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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

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)

- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2012

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning APRIL 01, 2012, and ending MARCH 31, 2013

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
Samaritan Foundation

D Employer identification number
20-1054591

Number & street (or P.O. box, if mail is not delivered to street address.) Room/suite
2940 S 300 W unit D

E Telephone number
(801) 936-6200

City or town, state or country, and ZIP + 4
South Salt Lake UT 84115

F Group Exemption Number ▶

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: samaritan-foundation.org

J Tax-exempt status (check only one) -- ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 41,781

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

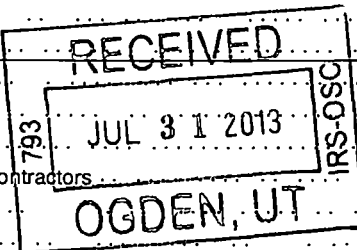
Check if the organization used Schedule O to respond to any question in this Part I. ☐

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	38,851
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	2,930
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	41,781
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	38,643
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	45
	16	Other expenses (describe in Schedule O)	16	
	17	Total expenses. Add lines 10 through 16	17	38,688
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,093
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	62,651
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	65,744

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

SCANNED AUG 16 2013

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in theinstructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911; section 4912; section 4955		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed	UT	
42a The organization's books are in care of	See attachment #3	
Located at	Telephone no	
	ZIP + 4	
b 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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country.	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	N/A
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 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
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
47		X
48		X
49a		X
49b		X

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See attachment #4				

f Total number of other employees paid over \$100,000 . . . ▶

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

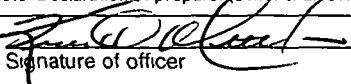
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
See attachment #5		

d Total number of other independent contractors each receiving over \$100,000 . . . ▶

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1)

nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		Date
	Kenneth R Cutler	7-29-13
	Trustee	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	KENNETH CUTLER CPA		7-29-13		P01223245
	Firm's name ▶ KENNETH CUTLER CPA	Firm's EIN ▶			
	Firm's address ▶ 2940 S 300 W UNIT D	Phone no 801-936-6200			

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☒ No

Department of the Treasury
Internal Revenue Service

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

2012

**Open to Public
Inspection**

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

Name of the organization
Samaritan Foundation

Employer identification number

20-1054591

Part I	Reason for Public Charity Status (All organizations must complete this part) See instructions
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The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 ☐ 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).**

4 ☐ 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)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ 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)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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

a ☐ Type I b ☐ Type II c ☐ Type III--Functionally integrated d ☐ Type III--Non-functionally integrated

e ☐ 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)

f 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 _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) 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? _____

(ii) A family member of a person described in (i) above? _____

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

h Provide the following information about the supported organization(s)

[illegible]

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	36,069	38,931	85,793	42,033	38,851	241,677
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	36,069	38,931	85,793	42,033	38,851	241,677
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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 amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						241,677

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	36,069	38,931	85,793	42,033	38,851	241,677
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,841		-394	3,203	2,930	8,580
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,841		-394	3,203	2,930	8,580
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)	38,910	38,931	85,399	45,236	41,781	250,257
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	96.57 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	3.43 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests -- 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests -- 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

Samaritan Foundation
accounts receivable

Employer identification number

20-1054591

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2012 or tax period beginning	04-01	, and ending	03-31-2012
Name of Organization Samaritan Foundation				Employer Identification Number 20-1054591

Primary Purpose

many people were helped with expenses they were unable to take care of on their own.

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 2: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection For calendar year 2012 or tax period beginning 04-01-2012, and ending 03-31-2012

Name of Organization Samaritan Foundation Employer Identification Number 20-1054591

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont to employee ben plans & def comp.	(E) Expense account & other compensation
Kenneth R. Cutler President		0	0	0
Lois H Cutler Trustee		0	0	0
Lowell L Leishman trustee		0	0	0

990 BOOKS ARE IN CARE OF

Attachment 3 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2012 or tax period beginning	04-01	, and ending	03-31-2012
Name of Organization				Employer Identification Number
Samaritan Foundation				20-1054591
Part V - Line 42a				

Individual Name ... The Samaritan Foundation
or
Business Name

Street Address ... 35 North Redwood Road

US Address

Zip code 84054 City North Salt Lake State UT

Foreign Address

City ..

Province or State . . .

Country

Postal code

Phone Number (801) 936-6200

Fax Number (801) 936-1330

Attachment 4: Form 990-EZ, Page 4, Part VI, Line 50

Inspection

For calendar year 2012 or tax period beginning 04-01-2012, and ending 03-31-2012

Employer Identification Number

20-1054591

(a) Name and Title of Each Employee Paid More Than \$100,000	(b) Title and Average Hours Per Week Devoted to Position	(c) Reportable Compensation Forms W-2/ 1099-MISC	(d) Health benefits, Contributions to Empl Benefit Plans & Deferred Compensation	(e) Estimated amt of other compensations

990 PART VII - FIVE HIGHEST COMPENSATED INDEPENDENT CONTRACTORS

Open to Public Inspection	For Calendar year 2012, or tax year period beginning 04-01-2012 and ending 03-31-2012
Name of Organization Samaritan Foundation	Employer Identification Number 20-1054591

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
none		

Schedule of Grants and Similar Amounts Paid

Attachment 1 - page 1 - 990 EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection		For Calendar Year 2012, or tax year period beginning 4-01-2012 and ending 3-31-2013		
Name of Organization		Employer Identification Number		
The Samaritan Foundation		20-1054591		
Class of Activity	Recipient's Name and Address	Amount	Purpose of Payment to Affiliate	
Charitable contribution	Alder, Stoney Centerville, Utah	1,000		
Charitable contribution	Bradford, Alane Salt Lake City, Utah	2,000		
Charitable Contribution	Bradford, Della Salt Lake City, Utah	92		
Charitable Contribution	Broberg, Tyler Sandy, Utah	1,000		
		4,092		
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined
None	Cash	1,000		
None	Cash	2,000		
None	Cash	92		
None	Cash	1,000		
Total		4,092		

Schedule of Grants and Similar Amounts Paid

Attachment 1: page 2 - 990 EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection		For Calendar Year 2012, or tax year period beginning 4-01-2012 and ending 3-31-2013			
Name of Organization		Employer Identification Number			
The Samaritan Foundation		20-1054591			
Class of Activity	Recipient's Name and Address		Amount	Purpose of Payment to Affiliate	
Charitable contribution	Burton, Tammy Louisville, Colorado		4,825		
Charitable contribution	Edwards, Catherine Kaysville, Utah		2,000		
Charitable Contribution	Herzog, Nicholas & Lucy West Jordan, UT		3,000		
Charitable Contribution	Jones, C Brion Woods Cross, Utah		2,000		
			11,825		
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
None	Cash	4,825			
None	Cash	2,000			
None	Cash	3,000			
None	Cash	2,000			
Total			11,825		

Schedule of Grants and Similar Amounts Paid

Attachment 1: page 3 - 990 EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection		For Calendar Year 2012, or tax year period beginning 4-01-2012 and ending 3-31-2013			
Name of Organization		Employer Identification Number			
The Samaritan Foundation		20-1054591			
Class of Activity	Recipient's Name and Address	Amount	Purpose of Payment to Affiliate		
Charitable contribution	Kohler, Payton Lehi, Utah	1,200			
Charitable contribution	Lisenbee, Jane Salt Lake City, Utah	114			
Charitable contribution	Nixon, wesley & Michelle Washington, Utah	875			
Charitable contribution	Robbins, Elizabeth Salt Lake City, Utah	398			
		2,587			
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
None	Cash	1,200			
None	Cash	114			
None	Cash	875			
None	Cash	398			
Total		2,587			

Schedule of Grants and Similar Amounts Paid

Attachment 1 page 4 - 990 EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection		For Calendar Year 2012, or tax year period beginning 4-01-2012 and ending 3-31-2013		
Name of Organization		Employer Identification Number		
The Samaritan Foundation		20-1054591		
Class of Activity	Recipient's Name and Address	Amount	Purpose of Payment to Affiliate	
Charitable contribution	Ross, Sherry Salt Lake City, Utah	282		
Charitable contribution	Scharman, Shelly Oakley, Utah	12,000		
Charitable contribution	Spencer, Brittney Provo, Utah	4,800		
Charitable contribution	Sucese, Yevonne Salt Lake City, Utah	3,057		
		20,139		
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined
None	Cash	282		
None	Cash	12,000		
None	Cash	4,800		
None	Cash	3,057		
Total		20,139		