u>		<u></u>	
	d	Net rental income or (loss)		. •		0					ļ		
	7a	Gross amount from sales of	(i) Securities	(II) Other	.	4·· #	. 3	71. 730	*	*	V	AND 1.	*,
		assets other than inventory	13,802	. 0	1		, ,	*	A,	,1	44	May 1	n.,
	b	Less cost or other basis		_		٠ ،	* *	Ĭ.	, à	٠			_
	ļ	and sales expenses	11,329		1	;		\$ 8	. 4			i) 1	Q
	С	Gain or (loss)	2,473	0							ĕ	¹ /	ا حد
ø	d	Net gain or (loss)			* ~	2,473				1	49	~*	*
Other Revenue	8a	Gross income from fundraising	_				<u>l</u>	×					
ě		events (not including \$	0		**	*	*	₹ ′ 5.	,**				
œ		of contributions reported on line	•		. 1	*	*	§4 4			,		
the		See Part IV, line 18	. а	0	1	*							
ŏ		Less direct expenses Net income or (loss) from fundr	b	0	<u> </u>	**	,	*	52	¥ Å	 		
		Gross income from gaming act	_			U	<u> </u>		-	>	-		—
	Ja	See Part IV, line 19		0									
	h	Less direct expenses .	a b		1				1				
		Net income or (loss) from gami	-		 	0	ļ		ļ				
		Gross sales of inventory, less	ing activities .						<u> </u>	· · · · · · · · · · · · · · · · · ·	 		
	IVa	returns and allowances	2	1 0									
	Ь	Less. cost of goods sold .	a b	0	1								
		Net income or (loss) from sales	_						 		ļ		
	۰	Miscellaneous Revenue	of inventory.	Business Code			1		 		 		
	11a			Dualifeas Code									
	11a b				+	0	+		 				
	6				+	0			 		 		—
	ان	All other revenue			 		 		\vdash				—
	"	Total. Add lines 11a–11d									 		 -
	42 ^e	Total revenue. See instruction				92,959		0		0			
	IZ	TOTAL LEVELINE, SEE INSTRUCTION	ъ	-	i	92.909	11	U	1	U	1		U

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organizations must complete column (A) but are
not required to complete columns (B), (C), and (D)	

	Check if Schedule O contains a response to any	question in this Pa	rt IX .		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	60,000	60,000	*	
2	Grants and other assistance to individuals in the			,	ĵ
	United States See Part IV, line 22	0			
3	Grants and other assistance to governments,				,
	organizations, and individuals outside the			* ^ .	-
	United States See Part IV, lines 15 and 16	0			
4 5	Benefits paid to or for members	U			^
3	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified	U			
o	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	o			
9	Other employee benefits .	0			
10	Payroll taxes	0	· -		
11	Fees for services (non-employees)				
а	Management	o			
b	Legal	896	896		
С	Accounting	0			
đ	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17 .	0	*		
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion .	0			
13	Office expenses .	88	88		
14	Information technology .	0			
15 16	Royalties . Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses		_		
. •	for any federal, state, or local public officials	ol			,
19	Conferences, conventions, and meetings	0			
20	Interest .	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Foreign Tax Withheld	491	491		
b		0			
ب C		0		•	
d	All other expenses	0			
	All other expenses Total functional expenses. Add lines 1 through 24e	61,475	61,475	0	0
25 26	Joint costs. Complete this line only if the	01,4/5	01,475	U	
20	organization reported in column (B) joint costs		ľ		
	from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** (A) (B) Beginning of year End of year 113,560 1 Cash—non-interest-bearing 53,175 2 Savings and temporary cash investments 2 0 3 3 Pledges and grants receivable, net 0 4 0 4 0 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net ol 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a Less: accumulated depreciation ol 10c 10b ol 0 1,139,578 11 11 Investments—publicly traded securities 1,231,448 12 Investments—other securities See Part IV, line 11 0 12 0 ol 13 0 13 Investments—program-related See Part IV, line 11 14 ol 14 0 Intangible assets . . ol 15 0 15 Other assets See Part IV, line 11. 16 1,253,138 16 1,284,623 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key 22 Liabilities r Tarangar employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 0 0 Unsecured notes and loans payable to unrelated third parties 0 24 0 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 0 25 0 26 Total liabilities. Add lines 17 through 25 0 26 0 Organizations that follow SFAS 117, check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets. Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 1,131,047 30 1,132,625 31 Paid-in or capital surplus, or land, building, or equipment fund 31 122,091 32 32 Retained earnings, endowment, accumulated income, or other funds 151,998 33 Total net assets or fund balances 1,253,138 33 1,284,623 34 Total liabilities and net assets/fund balances 1,253,138 1,284,623

Form 9	990 (2011) Martha Torok Charitable Trust	23-	7839769	Page 1	12
Par	XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response to any question in this Part XI	·			
		اما			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		92,95	_
2	Total expenses (must equal Part IX, column (A), line 25)	2		61,47	_
3	Revenue less expenses Subtract line 2 from line 1	3		31,48	_
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4	1	,253,13	<u> 88</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			_
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6	1	,284,62	<u>22</u>
Part	XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response to any question in this Part XII				
				Yes N	٥_
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		_ Y# #	74 24	×
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		9.4		
	Schedule O		2.3	- 4	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a	X	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	ıt of			_
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain	ın			£
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			e e a	
	issued on a separate basis, consolidated basis, or both				-
	Separate basis Consolidated basis Both consolidated and separate basis				14
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			L	3
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	د	Ja		_
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
				990 (201	1)
			1 01111 1	(20)	٠,

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Open to Public

OMB No 1545-0047

Inspection Internal Revenue Service Name of the organization Employer identification number Martha Torok Charitable Trust 23-7839769 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type II c Type III-Functionally integrated

e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

Since August 17, 2006, has the organization accepted any gift or contribution from any of the A person who directly or indirectly controls, either alone or together with persons described in (ii)

and (iii) below, the governing body of the supported organization? A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		Х
11g(ii)	[X
11g(ni)		X

h Provide the f	ollowing inform	ation about the suppo	rted organ	nization(s))				
(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li	organization sted in your document?	the organ	you notify nization in of your port?	organizat	s the ion in col zed in the S ?	(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									· · ·
The Corporation of the	23-7300405	1	Х		Х		Х		60,000
(B)									
President of the Church									0
(C)									
of Jesus Christ of									0
(D)									
Latter-Day Saints									0
(E)									
									0
Total 4									60,000

instructions . .

Sched	ule A (Form 990 or 990-EZ) 2011 Martha Torok C	Charitable Trust				23-7839769	Page 2
Par	t II Support Schedule for Organizat	tions Describ	ed in Sectio	ns 170(b)(1)(A)(iv) and 17	0(b)(1)(A)(vi)	<u> </u>
	(Complete only if you checked the	box on line 5	, 7, or 8 of Pa	art I or if the o	rganization fa	uled to qualify u	under
	Part III. If the organization fails to						
Sect	tion A. Public Support			,	<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and					\-/=	(1)
•	membership fees received (Do not						
	include any "unusual grants ")						0
2	Tax revenues levied for the organization's						
-	benefit and either paid to or expended on						
	its behalf						0
3	The value of services or facilities						
•	furnished by a governmental unit to the	;					
	organization without charge	1					0
4	Total. Add lines 1 through 3	0	0	0	0	0	<u>0</u>
5	The portion of total contributions by each	. * *	<u></u>	, , ,		*	
3	person (other than a governmental unit			^		*	
	or publicly supported organization)	· ·		7 3	<i>(</i> , , , , , , , , , , , , , , , , , , ,	٠٠%	
	included on line 1 that exceeds 2%	, :					
	of the amount shown on line 11,	* 4.	\$ 14.1 'm 44'	Ą	/	, \$\) \(\forall \)	
	column (f)	,		*			
2	Public support. Subtract line 5 from line 4	\$ % A.					
Sect	ion B. Total Support					· ·	0
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	0	0	0	0	<u> </u>	0
8	Gross income from interest, dividends,						
	payments received on securities loans,			i			
	rents, royalties and income from similar						_
_	sources .						0
9	Net income from unrelated business						
	activities, whether or not the business is						
4.0	regularly carried on						0
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV).	»	4 %	55 89		· · · · · · · · · · · · · · · · · · ·	0
11	Total support. Add lines 7 through 10			* *	<u>.</u> ,		0
12	Gross receipts from related activities, etc. (s				,	12	-
13	First five years. If the Form 990 is for the o	rganization's fir	st, second, thi	rd, fourth, or fift	th tax year as a	a section 501(c)	(3)
	organization, check this box and stop here				•	· · · ·	
	ion C. Computation of Public Support						
14	Public support percentage for 2011 (line 6,			column (f))		14	0 00%
15	Public support percentage from 2010 Sched					15	0 00%
16a	33 1/3% support test—2011. If the organiz				ne 14 is 33 1/3	3% or more, che	ck this box
	and stop here. The organization qualifies a					•	▶□
b	33 1/3% support test—2010. If the organiz				and line 15 is 3	33 1/3% or more	, check this
	box and stop here. The organization qualifi	es as a publicly	v supported org	ganization	•		. ▶∟
17a	10%-facts-and-circumstances test—2011	. If the organiza	ation did not ch	neck a box on li	ne 13, 16a, or	16b, and line 14	1
	is 10% or more, and if the organization mee	ts the "facts-an	id-circumstanc	es" test, check	this box and s	top here. Expla	ın ın
	Part IV how the organization meets the "fac	ts-and-circums	tances" test T	he organization	qualifies as a	publicly support	ted
	organization			-	-		. ▶□
b	10%-facts-and-circumstances test—2010	. If the organiza	ation did not ch	neck a box on li	ne 13, 16a, 16	b, or 17a, and li	ne - 🗀
	15 is 10% or more, and if the organization in	_					
	Part IV how the organization meets the "fac						•
	supported organization			3		•	▶□
18	Private foundation. If the organization did	not check a box	on line 13, 16	Sa, 16b, 17a, or	17b, check th	is box and see	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

	tine organization rails to quality un	idel the tests	ilisted below,	picase comp	icte i dit ii j		
	tion A. Public Support	4 3 0007	4 > 0000	4-1 0000	(4) 2040	(2) 2044	40 Table
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 201 <u>0</u>	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		:				0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on its behalf						0
5	The value of services or facilities					-	
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0
С	amount on line 13 for the year Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	1 7 6.					
	line 6)			-		The second secon	0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	0	0	О	0	ol	0
10a	Gross income from interest, dividends,				J	1	<u>~</u>
	payments received on securities loans,						
	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		ļ				
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on		•			:	0
12	Other income Do not include gain or		<u> </u>				0
-	loss from the sale of capital assets						•
40	(Explain in Part IV)					-	0
13	Total support. (Add lines 9, 10c, 11, and 12)	0		<u></u>	-	0	0
14	First five years. If the Form 990 is for the organization, check this box and stop here	ation's first, seco	nd, third, fourth,	or fifth tax year a	is a section 501(c)(3)	▶□
Sec	tion C. Computation of Public Support	<u>Percentage</u>					
15	Public support percentage for 2011 (line 8, column	(f) divided by lin	ne 13, column (f)))		15	0 00%
16	Public support percentage from 2010 Schedule A,					16	0 00%
	tion D. Computation of Investment Inco				· - · · · ·· · · ·	T .= T	
17	Investment income percentage for 2011 (line 10c,		-	ımn (f))		17	0 00%
18	Investment income percentage from 2010 Schedul				46 00 4/00/	18	0.00%
19a	33 1/3% support tests—2011. If the organization of						▶ [
b	not more than 33 1/3%, check this box and stop he 33 1/3% support tests—2010. If the organization of	_			_		
IJ	line 18 is not more than 33 1/3%, check this box ar						▶□
20	Private foundation. If the organization did not che	-				-	

	990 or 990-EZ) 2011 Martha Torok Charitable Trust	23-7839769	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required	d by Part II, line 10),
•	Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional	al information (Se	е
	instructions)	,	
			
-			
	·		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Partl

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047	2011	Open to Public
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Inspect Employer identification number 23-7839769 General Information on Grants and Assistance Martha Torok Charitable Trust

T Does	Does the organization maintain records to substantiate the amount of the grants of assistance, the grantees eligibility for the grants of assistance, and the selection criteria used to award the grants of assistance?	tain records to s award the gran	Substantiate the amous	ount of the grants of a	ssistance, the grantee	s eligibility for the graf	ns or assistance, and	Yes No
2 Desc	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	nization's proce	dures for monitoring	g the use of grant fund	ds in the United States			ا [
Part II	Grants and Other Assistance to Government	Assistance to	Governments a	is and Organizations in the United States. Complete if the organization answered "Yes" to	n the United States	. Complete if the org	Janization answered	"Yes" to
	can be duplicated if additional space is needed	additional spa		יפנפועפט וווטופ נוומון פטיטטט. כוופכא נוווא מסא וו ווס סוופ ופניווופופועפט וווטופ נוומון פטיטטט רמוניון	OOO. CHECK THIS DOX			
1 (a) Name	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) The Cor	(1) The Corporation of the Preside	23-7300405	501(c)(3)	000'09	0			To Church for
(2) of the C	(2) of the Church of Jesus Christ o			0	0			benefit of local
(3) Latter-Day Saints	ay Saints			0	0			wards
(4) Office of	(4) Office of Donations - Room 15.			0	0			
(5) 50 East	(s) 50 East North Temple Street			0	0			
(6) Salt Lak	(6) Salt Lake city, UT 84150			0	0			
ω				0	0			
(8)				0	0			
(6)				0	0			
(10)				0	0			
(11)				0	0			
(12)				0	0			
2 Enter	Enter total number of section 501(c)(3) and government orgenter total number of other organizations listed in the line 1	n 501(c)(3) and	government organiza	yanizations listed in the line 1 table	ne 1 table		A A	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. (HTA)

Schedule I (Form 990) (2011)

Martha Torok Charitable Trust

Schedule I (Form 990) (2011)

Page 2 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 (d) Amount of non-cash assistance 0 0 0 0 (c) Amount of cash grant Part III can be duplicated if additional space is needed 0 0 0 0 0 (b) Number of recipients (a) Type of grant or assistance Part III သ 9 က

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Inspection Employer identification number

Martha Torok Charitable Trust	23-7839769
Form 990 Part VI Section B Line 11 The Trustees meet annually to review the Form 990 as	well
as a annual accouting of the trust's activities for the taxable year	
Form 990 Part VI Section A Line 9 Charles E. Blades, 116 Hillcrest Drive South, Macungle,	PA
18062, Harry Rinehart, 111 Cornerstone Place, Whitehall, PA 18052, and Douglas Trotter,	1108
Stanley Ave , Bethlehem, PA 18015	
Form 990 Part VI Section C Line 19 The organization's governing documents and financial	
statements are made available to the public upon request to the organization.	
•••••••••••••••••••••••••••••••••••••••	
•••••••••••••••••••••••••••••••••••••••	
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Name of the organization	Page 2
	Employer identification number 23-7839769
Marina Forok Ghantable Hust	20 7000100
······································	
	•••••
	•••••

MARTHA TOROK CHARITABLE TRUST

Form 990 for Tax Year Ending 6/30/12

Part III Statement of Program Service Accomplishments

Primary Exempt Purpose

The trust's activities are limited to the investment of trust assets for the benefit of its sole beneficiary, The Corporation of the President of the Church of Jesus Christ of Latter-Day Saints, that is to say the Mormon Church, for the benefit of two named local congregations or later formed congregations.

Grants and allocations for the year ending 6/30/12

To: Corporation of the President of the Church of Jesus Christ of Latter-Day Saints:

For the benfit of the local wards

08/30/11	Cash	30,000.00
12/28/11	Cash	30,000.00

Total Grants \$60,000.00

	Sale of Assets Other than Inventory
	of Assets (
	-
	Loss fron
	990) - Gain/Loss fi
	ne 7 (990) - C
	Part VIII, Li
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					_				_											_		_							_
								Description of	Basis Method																				
									Depreciation																				
Cost, other	basis and expenses	11,329	0	0	Expense	of sale and	cost of	птргоче-	ments																				
Cost	basis and					her basis	field only)	Donated	value																				
SS	3S	13,802	0	0		Cost or other basis	(Enter one field only)		Cost	11,329																			
Gross	sales				_			Gross sales	price	13,151	651																		
Totals		Public Securities	lic Securities	Other sales		•		Date	plos	10/26/2011																			
		Pub	Non-Pub					Acquisition	method	-																			
								Date	acdnired	6/8/2011																			
									Purchaser																				
						Check if	purchaser	is a	pusiness																				
					Check if	gain/loss is	from sale of		securities																				
					Check If	gain/loss is	from sale	of public	securities	×	×																		
									CUSIP#																				
							_			400 shs Cal Maine Foods, Ind	Long Term Capital Gain	Distributions																	
									Index	-	~	3	4	သ	9	7	80	တ	9	=	12	5	4	15	16	1	18	19	20

MARTHA TOROK CHARITABLE TRUST

Part X, line 11, Column B - List of Securities

Form 990 - Tax Year Ending 6/30/12

Shs/ Face	Description	Fiduciary Cost
\$80,000	U.S. Treasury 6.25% due 8/15/23	78,865.81
2,000.00	SPDR Barclays Capital High Yield Bond	76,188.95
2000	AT&T, Inc., New	52,000.00
6301	Alliance Bernstein Global	143,111.14
1000	American Power Corp.	1,658.95
1000	Annaly Capital Management	17,708.95
2000	Apollo Investment Corp	22,917.90
1000	Atlantic Power Corporation	15,378.05
1000	Buckeye Partners UTS, LP	65,542.90
3000	Collectors Universe New	41,517.40
2800	Dreyfus High Yield Strategic Fund	12,588.84
2000	Duke Energy Copr.	33,508.95
1000	EnerPlus Res Fund New	21,036.95
100	EOG Resources, Inc.	11,285.95
1000	First Niagara Financial New	10,717.95
3000	ING Prime Rate Trust	14,468.95
2000	John Hancock Prem Div Fund	24,583.55
1251	Kinder Morgan Energy LP	65,895.72
1418	Knightsbrdg Tankers Ordf	37,188.40
2000	Lilly Eli & Company	69,808.95
4000	Linn Energy	101,018.90
3336	MS Emerging Mkts Debt	76,591.39
1000	Nordic American Tanker/Shipping	41,505.06
1000	Nustar Energy LP	35,108.95
1437	Penn Virginia Res Partners	16,031.50
1000	Sun Communities, Inc.	32,808.95
4000	Windstream Corporation	49,825.31
4000	Van Kampen High Income Trust II	62,583.29

Total Securities

1,231,447.61