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→ Form **990-PF**

Department of the Treasury

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

OMB No 1545-0052

Name of foundation A Employer Identification number 26-2008261			dar year 2012 or tax year beginning		, and ending		
Recombination Policy Description Policy Recombination Policy						A Employer identification	number
Reperture B Telephone number Reperture B Telephone number Telephone number	H.	AR	OLD & ELAINE TURLEY FOU	NDATION		26-2008261	·
City or town state, and 2/P code SANDY. UT 84993-2048 G Check all that all apply Initial return Initial return of a former public chanty Amended return Amended return					Room/sulte		
SANDY, UT 8 40 93 – 20 48 G Check all that apply Initial return Andread return Andre	_2	85	WILLOW CREEK DRIVE			801-566-26	500
G Check all that apply						C If exemption application is p	pending, check here
Final return Amended return Amended return Amended return Amended return Section 597(2)(1) nonexempt characters meeting the 894 lest, Contributions Section 597(2)(1) nonexempt characters meeting the 894 lest, Contributions Section 597(2)(1) nonexempt characters meeting the 894 lest, Contributions Section 597(2)(1) nonexempt characters meeting the 894 lest, Contributions Section 597(2)(1) nonexempt characters Section 597(2)(1) nonexempt Section 597(2)(1) nonexempt Section 597(2)(1) nonexempt Section 597(2)(1)(1)(1), check here Contributions, gifts, grants, etc., received Section 597(2)(1)(1)(1), check here Contributions, gifts, grants, etc., received Section 597(2)(1)(1)(1), check here Contributions, gifts, grants, etc., received Section 597(2)(1)(1)(1), check here Contributions, gifts, grants, etc., received Section 597(2)(1)(1)(1), check here Contributions, gifts, grants, etc., received Section 597(2)(1)(1)(1), check here Contributions, gifts, grants, etc., received Section 597(2)(1)(1)(1), check here Contributions, gifts, grants, etc., received Section 597(2)(1)(1)(1), check here Contributions, gifts, grants, etc., received Section 597(2)(1)(1)(1), check here Contributions, gifts, grants, etc., received Section 597(2)(1)(1)(1), check here Contributions, gifts, grants, etc., received Section 597(2)(1)(1)(1), check here Contributions, gifts, grants, etc., received Section 597(2)(1)(1)(1)(1), check here Contributions, gifts, grants, etc., received Section 597(2)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)				Initial return of a fo	rmer public charity	D 1. Foreign organization:	s, check here
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Section 4947(a)(1) onesempt charafable trust	H C	heck		empt private foundation		E If private foundation sta	tus was terminated
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Part Analysis of Revenue and Espanses (The focus of amounts to grow cash bases) Part Analysis of Revenue and Espanses (The focus of amounts to grow the part of the pa	1 Fa			ng method X Cash	Accrual	F If the foundation is in a	60-month termination
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1 Continbutions, gifts, grants, etc., received 2 Check ▶	Pa	rt l	(The total of amounts in columns (b), (c), and (d) may not				for charitable purposes
2 Check Image of the functions and responsey such that is a standard and interest from securities 3 Interest on securing and temponary cash investments 5a Gross rents b Net rental income or (local) from sale of assets not on line 10 b Set tempor or (local) from sale of assets not on line 10 b sects on line (local) from sale of assets not on line 10 b let investment income (local) from line 10 c contract on line (local) from sale of assets not on line 10 c contract on line (local) from line 12 c local sects of evenue over assets and waspes c local sects of evenue over assets and sale sects on line 10 c local sects of evenue over assets and sale sects on line 10 c local sects of evenue over assets and sects on line 10 c local sects of evenue over assets and sects on line 10 c local sects of evenue over assets and sects on line 10 c local sects of evenue ov		1	Contributions, gifts, grants, etc., received	200,000.		N/A	
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4 Dividends and interest from securities 5 a Gross rents 1 Divisor text income or (loses) 6 Gross and prome sale of assets not on line 10 Disascts on line 6 is 1 Disascts on line 6 is 1 Disascts on line 6 is 2 To Gast again met income (from Part M, line 2) 3 Net short-term capital gain 9 Income modifications 10a and allowances 1 Disascts con line 6 is 1 Disascts on line 6 is 2 Total. Add lines 1 through 11 2 Total. Add lines 1 through 11 2 Total. Add lines 1 through 11 3 Compensation of officers, directors, fursities, etc 1 Other employee salaries and wages 15 Penson plans, employee benefits 16a Legal fees 2 Disascts on line 6 is 1 Disascts on line 6 is 2 Other professional fees 1 Interest 1 Interest 1 Disascts on line 6 is 2 Other professional fees 3 Disascts on line 6 is 3 Disascts on line 1 Disas		_	Interest on savings and temporary	398.	398.		STATEMENT 1
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b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A		27	Subtract line 26 from line 12	25			
c Adjusted net income (if negative, enter -0-)		a	Excess of revenue over expenses and disbursements	-36,777.	300		de returne "Hen - de m' i tanto
		1			398.		-
	2225					I N/A	5 000 DF (63-6)

223511 12-05-12 101,249

Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

_	
Pane	١:

(a) List and descr	ibe the ki	sses for Tax on In nd(s) of property sold (e g or common stock, 200 shs	, real estate,	income_	`P	How ac - Purc - Dona		(c) Date a (mo , da		(d) Date sold (mo , day, yr)
1a					<u> </u>					
b NOI	NE				 					
d		· · · · · · · · · · · · · · · · · · ·			+-					<u> </u>
e					-					
(e) Gross sales price	(f) [Depreciation allowed (or allowable)		st or other basis expense of sale					ın or (loss) (f) mınus (
a								- 		
<u>b</u>										
<u>c</u>										
d										
Complete only for assets showin	O CAID ID	column (b) and owned by	the foundation	on 12/31/69				N Gains (Co	ol (h) gain	minus
Complete only for assets showing		J) Adjusted basis		cess of col (I)				ĺ (k), buť n	ot less than	· -0-) or
(I) F M V as of 12/31/69	,	as of 12/31/69		col (j), if any				Losses (from col (I	1))
a										
b										
G										
d										
e										
Capital gain net income or (net ca	pital loss)	If gain, also enter If (loss), enter -0-	in Part I, line in Part I, line	7 7	}	2				
Net short-term capital gain or (los	s) as defii	ned in sections 1222(5) an	d (6)		٦					
If gain, also enter in Part I, line 8,	column (c	:)			- [
Part V Qualification U	ndor 6	action 4040(a) for	Dodugod	Tay on Not	lav.	3	ont Inc			
Vas the foundation liable for the sect "Yes," the foundation does not quali Enter the appropriate amount in e	fy under s	section 4940(e). Do not co	mplete this pa	rt	_					Yes X No
Base periód years Calendar year (or tax year beginnsr	ıg in)	Adjusted qualifying dist	tributions	Net value of no			use assets	(Distrib col (b) divi	ution ratio ded by col. (c))
2011		15	4,109.			17	9,727	•		.85746
2010			7,165.				4,168			1.01720
2009		14	0,730.			6	7,837			2.07453
2008			0.				0	<u>' • </u>		.00000
2007				·				+		
Total of line 1, column (d)								2		3.94920
Average distribution ratio for the 5	-vear bas	e period - divide the total o	on line 2 by 5.	or by the number	r of ve	ars		1		
the foundation has been in exister	-							3		.98730
		·								
Enter the net value of noncharitab	le-use ass	sets for 2012 from Part X, I	ine 5					4		117,843
										116 040
Multiply line 4 by line 3						•		5		116,347
5-4 40/ -4	- /4D/ -f	Dod Line 07h)								4
Enter 1% of net investment incom	10 07 1) 51	rail 1, 11118 270)						6		
Add lines 5 and 6								7		116,351
mies e une e										
Enter qualifying distributions from	Part XII,	line 4						8		236,252
If line 8 is equal to or greater than	line 7, ch	eck the box in Part VI, line	1b, and comp	lete that part usin	ig a 1º	% tax r	ate			
See the Part VI instructions										

Form 990-PF (2012) HAROLD & ELAINE TURLEY F			26-20082	61	Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be I	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	n 4945(e))?	Y	es X No		
(2) Influence the outcome of any specific public election (see section 4955), o		ectly,			
any voter registration drive?		Y	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio					
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or	for			
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described	in Regulations			
section 53 4945 or in a current notice regarding disaster assistance (see instru		-	N/A	5b	Ì
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined			
expenditure responsibility for the grant?		- /	es 🔲 No		[
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).	-	_		
5a Did the foundation, during the year, receive any funds, directly or indirectly, to	• •				
a personal benefit contract?	•	Y ₁	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		s X No		
b if "Yes," did the foundation receive any proceeds or have any net income attribu			, _	7b	
I do all al Office District Total		nagers. Highly			
Part VIII Paid Employees, and Contractors			•		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
A N Norway and add area	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deterred	(e) f	Expense unt, other
(a) Name and address	to position	enter -0-)	and deferred compensation		wances
SEE STATEMENT 4		0.	0.		0.
				1	
				1	
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E	Expense unt, other
(b) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(C) Compensation	and deterred compensation	allo	wances
NONE				ĺ	
				<u> </u>	
		1			
		<u> </u>			
Total number of other employees paid over \$50,000			>		0

All other program-related investments. See instructions

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. For	reign foun	dations, see	nstructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes			
а	and the second s		1a	0.
	A CONTRACTOR OF THE CONTRACTOR		1b	0. 119,638.
	Fair market value of all other assets		10	
-	Total (add lines 1a, b, and c)	[1d	119,638.
	Reduction claimed for blockage or other factors reported on lines 1a and			
•	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	119,638.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	1,795.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.		5	117,843.
6	Minimum investment return. Enter 5% of line 5		6	5,892.
_	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four foreign organizations check here and do not complete this part)	ndations an	d certain	
1	Minimum investment return from Part X, line 6		1	5,892.
-	Tax on investment income for 2012 from Part VI, line 5	4.		. ==
b	Ch.			
C	Add lines 2a and 2b		2c	4.
3	Distributable amount before adjustments Subtract line 2c from line 1	Ī	3	5,888.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4	Ī	5	5,888.
6	Deduction from distributable amount (see instructions)		6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1		7	5,888.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes			
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	236,252.
b	Program-related investments - total from Part IX-B		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the			
а	Suitability test (prior IRS approval required)		3a	
b	Cash distribution test (attach the required schedule)		3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		4	236,252.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment			
	income Enter 1% of Part I, line 27b		5	4.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	236,248.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the f	oundation o	jualifies for th	e section

Page 9

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
Distributable amount for	r 2012 from Part XI,				
line 7					5,888.
2 Undistributed income, if any	, as of the end of 2012				
a Enter amount for 2011	1			0.	
b Total for prior years			0		
3 Excess distributions car	rryover, if any, to 2012		0.		
a From 2007	,, 5 . 5 . , 5 . ,				
h From 2008					
c From 2009	137,354.				
d From 2010	168,488.				
e From 2011	145,146.				
f Total of lines 3a throug		450,988.			
4 Qualifying distributions		•			
Part XII, line 4 ►\$					
a Applied to 2011, but no				0.	
b Applied to undistributed					
years (Election required	t t		0.		
c Treated as distributions	· ·	<u> </u>			
(Election required - see	·	0.			
d Applied to 2012 distribu		MARK 1	, ,, , , , , , , , , , , , , , , , , ,		5,888.
e Remaining amount dist	F	230,364.			
5 Excess distributions carryon (If an amount appears in col- must be shown in column (a	ver applied to 2012 umn (d), the same amount	0.			0.
6 Enter the net total of earlingicated below:	1				
a Corpus Add lines 3f, 4c, an	id 4e Subtract line 5	681,352.			
b Prior years' undistribute					
line 4b from line 2b			0.		
c Enter the amount of priundistributed income for deficiency has been issued the section 4942(a) tax assessed	or which a notice of ued, or on which		0.		
d Subtract line 6c from lir	a 6h Tavahla				
amount - see instruction			0.		
e Undistributed income for					······································
4a from line 2a Taxable	Ē			0.	
f Undistributed income for	·····		······································		
lines 4d and 5 from line	1 This amount must				
be distributed in 2013					0.
7 Amounts treated as dis	tributions out of				
corpus to satisfy requir	ements imposed by				
section 170(b)(1)(F) or	4942(g)(3)	0.			
8 Excess distributions ca	rryover from 2007				
not applied on line 5 or	line 7	0.			
9 Excess distributions ca	rryover to 2013.	İ			
Subtract lines 7 and 8 f	rom line 6a	681,352.			
O Analysis of line 9					
a Excess from 2008					
b Excess from 2009	137,354.				
c Excess from 2010	168,488.				
d Excess from 2011	145,146.	-			
e Excess from 2012	230,364.				- 000 5-
					Form 990-PF (2012)

	& ELAINE TU				008261 Page 10
Part XIV Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo			▶		
b Check box to indicate whether the foun	dation is a private operatir	ng foundation described i		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		-
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the		··-			
alternative test relied upon			1		:
a "Assets" alternative test - enter (1) Value of all assets					
•	· · · · · ·				
(2) Value of assets qualifying			1		
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter]		
(1) Total support other than gross					•
investment income (interest, dividends, rents, payments on]		
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					<u> </u>
Part XV Supplementary Info	ormation (Comple	te this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during	the year-see instr	ructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wi			ributions received by the	foundation before the cl	ose of any tax
year (but only if they have contributed	more than \$5,000) (See s	ection 507(d)(2))			
NONE					
b List any managers of the foundation wi	no own 10% or more of th	e stock of a corporation	or an equally large port	on of the ownership of a	partnership or
other entity) of which the foundation ha	is a 10% or greater interes	st			
NONE					
2 Information Regarding Contribut	tion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here ► X if the foundation				not accept unsolicited req	uests for funds If
the foundation makes gifts, grants, etc	(see instructions) to indiv	riduals or organizations u	nder other conditions, c	omplete items 2a, b, c, an	d d
a The name, address, and telephone num	nber or e-mail of the perso	n to whom applications s	should be addressed	•	"
b The form in which applications should	be submitted and informat	tion and materials they st	nould include		
c Any submission deadlines	<u> </u>				
d Any restrictions or limitations on award	ls, such as by geographica	al areas, charitable fields,	kinds of institutions, or	other factors	
223601 12-05-12					Form 990-PF (2012)

Page 11

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 any foundation manager or substantial contributor Foundation Purpose of grant or **Amount** status of contribution Name and address (home or business) recipient a Paid during the year N/A TO HELP INDIVIDUAL NONE AMBER SCOTT 6931 ARLINGTON ROAD, 2ND FLOOR WITH CYSTIC FIBROSIS 5,600. BETHESDA, MD 20814 AMERICAN BORDER PATROL DONATION NONE N/A 2160 E FRY BLVD. #426 SIERRA VISTA, AZ 85635 60. DONATION NONE AMERICAN FOR ONE LANGUAGE N/A 3165 MILLROCK DR SALT LAKE CITY, UT 84121 20. ANDES EDUCATIONAL FUND NONE EXEMPT EDUCATION 2857 WILLOW CREEK DR SANDY, UT 84093 1,300. BRIGHAM YOUNG UNIVERSITY NONE EXEMPT EDUCATION ASB, C-389 PROVO, UT 84602 53,700. SEE CONTINUATION SHEET(S) ▶ 3a 236,252. b Approved for future payment NONE **▶** 3b Total

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated b	ousiness income		ed 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		
a	-	<u></u>	 	·	·
b	-				
C	-				
d	-		 -		
e	-				
					·
g Fees and contracts from government agencies					
Membership dues and assessments			ļ <u>ļ</u>		
Interest on savings and temporary cash					
Investments			14	398.	
Dividends and interest from securities					
Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events					······································
Gross profit or (loss) from sales of inventory			!		
Other revenue					
			1 [
	-				
	-		 	··-·	
			 	-	
e	-		1		
		0.		398.	(
Subtotal Add columns (b), (d), and (e)	1	<u> </u>		·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·	398
Total. Add line 12, columns (b), (d), and (e)				13	390
ee worksheet in line 13 instructions to verify calculations)					
Part XVI-B Relationship of Activities	to the Accom	plishment of Ex	cempt	Purposes	
Ine No. Explain below how each activity for which inc	ome is reported in c	olumn (e) of Part Y\/I-A	contribu	ted importantly to the accomp	lishment of
the foundation's exempt purposes (other than			Continua	ted importantly to the accomp	monnent of
INTEREST INCOME USED T			ON O	E THE FOINDAT	TON
TRIBREDI INCOME ODED I	O I OKIMBI	1112 111201	021	TIND TOURDIN	
				·	.
				- 	
	_ 	- <u>-</u>			
	-				
				- ···-	
					·
					

223621 12-05-12

orm 990)-PF (2()12) HAROL	D & ELAI	NE TURL	EY FOUNDAT	NOI		_26-2	2008261	Pa	ge 13
Part :		Information Re	egarding Tra	nsfers To a	and Transaction	ns an	d Relations	ships With No	ncharitable	9	
		Exempt Organ							- 1	V	NI -
		anization directly or indi						tion 501(c) of		Yes	NO
		other than section 501(c				organiza	itions?				
		rom the reporting found	ation to a nonchar	ritable exempt or	ganization of				1-/1\		v
	Cash		•						1a(1)	 	X
٠,	Other								1a(2)		
		sactions							15/41		Х
		of assets to a noncharita							1b(1) 1b(2)		X
		ases of assets from a no		ot organization					1b(2)	-	X
		of facilities, equipment,							1b(3)	 	X
		ursement arrangements			•				1b(5)		Х
		or loan guarantees mance of services or me	ambarchin ar fund	raicina caliaitatia	ine				1b(6)		Х
		facilities, equipment, ma							10	<u> </u>	X
		er to any of the above is				ıld alwav	vs show the fair	market value of the o		ets.	
		given by the reporting f								,	
		the value of the goods,						3			
(a) Line n		(b) Amount involved			e exempt organization		(d) Description	n of transfers, transactio	ns, and shanng a	Tangeme	ents
<u> </u>		<u>-</u> -		N/A			-				
							-				
-											
									· · · · · · · · · · · · · · · · · · ·		
			<u> </u>				-				
	_		ļ	_							
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			ļ. <u>-</u>								
											
		<u></u> -	ļ						 		
	<u> </u>										
		dation directly or indirec	-			rganizat	ions described		Yes	Γ¥] No
		501(c) of the Code (othe mplete the following sch		(C)(3)) or iii seci	1011 527 7				163	1	טוו ר
U 13	165, 60	(a) Name of org			(b) Type of organizat	tion		(c) Description of re	lationship		
		N/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(-, ,,			(-)			
			······								
			1	-			•				
		X	10 11								
	Under				g accompanying schedule				May the IRS	discuss 1	this
Sign	and be	pet it is true correct, and con	polete Degraration of	t preparer (otner tha	n taxpayer) is based on all	informatio	on of which prepare	er nas any knowledge	return with the shown below	e prepar	er
Here			MAN!		10/7/2	<u> </u>	120518	g	_ X Yes		No
	Sign	ature of officer or trustee	\leftarrow		Date		Title		<u> </u>		
		Print/Type preparer's no	mind /	Preparer's s	ignature	D	ate	. —	PTIN		
			7	(X)			7/16/12	self- employed	501060	100	
Paid		RANDY SELL			7	770	1. 12.12		P01260		
Prepa	arer	Firm's name ► PRO	FESSIONA	T BOATM	ESS ADVISO	JKS,	ГГС	Firm's EIN ► 2	n-31231	۱ ۵	

223622 12-05-12

Firm's address > 1706 SOUTH 500 WEST, SUITE 200 BOUNTIFUL, UT 84010

Phone no

801-296-1060

Form **990-PF** (2012)

Use Only

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

	HAROLD & ELAINE TURLEY FOUNDATION	26-2008261
Organization typ	e (check one):	
Filers of:	Section:	
Form 990 or 990	EZ 501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	anization is covered by the General Rule or a Special Rule . tion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
General Rule		
	rganization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in motor. Complete Parts I and II.	oney or property) from any one
Special Rules		
509(a)(1	ction 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the g mount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
total co	ction 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contri atributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or edu ention of cruelty to children or animals. Complete Parts I, II, and III.	
contribu If this be purpose	ction 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not totox is checked, enter here the total contributions that were received during the year for an <i>exclusive</i> . Do not complete any of the parts unless the General Rule applies to this organization because it, charitable, etc., contributions of \$5,000 or more during the year	al to more than \$1,000. Iy religious, charitable, etc.,
but it must answ certify that it doe	anization that is not covered by the General Rule and/or the Special Rules does not file Schedule E er "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part is not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	I, line 2 of its Form 990-PF, to
LHA For Paper	vork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B	(Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

HAROLD & ELAINE TURLEY FOUNDATION

26-2008261

Part I	Contributors (see instructions).	. Use duplicate copies of Part	I if additional space is needed.
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Part i	Contributors (see instructions). Use duplicate copies of Part 1 if addition	onal space is needed:	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HAROLD E & ELAINE TURLEY CHARITABLE REMAINDER UNITRUST 2857 WILLOW CREEK DR SANDY, UT 84093		Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_	Person Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_	Person Payroli 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
223452 12-21		Schedule 8 (Form	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

HAROLD & ELAINE TURLEY FOUNDATION

26-2008261

Part II	Noncash Property (see instructions). Use duplicate copies of F	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
		\$	
(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

Name of a	ornanization	

Employer identification number

	& ELAINE TURLEY FOUNDA	TION	26-2008261			
Part III	Exclusively religious, charitable, etc., indiving year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additional	dual contributions to section 501(c following line entry: For organization, contributions of \$1,000 or less for space is needed.)(7), (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter the year (Enter this information once)			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
ļ		(e) Transfer of gif	t			
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
		(e) Transfer of gif	t			
	Transferee's name, address, and	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			
1	(e) Transfer of gift					
	Transferee's name, address, and	Relationship of transferor to transferee				
ĺ						
(a) No			T			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
						
1	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor EXEMPT RELIGIOUS CHURCH OF JESUS CHRIST OF LATTER-DAY NONE 50 E NORTH TEMPLE, 15TH FLOOR 116,339. SALT LAKE CITY, UT 84150 N/A HELP PAY MEDICAL BILLS NONE EVELYN RENNERT FOR NEEDY FAMILY 3165 MILLROCK DR 7,100. SALT LAKE CITY, UT 84121 EXEMPT EDUCATION AND RESEARCH HERITAGE FOUNDATION NONE 214 MASSACHUSETTS AVE NE WASHINGTON, DC 20002 500. HUNTSMAN CANCER INSTITUTE NONE EXEMPT CANCER RESEARCH 540 ARAPEEN DR, STE 250 SALT LAKE CITY, UT 84108 40. NONE EXEMPT MENTORS INTERNATIONAL HELP LESS FORTUNATE 65 EAST WADSWORTH PARK DR. STE. 207 ACHIEVE DRAPER UT 84020 SELF-SUFFICIENCY 11,000. NATIONAL ORGANIZATION FOR MARRIAGE NONE EXEMPT EDUCATION 20 NASSAU STREET, STE 242 PRINCETON, NJ 08542 100. RADIO AMERICA NONE N/A EDUCATION 1100 N GLEBE ROAD, STE 900 ARLINGTON, VA 22201 52. NONE N/A HELP NEEDY FAMILY SUSAN REES RAMPTON 2857 WILLOW CREEK DR SANDY, UT 84093 17,060. THE LEADERSHIP INSTITUTE NONE EXEMPT DONATION 1101 N HIGHLAND ST ARLINGTON, VA 22201 50. THE ROAD HOME NONE EXEMPT SHELTER FOR THE 210 S RIO GRANDE STREET HOMELESS SALT LAKE CITY, UT 84101 40. Total from continuation sheets 175,572.

3 Grants and Contributions Paid During the		T		
Recipient Name arid address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome or obstitess)	or substantial contributor	recipient		
THE SALVATION ARMY	NONE	EXEMPT	SUPPORT FOR NEEDY	
5446 S 900 E	NONE		portoni for Ababi	
SALT LAKE CITY, UT 84117				1
,				
UNIVERSITY OF UTAH	NONE	EXEMPT	EDUCATION	
40 ARAPEEN DR., SUITE 250		Í		
ALT LAKE CITY, UT 84108				1,7
	[
so	NONE	EXEMPT	SUPPORT FOR TROOPS	
PO BOX 96322				
VASHINGTON, DC 20090				
TAH FOOD BANK	NONE	EXEMPT	FOOD FOR NEEDY	
150 S 900 W	10112			
SALT LAKE CITY, UT 84119				!
VETERANS OF FOREIGN WARS	NONE	EXEMPT	HELP VETERANS	
07 W 12TH ST			;LISTTOTAL 40	
OGDEN, UT 84401				
WEST RIDGE ACADEMY 5500 W BAGLEY PARK ROAD	NONE	EXEMPT	TO HELP TROUBLED YOUTH	
WEST JORDAN, UT 84081			EISTICIAL 200	10
DDT GONDAN, GT GEGGT				
ORMON HISTORIC SITES FOUNDATION	NONE	EXEMPT	HISTORICAL SITE	
99 S MAIN, STE 1700			PRESERVATION	
ALT LAKE CITY, UT 84111		 		9,00
THE ROCKY MOUNTAIN TENNIS FOUNDATION	NONE	EXEMPT	GENERAL DONATION	
.218 SUNSET DR KAYSVILLE, UT 84037				8,00
01 04037	1			3,01
CSB FOUNDATION AUTISM	NONE	EXEMPT	RESEARCH	
RADUATE SCHOOL OF EDUCATION				
ANTA BARBARA, CA 93106		<u> </u>		50
AVELL LAWLOR	NONE	N/A	MEDICAL EXPENSES	
857 WILLOW CREEK DR				7.1
ANDY, UT 84093 Total from continuation sheets	<u> </u>			7 !

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor GENERAL DONATION EXEMPT BOY SCOUTS OF AMERICA NONE 525 FOOTHILL BLVD SALT LAKE CITY, UT 84113 480. EXEMPT GENERAL DONATION UTAH TENNIS FOUNDATION NONE 2469 EAST FORT UNION BLVD 850. SALT LAKE CITY, UT 84121 DESERET INTERNATIONAL FOUNDATION NONE EXEMPT CHARITY VISION 1282 E CAMBRIDGE COURT 141. PROVO, UT 84604 NONE N/A HELP NEEDY FAMILY WITH KAE STRONG MEDICAL BILLS 2857 WILLOW CREEK DR **SANDY, UT 84093** 1,000. NONE EXEMPT GENERAL DONATION PRO ENGLISH 1601 N KENT STREET 55. ARLINGTON, VA 22209 UTAH SPORTS HALL OF FAME FOUNDATION NONE EXEMPT GENERAL DONATION 2857 WILLOW CREEK DR SANDY, UT 84093 280. EXEMPT GENERAL DONATION MEDIA RESEARCH CENTER NONE 1900 CAMPUS COMMONS DR 25. RESTON, VA 20191 Total from continuation sheets

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT 1
SOURCE				AMOUNT
INTEREST INCOME			•	398.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A	-	398.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		CHARITABLE
ACCOUNTING	900.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	900.	0.		0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	NET INVEST-		CHARITABLE
FILING FEE	23.	0.		0.
TO FORM 990-PF, PG 1, LN 23	23.	0.		0.

	IST OF OFFICERS, D		STAT:	EMENT 4
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
HAROLD E TURLEY, JR. 2857 WILLOW CREEK DR SANDY, UT 84093	TRUSTEE 1.00	0.	0.	0.
ELAINE E. TURLEY 2857 WILLOW CREEK DR SANDY, UT 84093	TRUSTEE 1.00	0.	0.	0.
DEREK J. TURLEY 11555 S THORNBURY CT SANDY, UT 84093	TRUSTEE 1.00	0.	0.	0.
KATHRYN T. SONNE 2857 WILLOW CREEK DR SANDY, UT 84093	TRUSTEE 1.00	0.	0.	0.
HAROLD E TURLEY, III 8026 ELDON WAY SANDY, UT 84093	TRUSTEE 1.00	0.	0.	0.
KALEI T. WYATT 6704 PAGEANT DR. HUNTINGTON BEACH, CA 92648	TRUSTEE 1.00	0.	0.	0.
SUSAN STEINER 18861 BREEZY LANE HUNTINGTON BEACH, CA 92648	TRUSTEE 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.

Form 886	8 (Rev. 1-2013)					Page 2
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this	box	>	X
	ly complete Part II if you have already been granted an a			led Form 8	868.	
	are filing for an Automatic 3-Month Extension, comple					
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	pies needed).	
	·		Enter filer's	identifying	number, see in	structions
Type or	pe or Name of exempt organization or other filer, see instructions					nber (EIN) or
print						
File by the	HAROLD & ELAINE TURLEY FOUNI		26-200826			
due date for filing your return See	Number, street, and room or suite no. If a P.O. box, s 2857 WILLOW CREEK DRIVE	ee instruc	tions.	Social sec	urity number (SS	N)
instructions	City, town or post office, state, and ZIP code. For a for SANDY, UT 84093-2048	oreign add	ress, see instructions.			
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Applicat	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01				
Form 990	D-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720		· · · · · · · · · · · · · · · · · · ·	09
Form 990)-PF	04	Form 5227			10
Form 990	0-T (sec_401(a) or 408(a) trust)	05	Form 6069		·····	11
)-T (trust other than above)	06	Form 8870			12
STOP! D	o not complete Part II if you were not already granted	d an autor	natic 3-month extension on a prev	riously filed	d Form 8868.	
	HAROLD TURLEY			4000		
The b	ooks are in the care of > 2857 WILLOW CR	EEK D		4093		
	none No. ► 801-566-2600		FAX No. ▶			
If the	organization does not have an office or place of busines	s in the Ur	nited States, check this box		Abb ala anaa	
• If this	is for a Group Return, enter the organization's four digit					
box ►			ach a list with the names and EINs on BER 15, 2013.	all membe	ers the extension	is ior.
				0		
	r calendar year 2012 , or other tax year beginning $_$ he tax year entered in line 5 is for less than 12 months, $lpha$			Final re	eturn	'
6 If t	The tax year entered in line 5 is for less than 12 months, to the tax year entered in line 5 is for less than 12 months, to	JIIOCK IGAS	on maarotom		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7 St	ate in detail why you need the extension					
I	NFORMATION NEEDED TO COMPLET	E AN	ACCURATE RETURN NO	T YET	AVAILABL	E
				 ,,,,,		
8a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			•
	nrefundable credits. See instructions.			8a	\$	0.
b If	his application is for Form 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and estimated			
ta	c payments made. Include any prior year overpayment a	llowed as	a credit and any amount paid			0
р	eviously with Form 8868.			86	\$	0.
	lance due. Subtract line 8b from line 8a Include your p		th this form, if required, by using		•	0.
EF	TPS (Electronic Federal Tax Payment System). See insti	ructions.	11. D-411	8c	\$	<u> </u>
			st be completed for Part II		f mu kaasuladaa aas	l baliné
Under pe	nalties of perjury. A declare that Maye examined this form, include correct, and complete, and that I am authorized to prepare this f	ding accom form	panying schedules and statements, and t	O the past of		i bellet,
	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	($\mathcal{A}\mathcal{A}$	Date	- DIVI	B
Signature	T _I tle ►			Date	Form BRES	Hev 1.2013
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