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DLN: 93493321039384

# Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS

2013

OMB No 1545-0047

Open to Public Inspection

generally cannot redact the information on the form ► Information about Form 990 and its instructions is at <a href="www.IRS.gov/form990">www.IRS.gov/form990</a>

A Fo	r the	2013 ca	lendar vear, or tax vear beginni	ng 01-01-2013 , 2013, and endi	na 12-31	-2013			
		pplicable	C Name of organization	, 1010, 111	9		D Emplo	er ider	ntification number
	lress cl		LARRY H MILLER CHARITIES						
_		-	Doing Business As				87-05	41212	2
Nar	ne cha	ange							
Init	ıal retu	ım		mail is not delivered to street address)	Room/suit	te	E Telepho	ne num	ber
Ter	mınate	ed	9350 SOUTH 150 EAST Suite 1000						
— <sub>Am</sub>	ended	return		Intry, and ZIP or foreign postal code			(801)	563-4	100
— <sub>Апг</sub>	dication	n pending	SANDY, UT 84070				2.0		064.044
74	neation	ir penang		1 66			<b>G</b> Gross re		·
			<b>F</b> Name and address of project JAY FRANCIS	ncipal officer			s this a group ubordinates?	return	for
			9350 SOUTH 150 EAST S	TE 1000		S	ubordinates		i tesit no
			SANDY,UT 84070			<b>H(b)</b> A	re all subordi	nates	┌ Yes ┌ No
							ncluded?		, ,
I Ta	x-exen	npt status	<b>▽</b> 501(c)(3)	(insert no ) $\square$ 4947(a)(1) or $\square$ 52	27	I	f "No," attach	a lıst	(see instructions)
J W	ebsite	e:► N/	A			H(c)	Group exempt	on nur	nber <b>►</b>
			Corporation Trust Associati	on   Other 🗠		<b>L</b> Year	of formation 19	95 <b>M</b>	State of legal domicile UT
Pa	rt I	Sun	nmary						
				ion or most significant activities					
			IBUTING TO QUALIFIED CHA N EMPHASIS ON HEALTH ANI	RITABLE ORGANIZATIONS TH	HAT FOO	CUSON	WOMEN'S AN	р сні	LDREN'S ISSUES
ቋ		VVIIIIA	N EMPHASIS ON HEALTH AND	<u> </u>					
Ě									
Ĕ.									
Governance	2	Check t	his box 🛏 if the organization d	iscontinued its operations or dis	posed o	f more th	an 25% of its	net as	sets
									1
Activities &	3	Number	of voting members of the gover	ning body (Part VI, line 1a) .				3	18
₿	4	Number	of independent voting members	of the governing body (Part VI,	lıne 1b)			4	18
₹	5	Total nu	ımber of ındıvıduals employed ın	calendar year 2013 (Part V, line	e 2a) .			5	0
ĕ	6	Total nu	ımber of volunteers (estımate ıf	necessary)				6	150
	7a	Total ur	related business revenue from l	Part VIII, column (C), line 12 .				7a	0
	ь	Net unr	elated business taxable income	from Form 990-T, line 34				7b	
							Prior Year		Current Year
	8	Contr	ubutions and grants (Part VIII, I	ıne 1h)			441,2	92	821,469
Rayenue	9	Progr	am service revenue (Part VIII,	line 2g)				0	0
ģ	10	Inves	tment income (Part VIII, colum		6	10	900		
芒	11	Other	revenue (Part VIII, column (A)	, lines 5, 6d, 8c, 9c, 10c, and 11	1e)		78,9	81	56,206
	12	Total	revenue—add lines 8 through 1	1 (must equal Part VIII, column	(A), line		·		
				<del></del>			520,8	83	878,575
	13	Grant	s and similar amounts paid (Par	t IX, column (A), lines 1-3) .			520,4	34	689,285
	14	Benef	its paid to or for members (Part	IX, column (A), line 4)				0	0
(6)	15			ee benefits (Part IX, column (A)	), lines				0
Expenses		5-10						0	0
কু	16a	Profe	ssional fundraising fees (Part IX	, column (A), line 11e)				0	0
蓋	Ь	Total f	undraising expenses (Part IX, column (I	D), line 25) 🕒					
	17	Other	expenses (Part IX, column (A),	lines 11a-11d, 11f-24e)			3,8	46	10,501
	18	Total	expenses Add lines 13-17 (mi	ust equal Part IX, column (A), lın	ne 25)		524,2	.80	699,786
	19	Revei	nue less expenses Subtract line	18 from line 12			-3,3	97	178,789
ኤ ፙ						Begin	ning of Curre	ıt	End of Year
e E							Year		
Net Assets or Fund Balances	20		assets (Part X, line 16)				198,5	06	377,295
38	21	Total	liabilities (Part X, line 26) .					0	0
ZĽ	22	Neta	ssets or fund balances Subtrac	t line 21 from line 20			198,5	06	377,295
Pai	t II	Sign	nature Block						
				camined this return, including ac					
			belief, it is true, correct, and co nowledge	mplete Declaration of preparer (	other th	an officer	) is based on	all info	rmation of which
prepa	ilei ile	as ally K	nowiedge						
		***	***				12014 11 15		
c:an		IB	ature of officer				2014-11-15 Date		
Sign Here		'							
	-		EN G MILLER BOARD MEMBER e or print name and title						
		17	Print/Type preparer's name	Preparer's signature	Da	ate	Check I if	PTIN	
Paid	4		STEVEN EASTHOPE				self-employed	P00847	'852
		<u> </u>	Firm's name 🕨 KPMG LLP				Firm's EIN 🟲		
	pare		Firm's address ► 15 W SOUTH TEMPLE	SLITTE 1500			Phone no (801	222 0/	200
use	On	IV	i iiii a audicaa 🟲 10 M 20010 TEMPLE	JOI1E 1300			יווסטוב ווס (100)	اه-ددد	,,,,

SALT LAKE CITY, UT 84101

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

✓ Yes No

4e Total program service expenses ►

(Expenses \$

689.285

including grants of \$

) (Revenue \$

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did 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	3		No
4	Section 501(c)(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		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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 I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
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	18	Yes	
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	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or 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		No
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? <i>If "Yes," complete Schedule J</i>	23		No
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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		1	
		28a		No
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part $IV$	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		No
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 VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

Let Enter the number reported in Box 3 of family 2006 Enter the number of Forms W-2G included in line La Enter -0 -0 find applicable   18   0   0   C. Dut the interpretation comply with beckup withholding rules for reportable payments to venders and reportable   C. Dut the interpretation comply with beckup withholding rules for reportable payments to venders and reportable   C. Dut the interpretation comply with beckup withholding rules for reportable payments to venders and reportable   C. Dut the repretation from the payments of the p		Check if Schedule O contains a response or note to any line in this Part V		Yes	 N
Does the organization expenses with backton with beliating tales for reportable powments to vendors and reportable gaining dismining waterings to receive without the common process of the common pro	la	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   0			
anming (sembling) winnings to prize winners?  a first 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 20  1 fat least one is reported on line 2.a, did the organization file all required federal employment tax returns?  2 by this return of lines is and 2 set greater than 250, you may be required to e-file (see instructions)  3 but the organization have unrelated business gross income of \$1,000 or more during the year?  3 a but the organization charve unrelated business gross income of \$1,000 or more during the year?  3 a but the organization have unrelated business gross income of \$1,000 or more during the year?  3 a but the organization have unrelated business gross income of \$1,000 or more during the year?  3 a but the organization have unrelated business gross income of \$1,000 or more during the year?  3 a but the organization and account in a foreign country (such as a bank account, securities account, or other financial accountry?  4 a but the organization of foreign country be see instructions for filing requirements for Form TD F 90-22 s, Report of Foreign Bank and Financial Accounts  4 a but any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 but dainy taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 but any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 but any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 but any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 but any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 but any taxable party notify the organization in the form that the party organization is and the organization is an except the part	)	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
Tax Statements, field for the calendar year-ending with or within the year covered by this return.  1 If a Least one is reported on line 2a, did the organization file all required federal employment tax returns?  2 If the organization have unrelated business gross income of \$1,000 or more during the year?  3 If Yea, That is filed a Form 950-T for this year? If You're line 3b, provide an explanation in 50-betale O.  3 If Yea, That is filed a Form 950-T for this year? If You're line 3b, provide an explanation in 50-betale O.  3 If Yea, That is filed a Form 950-T for this year? If You're line 3b, provide an explanation in 50-betale O.  3 If Yea, That is filed a Form 950-T for this year? If Yea, I was the organization in a foreign country feuch as a bank account, securities account, or other financial accounts in a foreign country feuch as a bank account, securities account, or other financial accounts of the organization and the organization and the organization and the organization and the organization of the firm 10 P 90-22 1, Report of Foreign Bank and Financial Accounts  3 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5 Dot any texable party notify the organization file Form 8865-T?  5 Dot any texable party notify the organization file Form 8865-T?  5 Dot any texable party notify the organization file Form 8865-T?  5 Dot any texable party notify the organization file Form 8865-T?  6 Dot the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible?  6 Dot the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file that may receive deductible contributions under section 170(c)  5 Dot the organization receive a payment in excess of \$75 made partiy as a contribution and partly for goods and services provided to the payor?  5 Dot the organizati	=		<b>1</b> c		
b If at Least one is reported on line 2a, did the organization lite all required federal employment tax returns?  Note. If the superination may be made and 250, you may be required to e-file (see instructions)  a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a a 1 fif "ex", "has it filed a Farm 990-T for this year? If "Not To this 3b, provide an explanation in Schedule O  3b If "ex", "has it filed a Farm 990-T for this year? If "Not To this 3b, provide an explanation in Schedule O  3c At any time during the calendary year, did the organization have an interestin, or a signature or other authority over, a financial account; a foreign country (such as a bank account, securities account, or other financial account)  1 fif "ex", enter the name of the foreign country   Extending the second of the country over, a financial account in a foreign country   Extending the second of the country over, and the second of the organization and the second of the organization and the second of the second of the organization and prints of the organization and prints of the second of the organization and prints of the organization and prints of the organization in the second of the second of the organization and prints of the second of the organization and prints of the second of the second of the organization and prints of the organization of the second of the value of the goods or services provided to the payor?  2 for the organization receives a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  2 for the organization receives a payment in excess of \$75 made party as a contribution and party for which it was required to the organization may for the organization of the value of the organization of the organization of the payor?	a	Tax Statements, filed for the calendar year ending with or within the year covered			
a If Yes,* has it filled a Form 990-1 for this year? If 'No'r to Ime 3b, provide an explanation in Schedule 0 At any time during the calendar year, did the organization have an interest in, or a signature or other authority of control account.)  If Yes,* enter the name of the foreign country See instructions for filing requirements for Form 1D F 90-22.1, Report of Foreign Bank and Financial Accounts.  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Dos the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b Dri dany taxable party notify the organization file Form 8866-T?  5c a Doss the organization have annual gross receipts that are normally greater than \$100,000, and did the organization object any contributions that were not tax deductible contributions?  If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services proutided to the payor?  If Yes,* did the organization notify the donor of the value of the goods or services provided?  7b Dri the organization sell, exchange, or otherwise dispose of fangible personal property for which it was required to the Form 8282?  If Yes,* did the organization highly the donor of the value of the goods or services provided?  7c Did the organization sell, exchange, or otherwise dispose of fangible personal property for which it was required to the Form 8282?  If Yes, and the organization sell exchange, or otherwise dispose of fangible personal property for which it was required to the form 8282?  If Yes, and the organization sell-exchange, or otherwise dispose of fangible personal property for which it was required to the form 8282?  If Yes, and the property of the property of the property of the	)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
a 16 **Yes,** has it field a form 990 - 1 for this year? If Not to line 30, provide an explanation in Schedule 0  A A any time during the calendar year, did the organization have an interest in, or a signature or other authority or any time during the calendar year, did the organization is foreign country (such as a bank account, securities account, or other financial accounts as the country of the financial account in a foreign country (such as a bank account, securities account, or other financial accounts as the country of	a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		N
over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)  If "Yes," enter the name of the foreign country. ▶  See instructions for filing requirements for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . Sa  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Sb  If "Yes," to line 5 a or 5b, did the organization file Form 8886-T?			3b		
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b  Did any taxable party notify the organization hile Form 8886-T?  5c  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions?  5c  Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6b  1f "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  1f "Yes," did the organization notify the doons of the value of the goods or services provided?  1f "Yes," and the organization notify the doons of the value of the goods or services provided?  1f "Yes," and the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8.282.  1f "Yes," and the organization in the year, pay premiums, directly or indirectly, on a personal benefit contract?  7d  1f the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f  1f the organization in the year, pay premiums, directly or indirectly, on a personal benefit contract?  7g  1f the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7g  1f the organization in creaved a contribution of qualified intellectual property, did the organization file of the property of the property	a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		N
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 b C If Yes," to line 5 a or 5b, did the organization file Form 8886-T?  5 c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicitary contributions that were not tax deductible as charitable contributions or gifts were not tax deductible?  6 d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organization that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  9 Dif Yes," did the organization notify the donor of the value of the goods or services provided?  10 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?  11 If Yes," indicate the number of Forms 8282 filed during the year.  12 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  13 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  14 The payor of the p	b	If "Yes," enter the name of the foreign country			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5		See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
c If "Yes," to line 5a or 5b, did the organization file Form 8866-T?  5c   So   Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions?  6   Diff Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7   Organization stat may receive deductible contributions under section 170(c).  8   Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  8   Diff Yes," indicate the number of forms 8282 filed during the year   7d    9   Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9   Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  9   Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  9   Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  9   If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  9   Form 1098-C?  9   Form 1098-C?  9   Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  9   Did the organization make any taxeble distributions under section 4966?  9   Did the organization make any taxeble distributions under section 4966?  9   Did the organization make any taxeble distributions under section 4966?  9   Did the organization make any taxeble distributions under section 4966?  9   Did the organization make any taxeble distribution to a donor, donor advisor, or releted person?  9   Section 501(c)(7) organizations. Enter  10   Did the organization the	ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
Elif "Yes," to line 5a or 5b, did the organization file Form 8866-T?  So Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions?  Organization solicit any contribution that were not tax deductible as chantable contributions?  Organization that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  To Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  To Did the organization received a contribution of qualified intellectual property, did the organization file a form 1098-C?  To the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter  Gross income from members or shareholders  Gross income from members or shareholders  Gross income from members or shareholders  Gross income from member			5h		N
a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  3 but he organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5 but "Yes," did the organization notify the donor of the value of the goods or services provided?  5 but "Yes," did the organization notify the donor of the value of the goods or services provided?  5 but "Yes," indicate the number of Forms 8282 field during the year  6 but the organization secrete any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 but the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  8 but the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  8 contributions or supporting organizations are distributions under section 4966?  9 contributions organizations make any taxable distributions under section 4966?  9 contributions organizations make any taxable distributions under section 4966?  9 contributions organizations are additional information the organization filing form 990 in lieu of Form 1041?  10 but the organization make any taxable distributions under section 4966?  10 but the organization make any taxable distributions for the section 4966?  11 contributions of the section of th	c	If "Yes." to line 5a or 5b, did the organization file Form 8886-T?			
organization solicit any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  1 Did the organization sective a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  1 Did the organization notify the donor of the value of the goods or services provided?  2 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form \$28.2?  1 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  2 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 Did the organization received a contribution of qualified intellectual property, did the organization file Form \$899 as required?  1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  3 Sponsoring organizations maintaining donor advised funds and section \$99(a)(3) supporting organizations. Did the supporting organization, or a didnor advised funds and section \$99(a)(3) supporting organizations. Did the supporting organization and advised funds and section \$99(a)(3) supporting organizations. Did the organization make any taxable distributions under section 4966?  3 Sponsoring organizations maintaining donor advised funds.  3 Did the organization make any taxable distributions under section 4966?  5 Section 501(c)(7) organizations. Enter  3 Gross income from members or shareholders  4 Gross income from other sources (00 not net amounts due or paid to other sources against amounts due or received from them.)  3 Section 501(c)(12) organizations. Enter  4 Gross income from other sources (00 not net amounts due or paid to other sour			5c		
were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form \$2.82?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form \$2.82?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form \$2.82?  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  To lift the organization received a contribution of qualified intellectual property, did the organization file form \$8.99 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Did the organization in the section 501(c)(12) organizations. Enter  D		organization solicit any contributions that were not tax deductible as charitable contributions?			N
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If Yes, "Idd the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If Yes," indicate the number of Forms 8282 filed during the year 7d		were not tax deductible?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year .		Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Ν
file Form 8282?	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
bill of the organization received and contribution of cars, boats, airplanes, or other vehicles, did the organizations. Bold the supporting organizations maintaining donor advised funds and section 501(c)(7) organizations make and starbutions and part VIII, line 12, for public use of club facilities.  Section 501(c)(12) organizations. Enter and some office of the form other sources (Do not net amounts due or paid to other sources (Do not net amounts due or paid to other sources).  Is Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state? Note, See the instructions for additional information in which the organization is cleased to issue qualified health plans in more than one state? Note, See the instructions for additional information in the organization must report on Schedule O Enter the amount of reserves on hand  In the organization incensed to issue qualified health plans in more than one state? Note, See the instructions inclined in sequing the late of the organization incensed to issue qualified health plans in more than one state? Note, See the instructions for additional information in required to maintain by the states in which the organization is inclined to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization must report on Schedule O 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 in more than one state? Note, See the instructions for additional information the organization must report on Schedule O 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 in more than one state? Note, See the instruction for additional information the organization must report on Schedule O Enter the amount of reserves on hand	С				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  76 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  77 78 79 Fig. 16 the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  78 79 The Form 1098-C? The Sponsoring organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? The Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, nave excess business holdings at any time during the year?  8 Sponsoring organizations maintaining donor advised funds.  8 Did the organization make any taxable distributions under section 4966?  9 Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(2) organizations. Enter  1 Initiation fees and capital contributions included on Part VIII, line 12  100  100  100  100  111  100  112  101  102  103  104  105  107  108  109  109  119  120  121  121  122  123  124  125  126  127  127  128  129  129  120  120  121  120  121  121	d		/c		
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 Soposoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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 Sponsoring organizations maintaining donor advised funds.  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter  1 Initiation fees and capital contributions included on Part VIII, line 12  1 Oross income from members or shareholders  9 Section 501(c)(12) organizations. Enter  1 Gross income from members or shareholders  1 Oross income from members or shareholders  1 Oross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  1 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  1 If "Yes," enter the amount of tax-exempt interest received or accrued during the year  1 Section 501(c)(2) qualified nonprofit health insurance issuers.  1 Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  1 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  1 Center the amount of reserves on hand	e		7e		N
required?	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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?  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  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  Enter the amount of reserves on hand  The sponsoring organization, have excess business and section 4966?  Section 501(c)(29) qualified nonprofit health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  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.  In the section 501(c) (29) qualified health plans in more than one state?		required?			Ν
the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		Form 1098-C?	7h		Ν
Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?	3	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
a Did the organization make any taxable distributions under section 4966?			8		
b Did the organization make a distribution to a donor, donor advisor, or related person?			Qa.		N
Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12	_				
a Initiation fees and capital contributions included on Part VIII, line 12 10a   b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders					
facilities  Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders		1 1			
a Gross income from members or shareholders		Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	L	Section 501(c)(12) organizations. Enter			
against amounts due or received from them )	a	Gross income from members or shareholders			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	· · · · · · · · · · · · · · · · · · ·			
year	a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		N
Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  be 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  ce Enter the amount of reserves on hand	b	· · · · · · · · · · · · · · · · · · ·			
Note. See the instructions for additional information the organization must report on Schedule O  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  c Enter the amount of reserves on hand	}				
ın which the organization is licensed to issue qualified health plans	a		13a		١
	b	· · · · · · · · · · · · · · · · · · ·			
ha Did the organization receive any payments for indoor tanning services during the tax year? 14a	c	Enter the amount of reserves on hand			
	a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Ν

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

Se	ection A. Governing Body and Management						
			Yes	No			
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year						
	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						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		Νo			
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo			
6	Did the organization have members or stockholders?	6		No			
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		No			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No			
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	avani	ie Cod	<u> </u>			
50	ted of the section by requests information about policies not required by the internal K	CVCIII	ic cou	<u> </u>			
30	The man is a section by requests information about poinces not required by the merman is	event	Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		•			
10a				No			
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No			
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No			
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No			
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No No			
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No No			
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes	No No			
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes	No No			
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes	No No			
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes	No No			
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No			
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No			
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No			
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No No No No			
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No No No No No No No			

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►SHELLEE SPAFFORD 301 WEST SOUTH TEMPLE
  Salt Lake City, UT 84101 (801) 563-4194

## <u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### 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, or 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 compensated employees, and former such persons

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h an or/tr	office	ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and related organizations
	ا بالمالية ا	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	
(1) LINDA LOUISE LUCHETTI	5	х		х						
TRUSTEE & VP of Communications		_ ^		L^						
(2) Zane Michael C Miller	5	х		×						
Trustee				L	L					
(3) JAY KENT FRANCIS TRUSTEE, PRESIDENT	1 5	х		х						
(4) LIBBY ARIAS	5									
		х								
TRUSTEE (5) STAYNER LANDWARD	5				$\vdash$		$\vdash$			
	[	х		х						
TRUSTEE and OFFICER (6) Paul Allen Nygaard	5				$\vdash$					
· ·	]	х		х						
TRUSTEE, ASSIST VP (7) Tenna Liddiard	5									
	,	х		х						
Trustee and OFFICER (8) JEFF RUST	5				_					
	]	x								
TRUSTEE (9) EDDIE JAEGER	5				$\vdash$		$\vdash$			
	]	х								
TRUSTEE (10) MICHELE ANASTASIA NELL	-				_					
	5	x								
TRUSTEE (11) Josh Millor					<u> </u>					
(11) Josh Miller	5	х								
Trustee (13) Parkers Tables	_				_					
(12) Barbara Tobler	5	х								
Trustee (12) left Whimple				_	_					
(13) Jeff Whipple	5	x								
Trustee (14) Parks at Kanadan					<u> </u>					
(14) Barbara Kenstler	5	x								
Trustee										
(15) Kasey Webster	5	x								
Trustee										
	5	×								
(16) Amy Gunn					ı	i .	1	i l		
Trustee										
	5	x								

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	more pers	Position (do not check more than one box, unless person is both an officer and a director/trustee)  Report comparison from from from from from from from from			(D) Reportable compensation from the organization	(E) Reportable compensatio from related organizations	s	(F Estim amount o compen from	ated of other sation the		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099 <sup>.</sup> MISC)		organiz	lated
(18) Andrea Lane	5	x										
Trustee (10) KAROLI SUS ELIKINGTON	25.0									+		
(19) KAROL SUE ELKINGTON	35 0			x								
SECRETARY (20) ROBERT G HYDE	5									+		
•				х								
SR V P (21) Anne Mane Gunther	25 0									+		
VP of Fundraising				×								
(22) Jann Williams	5									+		
VP of Budget/Finance & Treas				X								
(23) Laura Drollinger	5			, , , , , , , , , , , , , , , , , , ,						十		
VP of Budget/Finance & Treas				Х								
										十		
										+		
										4		
										+		
					<u> </u>					+		
										丄		
1b Sub-Total			•	•						$\bot$		
c Total from continuation sheets to Part	•		•	•		<b>.</b> -				+		
		•		•		<u> </u>				<u> </u>		
Total number of individuals (including b \$100,000 of reportable compensation				edal	bove	e) who	rec	eived more than				
										1		
									_		Yes	No
3 Did the organization list any former offi on line 1a? If "Yes," complete Schedule 3						yee, o	r hig	jhest compensate	d employee			
· · ·										3		No
4 For any individual listed on line 1a, is to organization and related organizations									om me			
ındıvıdual			•	•	•	•	•			4		No
5 Did any person listed on line 1a receive services rendered to the organization?		-						-	ndividual for	5		Νo
Section B. Independent Contracto	ors											
1 Complete this table for your five highes	t compensated										av vesr	
compensation from the organization Report compensation for the calendar year ending with or within the organization (A) (B)								T	(C)	)		
Name and b	ousiness address							Descripti	on of services	+	Compen	sation
										$\bot$		
										$\pm$		
2 Total number of independent contractors	(including but	not lim	ited t	to th	1056	listed	l abo	ove) who received	more than			

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

Form 99								Page <b>9</b>
Part V	1111	Statement of Reven Check if Schedule O conf		se or note to any lu	ne in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ठइ	1a	Federated campaigns .	. 1a					
rani	b	Membership dues	1b					
Giffs, Grants ilar Amounts	С	Fundraising events	1c	238,359				
Gift Ilar	d	Related organizations .	1d					
	е	Government grants (contribution	ons) <b>1e</b>					
er S	f	All other contributions, gifts, gi similar amounts not included a	ants, and <b>1f</b> bove	583,110				
igh	g	Noncash contributions included 1a-1f \$	ın lines	28,996				
Contributions, and Other Sim	h	Total. Add lines 1a-1f.			821,469			
				Business Code				
Program Serwce Revenue	2a							
Ъе́	b							
ИСе	С							
Ser	d e		<u> </u>					
Iran	f	All other program service	revenue					
Ρζ	q	<b>Total.</b> Add lines 2a-2f.			0			
	3	Investment income (incl	udıng dıvıdend	s, interest,				000
	4	and other similar amount Income from investment of tax			900			900
	5	D 11			0			
		(1)	Real	(II) Personal				
	6a	Gross rents Less rental						
	6	expenses Rental income	0	0				
	d	or (loss)  Net rental income or (los	-		0			
	•		urities	(II) Other				
	7a	Gross amount from sales of assets other than inventory						
	b	Less cost or other basis and						
	c	sales expenses Gain or (loss)						
	d	Net gain or (loss)			О			
ne	8a	Gross income from fundratevents (not including \$\frac{169,366}{3}\$	aising					
Other Revenue		\$169,366 of contributions reported See Part IV, line 18 .						
her	ь	Less direct expenses	a   b	141,424 86,269				
5	С	Net income or (loss) from	_	· · · · · · · · · · · · · · · · · · ·	55,155			55,155
	9a	Gross income from gamin See Part IV, line 19 .						
		Less direct expenses  Net income or (loss) fron	ь	ities	0			
		Gross sales of inventory returns and allowances	less					
	h	Less cost of goods sold	a   b					
		Net income or (loss) fron		ntory 🛌	o			
		Miscellaneous Revenue		Business Code				
	11a	MISCELLANEOUS REVE	NUE	900099	1,051	1,051		
	ь							
	c d	All other revenue	<del></del>					
	e	<b>Total.</b> Add lines 11a-11	d	🕨	1,051			
	12	Total revenue. See Instr	uctions			1 051		EC 055
					878,575	1,051		56,055 Form <b>990</b> (2013)

## Part IX Statement of Functional Expenses

	section 501(c)(3) and 501(c)(4) o	rganizations must complete all columns	All other organizations must complete column (A	()
--	-----------------------------------	--	---	----

Jectic	on 301(c)(3) and 301(c)(4) organizations must complete an columns An				
	Check if Schedule O contains a response or note to any line in this	Part IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	689,285	689,285		
2	Grants and other assistance to individuals in the 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	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified 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)	0			
9	Other employee benefits	0			_
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0			
ь	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			_
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	742		742	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	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	OTHER EXPENSES	5,128		5,128	
b	PRINTING EXPENSE	4,631		4,631	
С					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	699,786	689,285	10,501	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this P	art X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash-non-interest-bearing		27,197	1	29,935
	2	Savings and temporary cash investments		171,309	2	347,360
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and former officers, direct employees, and highest compensated employees Complete Part II Schedule L	of	0	5	0
Assets	6	Loans and other receivables from other disqualified persons (as def section 4958(f)(1)), persons described in section 4958(c)(3)(B), a employers and sponsoring organizations of section 501(c)(9) volun beneficiary organizations (see instructions) Complete Part II of Sch	nd contributing itary employees'	0		0
82	7	Notes and loans receivable, net		0	_	0
₹	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		0	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1 1			
	ь	Less accumulated depreciation	10b	0	10c	
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)		198,506	16	377,295
	17	Accounts payable and accrued expenses		0	17	0
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
Ø	21	Escrow or custodial account liability Complete Part IV of Schedule	D	0	21	0
Liabilitie	22	Loans and other payables to current and former officers, directors, t key employees, highest compensated employees, and disqualified	•			
蓮		persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties .		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties .		0	24	0
	25	Other liabilities (including federal income tax, payables to related the and other liabilities not included on lines 17-24) Complete Part X of D		0	25	0
	26	Total liabilities. Add lines 17 through 25		0	26	0
ces		Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 an lines 27 through 29, and lines 33 and 34.	nd complete			_
Fund Balance	27	Unrestricted net assets		198,506	27	377,295
8	28	Temporarily restricted net assets		0	28	0
Ξ	29	Permanently restricted net assets		0	29	0
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here properties complete lines 30 through 34.	- ┌ and			
ĝ	30	Capital stock or trust principal, or current funds			30	
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund			31	
ď	32	Retained earnings, endowment, accumulated income, or other funds	i		32	
Net	33	Total net assets or fund balances		198,506	33	377,295
	34	Total liabilities and net assets/fund balances		198,506	34	377,295
					F	orm <b>990</b> (2013)

Form	990	(2013)

Page	1	2
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Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	•	• • •	• •	.
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8	78,575
2	Total expenses (must equal Part IX, column (A), line 25)				
		2		6	99,786
3	Revenue less expenses Subtract line 2 from line 1	3		4	78,789
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3			.76,769
7	Net assets of fulld balances at beginning of year (must equal Fart X, fine 33, column (A))	4		1	98,506
5	Net unrealized gains (losses) on investments				
		5			
6	Donated services and use of facilities	6			
7	Investment expenses				
		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	•			
9	Other changes in het assets of fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
-	column (B))	10		3	77,295
Par	T XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	• •	• •	• •	<u>· · ·                                 </u>
				Yes	No
1	Accounting method used to prepare the Form 990 🔽 Cash 🗆 Accrual 🗂 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	ed oi	, 🗔		
	a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both	ate			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of th	ie		
	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 in Schedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

#### **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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization LARRY H MILLER CHARITIES

**Employer identification number** 

Total											
				instructions))	Yes	No	Yes	No	Yes	No	
(i) Name of supported organization		ted	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is organizat col (i) org in the U	ion in anized	(vii) A mount of monetary support
h		Provide	the followi	ng information about	the supporte	ed organızat	ion(s)				
				lled entity of a perso						11g(	(iii)
		-		er of a person descri		_				11g	<del></del>
				governing body of th			_	persons de:	scribed iii (ii)	11g	<del></del>
			ng persons? erson who d	rectly or indirectly o	ontrols eith	ier alone or t	ogether with	nersons des	scribed in (ii)		Yes No
g				2006, has the organi	ızatıon accep	oted any gift	or contributi	on from any	of the		ı
f		If the o		received a written de	etermination	from the IR	S that it is a	Type I, Typ	e II, or Type	III supportı	ing organization,
e		other th	_	ox, I certify that the on managers and otl	_		•			•	•
11		one or the box	more public that descri	ganized and operated ly supported organiz bes the type of supp <b>b</b> Type II <b>c</b>	ations descr orting organ	ribed in secti ization and d	ion 509(a)(1 complete line	) or section s 11e throu	509(a)(2) S gh 11h	ee <b>section 5</b>	<b>09(a)(3).</b> Check
10				ganized and operated							
		•		janization after June				•		,	
				oss investment inco							
9	<u>~</u>			at normally receives ities related to its ex							
8	_			described in <b>section</b>							
7	_	describ	ed in <b>sectio</b>	at normally receives on 170(b)(1)(A)(vi).	(Complete P	Part II)		_	incar unit of fi	om me gene	етат ривпс
6	_			local government or						rom the ser-	oral public
	_			A)(iv). (Complete P				4-4134			
5		An orga	anızatıon op	erated for the benefi		or universi	ty owned or o	perated by a	a government	tal unit desc	rıbed ın
4 ,		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state									
3   4	_									1\/A\/;;;\ =	inter the
2	_	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E)  A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>									
1 [			-	on of churches, or as				ection 170(l	o)(1)(A)(i).		
The org	janız			e foundation becaus							
Part	П	Reas	on for Pu	blic Charity Sta	tus (All ord	ganizations	must comi	plete this p			
									87-05412	112	

Sch	edule A (Form 990 or 990-EZ) 2013						Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 201:	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	( <b>b)</b> 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV )						
11	<b>Total support</b> (Add lines 7 through 10)						
12	Gross receipts from related activities	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is t	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and <b>stop here.</b> The organization qua <b>33</b> 1/3% <b>support test—2012.</b> If the				and line 15 is 33	8 1/3% or more	
	box and <b>stop here.</b> The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	<b>-2013.</b> If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	<b>-2012</b> . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	<b>▶</b> □
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		<b>▶</b> □
18	<b>Private foundation.</b> If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

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.)

	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	<b>(b)</b> 2010	(c) 2011	<b>(d)</b> 2012	<b>(e)</b> 20	013	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	583,071	524,035	482,127	660,942		962,893	3,213,068
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	<b>Total.</b> Add lines 1 through 5	583,071	524,035	482,127	660,942		962,893	3,213,068
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons	95,800	95,000	92,600	101,000		127,900	512,300
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
_	amount on line 13 for the year Add lines 7a and 7b	95,800	95,000	92,600	101,000		127,900	512,300
8	Public support (Subtract line 7c		,	,				·
	from line 6 )							2,700,768
Se	ction B. Total Support							
Cale	ndar year (or fiscal year beginning	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	<b>(e)</b> 20	013	<b>(f)</b> Total
	in) ►							
Cale 9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009 583,071 3,801	( <b>b</b> ) 2010 524,035	(c) 2011 482,127 1,395	( <b>d)</b> 2012 660,942 610		962,893	( <b>f</b> ) Total 3,213,068 9,972
9	in) > A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	583,071	524,035	482,127	660,942		962,893	3,213,068 9,972 0
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	583,071	524,035	482,127	660,942		962,893	3,213,068 9,972
9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	583,071 3,801	524,035 3,266	1,395	660,942 610		962,893	3,213,068 9,972 0
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the	583,071 3,801	524,035 3,266	1,395	660,942 610		962,893	3,213,068 9,972 0 9,972
9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12)	583,071 3,801 3,801 586,872	524,035 3,266 3,266 527,301	1,395 1,395 483,522	660,942 610 610		962,893	3,213,068 9,972 0 9,972 0 1,051 3,224,091
9 10a b c 11	in) ►  A mounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )  Total support. (Add lines 9, 10c, 11, and 12 )  First five years. If the Form 990 is fermed.	583,071 3,801 3,801 586,872	524,035 3,266 3,266 527,301	1,395 1,395 483,522	660,942 610 610		962,893	3,213,068  9,972  0  9,972  0  1,051  3,224,091
9 10a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	583,071  3,801  3,801  586,872  for the organization	524,035 3,266 3,266 527,301 n's first, second,	1,395 1,395 483,522	660,942 610 610		962,893	3,213,068 9,972 0 9,972 0 1,051 3,224,091
9 10a b c 11 12	in) ►  A mounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )  Total support. (Add lines 9, 10c, 11, and 12 )  First five years. If the Form 990 is fermed.	583,071  3,801  3,801  586,872  for the organization  ic Support Pe	524,035 3,266 3,266 527,301 n's first, second,	482,127 1,395 1,395 483,522 third, fourth, or fi	660,942 610 610		962,893	3,213,068  9,972  0  9,972  0  1,051  3,224,091
9 10a b c 11 12 13 14	in) ►  A mounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )  Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here	583,071  3,801  3,801  586,872  for the organization  ic Support Pe (line 8, column (f	524,035  3,266  3,266  527,301 n's first, second, rcentage divided by line:	482,127 1,395 1,395 483,522 third, fourth, or fi	660,942 610 610	501(c)(:	962,893	3,213,068  9,972  0  9,972  1,051  3,224,091  ization,
9 10a b c 11 12 13 14 Se 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	583,071  3,801  3,801  586,872  for the organization  ic Support Pe (line 8, column (f 2 Schedule A, Pa	524,035  3,266  3,266  527,301  n's first, second,  rcentage ) divided by line : rt III, line 15  me Percentage	482,127 1,395 1,395 483,522 third, fourth, or fi	660,942 610 610 661,552 Ifth tax year as a	501(c)(:	962,893	3,213,068  9,972  0  9,972  0  1,051  3,224,091  Ization,
9 10a b c 11 12 13 14 Se 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here  ction C. Computation of Publ Public support percentage from 201	583,071  3,801  3,801  586,872  for the organization  ic Support Pe (line 8, column (f 2 Schedule A, Pa	524,035  3,266  3,266  527,301  n's first, second,  rcentage ) divided by line : rt III, line 15  me Percentage	482,127 1,395 1,395 483,522 third, fourth, or fi	660,942 610 610 661,552 ifth tax year as a	501(c)(:	962,893	3,213,068  9,972  0  9,972  0  1,051  3,224,091  Ization,
9 10a b c 11 12 13 14 Se 15 16 Se	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	583,071  3,801  3,801  586,872  or the organization  ic Support Pe (line 8, column (for 2 Schedule A, Pacestment Incore)  2013 (line 10 c, co	524,035  3,266  3,266  527,301 n's first, second, rcentage divided by line: rt III, line 15 me Percentag	482,127  1,395  1,395  483,522 third, fourth, or fill 13, column (f))	660,942 610 610 661,552 ifth tax year as a	501(c)(i	962,893	3,213,068  9,972  0  1,051  3,224,091  Ization,  83 768 % 82 153 %

33 1/3% support tests—2012. 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 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV	<b>Part IV Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).						
		Facts And Circumstances Test					
Retu	ırn Reference	Explanation					
		Schodulo A / Form 000 o	000 E7) 201				

Schedule A (Form 990 or 990-EZ) 2013

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DLN: 93493321039384

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**SCHEDULE G** 

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

lame of the organization						Employer iden	tification number
ARRY H MILLER CHARITIES					{	37-0541212	
	<b>tivities.</b> Completers are not required			on answered "Yes" is part.	to Form 9	990, Part IV	, line 17.
1 Indicate whether the orga	nızatıon raısed funds	through a	ny of the i	following activities Che	eck all tha	t apply	
a Mail solicitations				Solicitation of non			
<b>b</b> Internet and email sol	ıcıtatıons		f	Solicitation of gov			
c  Phone solicitations			g	Special fundraisin	ng events		
<b>d</b>	s						
<b>2a</b> Did the organization have or key employees listed in							Γ <sub>Yes</sub> Γ <sub>No</sub>
<b>b</b> If "Yes," list the ten higher to be compensated at least			fundraise	rs) pursuant to agreem	ents unde	r which the fu	ndraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundraı cust con	) Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(or ret	ount paid to tained by) serlisted in ol <b>(i)</b>	(vi) A mount paid to (or retained by) organization
		Yes	No				
1							
2							
3							
4							
'							
5							
					ļ		
6							
7							
8							
9							
9							
10							
otal			<b>.</b>				
3 List all states in which the registration or licensing	organization is regis	tered or lı	censed to	solicit contributions o	r has beer	notified it is	exempt from
ΙΤ							

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribut			
		<u> </u>	(a) Event #1  LEAPIN LEANERS (event type)	(b) Event #2  MILLION MILES (event type)	(c) O ther events  0 (total number)	(d) Total events (add col (a) through col (c))
₽	1	Gross receipts	214,562	96,228	0	310,790
Revenue	2	Less Contributions	169,366	5		169,366
-ĕ 	3	Gross income (line 1 minus line 2)	45,196		0	
	4	Cash prizes				
ம	5	Noncash prizes				
e L	6	Rent/facility costs				
Expenses	7	Food and beverages .				
Drea	8	Entertainment				
à	9	Other direct expenses .	57,462	28,807		86,269
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		(86,269)
	11	Net income summary Subtract li	ne 10 from line 3, columr	(d)	$(x_1, x_2, x_3, x_4, \dots, x_n) \blacktriangleright ($	55,155
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		Gross revenue				
Expenses	2	Cash prizes				
<u>8</u> 8	3	Non-cash prizes				
Direct	4	Rent/facility costs				
<u>ā</u>	5	Other direct expenses				
	6	Volunteer labor	┌ Yes% ┌ No	┌ Yes% ┌ No	│ Yes	
		Direct expense summary Add lines  Net gaming income summary Subt			<b>.</b>	
9 a b	Ent Is t	ter the state(s) in which the organiza the organization licensed to operate 'No," explain	ition operates gaming ac gaming activities in eac	tivities		. TYes No
10a b		re any of the organization's gaming l	icenses revoked, susper	ded or terminated during	the tax year?	

						1:
Does	s the organization operate gaming activi	ties with nonmember	rs?		T Yes T No	
12	Is the organization a grantor, beneficia					
	formed to administer charitable gaming	g <sup>,</sup>			· Fyes [	– No
13	Indicate the percentage of gaming act	ıvıty operated ın				
а	The organization's facility			<del></del>		%
b	An outside facility			13b		%
14	Enter the name and address of the per	son who prepares the	e organization's gaming/special e	vents books and reco	ords	
	Name <b>▶</b>					
	Address 🟲					
15a b	Does the organization have a contract revenue?	evenue received by t	the organization 🟲 \$		· · 「Yes「	_ No
	amount of gaming revenue retained by	the third party 🟲 \$ _				
C	If "Yes," enter name and address of th	e thırd party				
	Name ▶					
	Address ►					
16	Gaming manager information					
	Name 🕨					
	Gaming manager compensation ► \$					
	Description of services provided					
	Director/officer	<b>T</b> Employee	☐ Independent cor	ntractor		
17	Mandatory distributions					
а	Is the organization required under stat	e law to make charit	able distributions from the gaming	g proceeds to		
	retain the state gaming license?				┌ Yes 「	— No
b	Enter the amount of distributions requi	red under state law (	distributed to other exempt organi	ızatıons or spent		
	ın the organızatıon's own exempt actıv	ities during the tax y	∕ear <b>⊳</b> \$			
Pai		5b, 15c, 16, and 1	xplanations required by Part I 7b, as applicable. Also compl			and
	Return Reference		Explanat	ıon		
		<u>I</u>	<u> </u>		rm 990 or 990-	7) 2012

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**General Information on Grants and Assistance** 

Schedule I

(Form 990)

Department of the Treasury

LARRY H MILLER CHARITIES

Internal Revenue Service

Name of the organization

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493321039384

Open to Public Inspection

**Employer identification number** 

87-0541212

<b>Part II</b> Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance			
See Additional Data Table										

Schedule I	(Form 990) 2013
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Part IV Supplemental Informa	tion Droydo the inf	ormation required in Da	rt I ling 2 Dart III col	umn (h) and any other a	dditional information

Part IV Supplemental Ir	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.									
Return Reference	Explanation									
	Prior to funds being disbursed the board agrees on the organization and the amount of the grant Following the board's approval, Jay Francis, the "president" also approves the grant Following both approvals, the funds are disbursed. After grants have been disbursed, Larry H Miller Charities requests a report from the grantee detailing how the funds were used									

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 87-0541212

Name: LARRY H MILLER CHARITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SUMMIT FOUNDATION - CTR FOR GRIEVING CHILDR 1724 E 5600 S OGDEN,UT 84403	87-0506755	501(C)(3)	6,000				GRIEF SUPPORT SERVICES FOR GRIEVING CHILDREN/FAMILIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FAMILY CONNECTION CENTER 1360 E 1450 S CLEARFIELD,UT 84015	87-0506755	501(C)(3)	8,000				FUNDING FOR CRISIS/RESPITE NURSERY			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CAUSE FOR HOPE FOUNDATION 10421 S JORDAN GATEWAY STE 660 SOUTH JORDAN,UT 84095	80-0001164	501(C)(3)	5,500				CHARITABLE GOLF TOURNAMENT SPONSORSHIPS			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BOYS & GIRLS CLUBS OF BRIGHAM CITY 641 E 200 N PO BOX 400 BRIGHAM CITY,UT 84302	87-0529606	501(C)(3)	7,500				MENTORING PROGRAM FOR AT- RISK YOUTH			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
YWCA OF SALT LAKE CITY 322 E 300 S SALT LAKE CITY,UT 84111	87-0212467	501(C)(3)	7,500				CHILDREN'S ADVOCACY/INTERVENTION PROGRAMS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CHILDREN'S GRIEF CENTER OF NEW MEXICO 3001 TRELLIS DR NW ALBUQUERQUE,NM 87107	85-0474099	501(C)(3)	8,000				MEALS/MATERIALS FOR GRIEF SUPPORT GROUP			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FRIENDS FOR SIGHT 661 S 200 E SALT LAKE CITY,UT 84111	87-6121681	501(C)(3)	7,500				PRESCHOOL VISION SCREENING			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
KOSTOPULOS DREAM FOUNDATIONCAMP KOSTOPULOS 4180 EMIGRATION ROAD SALT LAKE CITY,UT 84108	87-6125177	501(C)(3)	10,000				RECREATION CAMP FOR DISABLED YOUTH			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BIG BROTHERS BIG SISTERS OF CENTRAL NEW MEXICO 5400 PHOENIX NE STE 200 ALBUQUERQUE,NM 87110	85-0271207	501(C)(3)	8,000				EMAIL MENTORING PROGRAM FOR YOUTH			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PLAYWORKS 1214 WILMINGTON AVE STE 102 SALT LAKE CITY,UT 84106	94-3251867	501(C)(3)	10,000				EXPANDED PHYSICAL EDUCATION PROGRAM FOR TITLE I SCHOOLS			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ST ANNE'S CENTER 137 W BINFORD STREET OGDEN,UT 84401	87-0368808	501(C)(3)	6,207				BREAKFAST FOR HOMELESS/LOW- INCOME			

Form 990, Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CAMP KESEM - BYU CHAPTER PO BOX 452 CULVER CITY,CA 90232	51-0454157	501(C)(3)	7,000				SUMMER CAMP FOR KIDS WITH PARENT WHO HAS CANCER	

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
OPEN DOOR YOUTH GANG ALTERNATIVES 1615 CALIFORNIA SUITE 712 DENVER,CO 80202	84-1119355	501(C)(3)	7,500				GANG PREVENTION PROGRAMS FOR AT- RISK YOUTH	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
TURN COMMUNITY SYSTEMS 432 W 800 S STE A 200 SALT LAKE CITY, UT 84110	87-0303448	501(C)(3)	8,000				SUMMER PROGRAM FOR DISABLED YOUTH	

Form 990,Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
OGDEN SCHOOL FOUNDATION 1950 MONROE BOULEVARD ROOM 107 OGDEN,UT 84401	94-2685413	501(C)(3)	25,000				SUB FOR SANTA & LOW-INCOME STUDENT NEEDS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PROVO SCHOOL DISTRICT FOUNDATION 280 W 940 N PROVO,UT 84604	87-0489739	501(C)(3)	25,000				SUB FOR SANTA			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SALT LAKE EDUCATION FOUNDATION 440 EAST 100 SOUTH 118 SALT LAKE CITY,UT 84111	74-2563849	501(C)(3)	50,000				SUB FOR SANTA		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE JOSHUA SCHOOL - BOULDER CAMPUS 7077 HARVEST ROAD BOULDER,CO 80301	04-3775347	501(C)(3)	8,000				VEHICLE FUNDS FOR SCHOOL AUTISM			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
AUTISM SOCIETY OF BOULDER COUNTY PO BOX 270300 LOUISVILLE,CO 80027	52-1020149	501(C)(3)	8,000,				CAMP SCHOLARSHIPS FOR AUTISTIC KIDS, SCHOOL EDUCATION GRANTS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
EAGLE HILLS ELEMENTARY 650 RANCH DRIVE EAGLE,ID 83616		501(C)(3)	11,600				COMPUTERS FOR ELEMENTARY SCHOOL		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SALVATION ARMY - PHOENIX CHAPTER 2707 EAST VAN BUREN ST BLDG 100 PHOENIX,AZ 85008	94-1156347	501(C)(3)	10,000				FORGOTTEN ANGELS - CHRISTMAS PROGRAM		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SHELTER KIDS - DIVISION OF YOUTH SERVICES 177 W PRICE AVENUE SALT LAKE CITY,UT 84115	87-0498680	501(C)(3)	10,000				AFTER-SCHOOL SOCCER PROGRAM FOR AT-RISK YOUTH		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BEST BUDDIES INTERNATIONAL - UTAH CHAPTER 100 SE 2ND STREET STE 2200 MIAMI,FL 33131	52-1614576	501(C)(3)	7,500				HIGH SCHOOL MENTORING PROGRAM FOR DISABLED			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SOCIETY OF ST VINCENT DE PAUL PHOENIX DIOCESE PO BOX 13600 PHOENIX,AZ 85002	86-0096789	501(C)(3)	10,000				FOOD BANK MATCHING GRANT PROJECT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CITY OF WEST JORDAN (RON WOOD PARK) 8000 SOUTH REDWOOD ROAD WEST JORDAN,UT 84088	87-6000635	GOV	25,000				UTAH JAZZ/CITY OUTDOOR BASKETBALL COURT PROJECT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
OGDEN CITY (BONNEVILLE PARK) 2549 WASHINGTON BLVD OGDEN,UT 84401	87-6000257	GOV	25,000				UTAH JAZZ/CITY OUTDOOR BASKETBALL COURT PROJECT		

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SALT LAKE COUNTY (LODESTONE REGIONAL PARK) 2001 S STATE STREET STE S-4800 SALT LAKE CITY, UT 84114	87-6000316	GOV	25,000				UTAH JAZZ/CITY OUTDOOR BASKETBALL COURT PROJECT		

Form 990,Schedule I, Pa	orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
STOP HUNGER NOW 2625 S 600 W SALT LAKE CITY,UT 84115	16-1541024	501(C)(3)	10,000				MEALS FOR PHILLIPHINE TYPHOON VICTIMS			

Form 990,Schedule 1, Par	form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE NEW DAY 1330 SAN PEDRO STE 201- B ALBUQUERQUE,NM 87110	85-0245782	501(C)(3)	10,000				LIFE SKILLS PROGRAM FOR RUNAWAY YOUTH			

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FIREMEN & FRIENDS FOR KIDS PO BOX 1502 RIVERTON,UT 84065	45-0522225	501(C)(3)	15,000				BEAR HUGS FOR KIDS-CHRISTMAS SHOPPING FOR NEEDY KIDS			

Form 990,Schedule 1, Pa	Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SPECIAL OLYMPICS - UTAH 243 E 400 S STE 111 SALT LAKE CITY,UT 84111	87-0367185	501(C)(3)	38,000				GENERAL DONATION			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF UTAH - KUED 540 ARAPEEN DR STE 250 SALT LAKE CITY,UT 84108	87-6000525	501(C)(3)	10,000				HEAD START FAMILY EDUCATION NIGHTS, READY TO LEARN			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF UTAH - UTAH MUSEUM OF FINE ARTS 540 ARAPEEN DR STE 250 SALT LAKE CITY, UT 84108	87-6000525	501(C)(3)	10,000				ART IN A BOX PROGRAM (SUPPLIES TO PUBLIC SCHOOLS)			

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UTAH PARTNERS FOR HEALTH 8446 S HARRISON STREET MIDVALE,UT 84047	27-0021804	501(C)(3)	6,000				MOBILE HEALTH CARE UNIT		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ASSISTANCE LEAGUE OF SALT LAKE CITY 2060 EAST 3300 SOUTH SALT LAKE CITY,UT 84109	51-0139592	501(C)(3)	8,000				OPERATION HEALTHY TEETH - AIDS UNDERSERVED CHILDREN			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
COMMUNITY ACTION SERVICES AND FOOD BANK 615 S FREEDOM BOULEVARD STE 100 PROVO,UT 84601	87-0491952	501(C)(3)	10,000				FOOD BACKPACK FOR NEEDY CHILDREN			

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNITED WAY OF SALT LAKE 257 EAST 200 SOUTH STE 300 SALT LAKE CITY,UT 84111	87-0227091	501(C)(3)	10,000				PRESCHOOL EDUCATION INITIATIVE FOR LOW-INCOME KIDS			

-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
RYAN HOUSE 110 W MERREL STREET 1ST FLOOR PHOENIX,AZ 85013	20-1852393	501(C)(3)	10,000				RESPITE/PALIATIVE CARE FOR ILL CHILDREN			

DLN: 93493321039384

OMB No 1545-0047

**Noncash Contributions** 

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization LARRY H MILLER CHARITIES

**Employer identification number** 

Pa	TTT Types of Property							
	Aut. Warden of out	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of a noncash contri		_	nts
	Art—Works of art							
	Art—Historical treasures .  Art—Fractional interests							
					<del>                                     </del>			
	Books and publications Clothing and household							
3	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts		1.4.0					
	Other►( ATTACHED)	X	146	0	0			
	Other ▶()							
	Other►( )							
28	Other ► ()							
29	Number of Forms 8283 received by th							
	for which the organization completed F	orm 8283,	Part IV, Donee Acknowled	dgement $2$	9			
							Yes	No
30a	During the year, did the organization							
	it must hold for at least three years fr				i to be used			
	for exempt purposes for the entire ho		,			30a		No
b	If "Yes," describe the arrangement in	Part II						
31	Does the organization have a gift acc	eptance po	licy that requires the revie	w of any non-standard co	ntributions?	31		No
32a	Does the organization hire or use thir contributions?	d parties or	related organizations to s	olicit, process, or sell no	ncash • • •	32a		No
b	If "Yes," describe in Part II							
	If the organization did not report an a	mount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked.			
-	describe in Part II		( ) Flore	,				

Part II Supplem

**Supplemental Information.** Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

Schedule M (Form 990) (2013)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493321039384

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 to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013
Open to Public

Inspection

Name of the organization LARRY H MILLER CHARITIES

Employer identification number 87-0541212

990 Schedule O, Supplemental Information

Return Reference	Explanation	
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	an Officer and member of the board's management team will review the tax return before filing	
FORM 990, PART VI, LINE 19 - DOCUMENTS PUBLICLY AVAILABLE	Governing documents, conflict of interest policy, and financial statements are available upon request	

Form 990, Schedule M		
Attachment 1		
Burks Jersey	80	Selling price of donated property
Carroll Jersey		Selling price of donated property
Evans Jersey		Selling price of donated property
Favors Jersey		Selling price of donated property
Foye Jersey		Selling price of donated property
Hayward Jersey		Selling price of donated property
Jefferson Jersey	_	Selling price of donated property
Kanter Jersey		Selling price of donated property
Millsap Jersey		Selling price of donated property
Murphy Jersey		Selling price of donated property
Tinsley Jersey		Selling price of donated property
Watson Jersey		Selling price of donated property
Marvin Williams Jersey	60	Selling price of donated property
Mo Williams Jersey	125	Selling price of donated property
Burks Shoes	70	Selling price of donated property
Carroll Shoes	65	Selling price of donated property
Evans Shoes	105	Selling price of donated property
Favors Shoes	125	Selling price of donated property
Foye Shoes	75	Selling price of donated property
Hayward Shoes	100	Selling price of donated property
Jefferson Shoes	95	Selling price of donated property
Kanter Shoes	110	Selling price of donated property
Millsap Shoes	80	Selling price of donated property
Murphy Shoes		Selling price of donated property
Tinsley Shoes	65	Selling price of donated property
Watson Shoes	55	Selling price of donated property
Marvin Williams Shoes	45	Selling price of donated property
Mo Williams Shoes	80	Selling price of donated property
Jazz team ball 2012-13		Selling price of donated property
Utah Jazz coaches auto ball		Selling price of donated property
Stockton Jersey		Selling price of donated property
Malone Jersey		Selling price of donated property
Korver Jersey		Selling price of donated property
Jeff Hornacek auto ball		Selling price of donated property
Deron Williams auto ball		Selling price of donated property
Framed autographed player cards		Selling price of donated property
Utah Jazz Team Bench Chairs @ \$50 each		Selling price of donated property
Andre Kirilenko Shoes		Selling price of donated property
Mehmet Okur Shoes		Selling price of donated property
CJ Miles Shoes		Selling price of donated property
Karl limited-edition statue		Selling price of donated property
2012-13 auto team poster framed		Selling price of donated property
John Stockton Retirement Photos	75	Selling price of donated property

Devin Harris Autographed Jersey	50	Selling price of donated property
Ray Allen Jersey		Selling price of donated property
Marc Gasol Jersey		Selling price of donated property
Andrei Kirilenko Jersey		Selling price of donated property
Monta Ellis Jersey		Selling price of donated property
Carlos Boozer Jersey		Selling price of donated property
Damian Lilliard Jersey		Selling price of donated property
Cleveland Team Ball		Selling price of donated property
Charlotte Bobcats Team Ball		Selling price of donated property
Boston Celtics Team Ball		Selling price of donated property
Indiana Pacers Ball		Selling price of donated property
Orlando Magic Ball		Selling price of donated property
Steve Young autographed football		Selling price of donated property
LA Galaxy Ball w/ D. Beckham autograph		Selling price of donated property
AJ Burnett auto ball		Selling price of donated property
LA Kings - Trevor Lewis hockey stick		Selling price of donated property
Blaze auto helmet/4 tix/football		Selling price of donated property
Real Salt Lake autographed items		Selling price of donated property
Jazz - Honorary Ballboy-Ballgirl		Selling price of donated property
Jazz - Honorary Jazz Dancer	172	Selling price of donated property
Jazz - Bear appearance	260	Selling price of donated property
Bees batboy-Batgirl w/4 tix	60	Selling price of donated property
Bees first pitch w/4 tix	60	Selling price of donated property
Bees 100 tickets	235	Selling price of donated property
Bees Suite	305	Selling price of donated property
Bees - Bumble b-day party	55	Selling price of donated property
Bees seventh-inning stretch	25	Selling price of donated property
MMP w/ 4 Karting Tix - A	85	Selling price of donated property
MMP w/ 4 Karting Tix - B	80	Selling price of donated property
MMP w/ Event Tix - A	55	Selling price of donated property
MMP w/ Event Tix - B	25	Selling price of donated property
ESA - Disney on Ice Suite for 12	410	Selling price of donated property
ESA - Circus Suite	505	Selling price of donated property
Helicopter Ride	330	Selling price of donated property
U of U Quilt & Pillow		Selling price of donated property
U of U Basket (cooler,S&P,mitt, apron, utensils)	98	Selling price of donated property
Arizona Diamondbacks 4 dugout tix	280	Selling price of donated property
Arizona Diamondbacks 4 dugout tix		Selling price of donated property
Major League Baseball tix - SLC Game		Selling price of donated property
Jupiter Bowl - 12 people/Shoes/2 lanes		Selling price of donated property
Discovery Gateway		Selling price of donated property
Ballet West - 2 tix @ \$59 each		Selling price of donated property
Thanksgiving Point family pass		Selling price of donated property
Thanksgiving Point golf for 4 - \$39 each		Selling price of donated property
Coral Canyon Golf for 1/ Scheels \$50 Gift Cert		Selling price of donated property
2 golf lessons w/ Aaron Brown		Selling price of donated property
Waterskiing lessons/day at lake		Selling price of donated property
Mummy Exhibit - 4 tix - A		Selling price of donated property
Mummy Exhibit - 4 tix - B		Selling price of donated property
The Leonardo - Family Pass - B		Selling price of donated property
The Leonardo - Family Pass - A		Selling price of donated property
Provo Beach - B-day Party		Selling price of donated property  Selling price of donated property
Clark Planetarium Pass		
Clark Flattetarium Fass	70	Selling price of donated property

Maganlay gift hookat w/ two tiv	50	Colling price of depoted property
Megaplex gift basket w/ two tix		Selling price of donated property
Justin Bieber framed photo		Selling price of donated property
Taylor Swift concert tix		Selling price of donated property
A -Shakespeare Fest. voucher (2 tix)		Selling price of donated property
B- Shakespeare Fest. voucher (2 tix)		Selling price of donated property
Collin Raye auto guitar		Selling price of donated property
George Straight		Selling price of donated property
Grand America Sunday Brunch		Selling price of donated property
Some Lady's Cakes cert Custom 3 Tier Cake		Selling price of donated property
#A - One Sweet Slice 1/2 Dozen cupcakes		Selling price of donated property
#B - One Sweet Slice 1/2 dozen cupcakes		Selling price of donated property
#C - One Sweet Slice dozen cupcakes		Selling price of donated property
#D - One Sweet Slice dozen cupcakes		Selling price of donated property
Radisson Hotel - 1 night stay		Selling price of donated property
Moab Stay - Base Camp Adventure (2 nights)	216	Selling price of donated property
Flowers Each Season (4 x a year) - Rose Shop	155	Selling price of donated property
lpad mini	529	Selling price of donated property
Matress - Radiance Queen Sealy Optimum Gel Memor	570	Selling price of donated property
Sunglasses - men's	80	Selling price of donated property
Sunglasses - women's	105	Selling price of donated property
A PING Driver Signed by Summerhayes/and book	215	Selling price of donated property
B Rescue Club and Golf Jacket	200	Selling price of donated property
C Three Wood/ golf balls/ golf towel	170	Selling price of donated property
Invicta Watch men's - A		Selling price of donated property
Invicta Watch men's - B		Selling price of donated property
Especially for You cert		Selling price of donated property
Ski 'N See accessories		Selling price of donated property
Jazz and Waffles		Selling price of donated property
Tiffany's Purse		Selling price of donated property
\$250 parts or accessories cert.		Selling price of donated property
\$250 service		Selling price of donated property
One Year Total Care Auto		Selling price of donated property
Mini Favors Jersey		Selling price of donated property
Mini Millsap Jerseys		Selling price of donated property
Box of girl baby items		Selling price of donated property
Box of boy baby items		Selling price of donated property
#A-Sony DVD player	40	Selling price of donated property
#B-Sony DVD player		Selling price of donated property
Vivint Home Security System - 1 yr.		Selling price of donated property
Bear and Books - Basket of Children's Books		Selling price of donated property
McCarthy Hair Salon		Selling price of donated property
(4) Jazz Team Balls	205	Selling price of donated property
(4) Jazz Tealli Dalis	203	Selling price of dollated property
	10 176 00	
	18,176.00	
Fontagy B Boll Tourney at CCA	1 000	Colling price of departed property
Fantasy B-Ball Tourney at ESA		Selling price of donated property
Fantasy B-Ball Tourney at ESA		Selling price of donated property
Megaplex in the Morning		Selling price of donated property
Country Concert Package		Selling price of donated property
The Joe Muscolino Band Cancun Trip - 3-nights, 4 days, airfare & hotel	1,300 1,850	Selling price of donated property Selling price of donated property

Jazz Suite	2,600	Selling price of donated property
	10,820.00	