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Department of the Treasury

Internal Revenue Service

#### DLN: 93491081004036

OMB No 1545-0052

Open to Public

#### **Return of Private Foundation** or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its instructions is at <u>www.irs.gov/form990pf</u>.

Inspection For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014 26-1309605

Name of foundation A Employer identification number KENT C AND MARTHA H DIFIORE FAMILY FOUNDATION **B** Telephone number (see instructions) Number and street (or P O box number if mail is not delivered to street address) 3579 APPLE MILL COVE (801) 943-7421 City or town, state or province, country, and ZIP or foreign postal code SALT LAKE CITY, UT 84109 

<b>G</b> Ch	neck a	ll that apply Initial return Initial return of a	<b>D 1.</b> Foreign o	<b>D 1.</b> Foreign organizations, check here							
		Final return A mended return			2. Foreign organizations meeting the 85%						
		Address change Name change			test, check here and attach computation  E If private foundation status was terminated						
		ype of organization Section 501(c)(3) exempt prival 4947(a)(1) nonexempt charitable trust Other taxa	under sectio	n 507(b)(1)(A), chec	k here 🕨 🦵						
		ket value of all assets at end  J Accounting method			ation is in a 60-montl	n termination					
of y	ear <i>(f</i>	from Part II, col. (c),			n 507(b)(1)(B), chec						
line	16)	\$ 908,722 (Part I, column (d) must	t be on cash basis.)								
Part I Analysis of Revenue and Expenses total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)					
	1	<pre>instructions) ) Contributions, gifts, grants, etc , received (attach</pre>				(					
		schedule)	126,410								
	2	Check ► ☐ If the foundation is <b>not</b> required to attach	,								
		Sch B									
	3	Interest on savings and temporary cash investments	2,358	2,358							
	4	Dividends and interest from securities	15,169	15,169							
	_ т 5а	Gross rents	,-09								
	b	Net rental income or (loss)									
Φ	6a	Net gain or (loss) from sale of assets not on line 10	<b>%</b> 34,675								
Revenue	b	Gross sales price for all assets on line 6a	3,,,,,								
Rei	7	159,985 Capital gain net income (from Part IV, line 2)		33,750							
	8	Net short-term capital gain		33,730							
	9	Income modifications									
	10a	Gross sales less returns and									
		allowances									
	b	Less Cost of goods sold									
	C	Gross profit or (loss) (attach schedule)									
	11	Other income (attach schedule)									
	12	Total. Add lines 1 through 11	178,612	51,277							
	13	Compensation of officers, directors, trustees, etc									
.n	14	Other employee salaries and wages									
Ş	15	Pension plans, employee benefits									
Æ	16a	Legal fees (attach schedule)	A571								
Exp	b	Accounting fees (attach schedule)	1,260								
<u>Ф</u>	С	Other professional fees (attach schedule)									
ងពា	17	Interest	<b>05</b> □								
ıstr	18	Taxes (attach schedule) (see instructions)	768	408	408						
=	19	Depreciation (attach schedule) and depletion									
Ē	20	Occupancy									
∌ D	21	Travel, conferences, and meetings									
e L	22	Printing and publications	<b>6</b> 4.330	4.040	4.040						
Operating and Administrative Expenses	23	Other expenses (attach schedule)	4,239	4,049	4,049						
rati	24	Total operating and administrative expenses.	6 367	A AF7	4 4 5 7	_					
<u>a</u>		Add lines 13 through 23	6,267	4,457	4,457	28 900					
0	25	Contributions, gifts, grants paid	28,900			28,900					
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	35,167	4,457	4,457	28,900					
	27	Subtract line 26 from line 12									
	a	Excess of revenue over expenses and disbursements	143,445								
	ь	Net investment income (If negative, enter -0 -)		46,820							
	С	<b>Adjusted net income</b> (If negative, enter -0 -)									
	_	vant Dadustian Ast Nation and instructions				000 DE (2014)					

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	30,050	, ,	
	2	Savings and temporary cash investments	124,779		
	3	Accounts receivable •	•	,	
		Less allowance for doubtful accounts			
	4	Pledges receivable -			
	•	Less allowance for doubtful accounts -			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	Ū	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
	,	Less allowance for doubtful accounts -			
	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges			
<b>A</b> SS	10a	Investments—U S and state government obligations (attach schedule)			
٠,		Investments—corporate stock (attach schedule)	562,297	<b>%</b> 604,383	651,922
		Investments—corporate bonds (attach schedule)	302,237	001,303	031,322
		Investments—land, buildings, and equipment basis			
	11	Less accumulated depreciation (attach schedule)			
	10	Investments—mortgage loans			
	12	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis			
	4-	Less accumulated depreciation (attach schedule)			
	15	Other assets (describe)  Tatal assets (to be completed by all filers, see the			
	16	Total assets (to be completed by all filers—see the	717,126	860,571	908,722
	17	Instructions Also, see page 1, item I)  Accounts payable and accrued expenses	717,120	000,371	300,722
		Grants payable			
S.	18	Deferred revenue			
abilities	19 20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable (attach schedule)			
J		Other liabilities (describe			
	22 23	Total liabilities (add lines 17 through 22)		0	
		Foundations that follow SFAS 117, check here			
9		and complete lines 24 through 26 and lines 30 and 31.			
Balance	24	Unrestricted	717,126	860,571	
લાક	25	Temporarily restricted	,	,	
	26	Permanently restricted			
Fund		Foundations that do not follow SFAS 117, check here			
		and complete lines 27 through 31.			
s or	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
As.	29	Retained earnings, accumulated income, endowment, or other funds			
Net	30	Total net assets or fund balances (see instructions)	717,126	860,571	
Z	31	Total liabilities and net assets/fund balances (see instructions)	717,126	·	
Da	rt II		,	,	
1	- T T	Total net assets or fund balances at beginning of year—Part II, column (	(a) line 30 (must a	aree	
-			(a), fille 30 (filust a)		717,126
2		Enter amount from Part I, line 27a		<del>     </del>	143,445
3		Other increases not included in line 2 (itemize)		3	
4		Add lines 1, 2, and 3		<del>-</del>	860,571
5		Decreases not included in line 2 (itemize) ►		<del>     </del>	,
6		Total net assets or fund balances at end of year (line 4 minus line 5)—Po			860,571
		. , , , , , , , , , , , , , , , , , , ,	. , ,,		

the Part VI instructions

(d) Date sold (mo, day, yr)  (h) Gain or (loss) (e) plus (f) minus (g)
(h) Gain or (loss) (e) plus (f) minus (g)
(e) plus (f) minus (g)
(e) plus (f) minus (g)
(e) plus (f) minus (g)
(e) plus (f) minus (g)
(e) plus (f) minus (g)
(e) plus (f) minus (g)
Gains (Col (h) gain minus
Gains (Col (h) dain minus
Gains (Col (h) gain minus
\ : \ (/ 5 11111145
(k), but not less than -0-) <b>or</b>
Losses (from col (h))
<del></del>
33,750
come
:)
)
Γ Yes <b>Γ</b> No
(d) Distribution ratio col (b) divided by col (c))
0 040959
0 052299
0 068266
0 072462
0 028738 0 262724
0 052545
805,593
805,593 42,330
0 052545 805,593 42,330 468 42,798
=

	990-PF (2014)  **Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst			age <b>4</b>
		ructio	ns)	
<b>1</b> a	Exempt operating foundations described in section 4940(d)(2), check here Fand enter "N/A"			
	Date of ruling or determination letter (attach copy of letter if necessary-see ; instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			936
	here Fand enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			
3	Add lines 1 and 2			936
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)  4			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			936
6	C redits/P ay ments			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a			
b	Exempt foreign organizations—tax withheld at source 6b			
С	Tax paid with application for extension of time to file (Form 8868)6c			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d			
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached.			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9			936
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10			
11	Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded 11			
	t VII-A Statements Regarding Activities	I		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	_	Yes	No
	It participate or intervene in any political campaign?	1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	46		N <sub>1</sub> -
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials	1b		No
	published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		No
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers 🕨 \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		No
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		No
<b>4a</b>	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		<del></del>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		No
_	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either  By language in the governing instrument, or			1
	By state legislation that effectively amends the governing instrument so that no mandatory directions			
	that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c),			
	and Part XV.	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)  Let UT			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			
	or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)?			
	If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names			
	and addresses.	10		No

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►N/A			
14	The books are in care of ►MARTHA H DIFIORE Telephone no ►(801)	943-	7421	
	Located at ►3579 APPLE MILL COVE SALT LAKE CITY UT  ZIP +4 ►84109			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here			<u> </u>
13	and enter the amount of tax-exempt interest received or accrued during the year	• •		,
	<u> </u>		1	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over	مد ا	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes Vo			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes Vo			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?   ✓ Yes ✓ No			
	for the benefit or use of a disqualified person)?			
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days )			
ь	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
_	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
•	that were not corrected before the first day of the tax year beginning in 2014?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
_	operating foundation defined in section 4942(1)(3) or 4942(1)(5))			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2014?			
	If "Yes," list the years <b>&gt;</b> 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to <b>all</b> years listed, answer "No" and attach statement—see instructions )	2b		
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
	<b>▶</b> 20, 20, 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section $4943(c)(7)$ ) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	if the foundation had excess business holdings in 2014.).	3b		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

Pa	rt VII-B	Statements Rega	rdin	g Activities for	Wh	ich Form 4720	May	Be Required (cont	inued	1)	
5a	During th	e year dıd the foundatıor	pay	orıncurany amoun	t to						
	(1) Carry	on propaganda, or other	wise	attempt to influence	e leg	ıslatıon (section 49	45(e	(a)) <sup>?</sup>	√ No		
	(2) Influe	nce the outcome of any	speci	fic public election (	see	section 4955), or to	car	ry			
	on, di	rectly or indirectly, any	oter	registration drive?.				T Yes F	√ No		
	(3) Provid	de a grant to an individua	al for	travel, study, or oth	ners	ımılar purposes?		┌ Yes रि	√ No		
	<b>(4)</b> Provid	de a grant to an organıza	tion c	ther than a charita	ble,	etc , organization de	scrib	ped			
	ın sec	tion 4945(d)(4)(A)? (se	e ins	tructions)				T Yes 🗟	√ No		
	<b>(5)</b> Provid	de for any purpose other	than	religious, charitable	e, sc	ientific, literary, or					
	educa	itional purposes, or for t	ne pre	evention of cruelty t	o ch	ıldren or anımals?.		Yes 🖟	√ No		
ь	If any ans	swerıs "Yes" to 5a(1)–(	5), die	d <b>any</b> of the transac	tion	s fail to qualify unde	r the	exceptions described in	ı		
	Regulatio	ns section 53 4945 or i	nacu	ırrent notıce regard	ing c	lisaster assistance	(see	instructions)?		5b	
	O rganızat	tions relying on a curren	notic	ce regarding disast	eras	ssistance check her	e		-		
С	If the ans	wer is "Yes" to question	5a(4	), does the foundat	ion c	laım exemption fron	n the				
		•	-			· · · · · · · · · · · · · · · · · · ·		<b>  Yes</b>	- <sub>No</sub>		
		nttach the statement requi									
6a		undation, during the yea					prer	niums on			
		al benefit contract?							- <sub>No</sub>		
ь								benefit contract?		6b	No
		o 6b, file Form 8870.	, , , ,	, , ,		,,					
7a		ne during the tax year, w	as th	e foundation a party	v to a	nrohibited tax shel	ter ti	ransaction? <b>TYes</b> (	- No		
								the transaction?		7b	
	11 9 0 5 , 010							n Managers, Highly			lovees
Pa	rt VIII	and Contractors	. •	icers, Directors	<i>-,</i>	ustees, i ounat		n nanagers, mgmy	. u.u	р	ioyees,
1	List all off	icers, directors, trustees	, fou	ndation managers a	nd t	heir compensation (	see i	nstructions).			
				Title, and average		<b>c)</b> Compensation	1	(d) Contributions to	(e) E	xpens	e account,
	( <b>a)</b> Nai	me and address		hours per week devoted to position				employee benefit plans and deferred compensation			wances
500	Δ dditional	Data Table	uc	voted to position		<u> </u>	ana	deterred compensation			
	714416101141	Data Fabic									
							-				
_2	Compensat	tion of five highest-paid	empl	oyees (other than	thos	e included on line 1–	-see	instructions). If none, e	nter "N	ONE."	
	. NI			(b) Title, and aver-	age			(d) Contributions to	(-) [		
(a		l address of each employ nore than \$50,000	ee	hours per week		(c) Compensation	n	employee benefit plans and deferred	(e) Expense account, other allowances		
	para	ποτο επαπ φ σ σ /σ σ σ		devoted to positi	on			compensation	"		Manicoo
иои	IE										
			-								
								<u> </u>	-		
									<u> </u>		
								<u> </u>			
Tota	I number of	f other employees paid o	ver\$	50,000							

Form 990-PF			Page <b>7</b>
Part VIII	Information About Officers, Directors, Tru and Contractors (continued)	stees, Foundation Managers, High	ly Paid Employees,
3 Five high	est-paid independent contractors for professional servic	es (see instructions). If none, enter "NONE".	
(a) Name a	and address of each person paid more than \$50,000	<b>(b)</b> Type of service	(c) Compensation
NONE			
Total number	of others receiving over \$50,000 for professional service	es	<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	on's four largest direct charitable activities during the tax year Include	a relevant statistical information such as the number of	
	d other beneficiaries served, conferences convened, research papers i		Expenses
	NG IN PUBLICALLY TRADED STOCKS AND BOND AN	D DISBURSING FROM THESE	
INVEST	MENTS TO OTHER 501(C) ORGANIZATIONS		4,457
2			
3			
4			
Part IX-B	Summary of Program-Related Investment	s (see instructions)	
Describe the	two largest program-related investments made by the foundation dur	ring the tax year on lines 1 and 2	A mount
<b>1</b> N/A			
2			
All other p	rogram-related investments. See instructions		
3			
Total. Add lin	es 1 through 3		<u> </u>

Pa	<b>Minimum Investment Return</b> (All domestic foundations must complete this part. For see instructions.)	oreign	foundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	A verage monthly fair market value of securities	1a	788,508
b	A verage of monthly cash balances	1b	29,35
c	Fair market value of all other assets (see instructions)	1c	(
d	<b>Total</b> (add lines 1a, b, and c)	1d	817,86
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	817,86
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	12,268
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	805,593
6	Minimum investment return. Enter 5% of line 5	6	40,280
Pa	<b>TEXI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper certain foreign organizations check here ▶  and do not complete this part.)	ating	foundations and
1	Minimum investment return from Part X, line 6	1	40,280
2a	Tax on investment income for 2014 from Part VI, line 5 2a 936	5	
b	Income tax for 2014 (This does not include the tax from Part VI ) 2b		
c	Add lines 2a and 2b	2c	936
3	Distributable amount before adjustments Subtract line 2c from line 1	3	39,344
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	39,344
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	39,344
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	28,900
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	28,900
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	28,900
	Note: The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whet	her the	foundation qualifies for

the section 4940(e) reduction of tax in those years

	olidistributed fricollie (see mstr				(1)
		( <b>a)</b> Corpus	(b) Years prior to 2013	(c) 2013	<b>(d)</b> 2014
1	Distributable amount for 2014 from Part XI, line 7	Сограз	Tears prior to 2015	2013	39,344
	Undistributed income, if any, as of the end of 2014				
	Enter amount for 2013 only			29,415	
	Total for prior years 20, 20, 20 Excess distributions carryover, if any, to 2014				
	From 2009				
	From 2010				
	From 2011				
	From 2012				
	From 2013				
	Total of lines 3a through e				
	Qualifying distributions for 2014 from Part				
-	XII, line 4  \$ 28,900				
а	Applied to 2013, but not more than line 2a			28,900	
	Applied to undistributed income of prior years				
	(Election required—see instructions)				
c	Treated as distributions out of corpus (Election				
	required—see instructions)				
d	Applied to 2014 distributable amount				
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2014				
	(If an amount appears in column (d), the				
_	same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable amount				
	—see instructions				
е	Undistributed income for 2013 Subtract line				
	4a from line 2a Taxable amount—see			515	
£	Undistributed income for 2014 Subtract				
•	lines 4d and 5 from line 1. This amount must				
	be distributed in 2015				39,344
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may				
Ω	be required - see instructions)				
0	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2015.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
	Excess from 2010				
	Excess from 2011				
	Excess from 2012				
	Excess from 2013				
e	Excess from 2014				

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

c Any submission deadlines

factors

Form **990-PF** (2014)

3 Grants and Contributions Paid		proved for F	uture Payment	,
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year See Additional Data Table	or substantial contributor	Тестрісте		
Total	<u> </u>	<u> </u>	▶ 3a	28,90
	-		<u> </u>	

Form 990-F	PF (2014)  -A Analysis of Income-Produci	na Activitie				Page <b>12</b>
	s amounts unless otherwise indicated		usiness income	Excluded by section	n 512, 513, or 514	(e)
_	n service revenue	(a) Business code	<b>(b)</b> A mount	(c) Exclusion code	(d) A mount	Related or exempt function income (See instructions)
· ·						,
с						
f						
2 Membe 3 Interes	and contracts from government agencies rship dues and assessments			1		2,358
<b>4</b> Dividen	ids and interest from securities tal income or (loss) from real estate			1		15,169
<b>a</b> Debt- <b>b</b> Not de	financed property ebt-financed property					
propert	ty					
invento	(loss) from sales of assets other than					34,675
<b>10</b> Gross p	ome or (loss) from special events profit or (loss) from sales of inventory evenue <b>a</b>					
b	evenue u					
d						
13 Total. A	al Add columns (b), (d), and (e)				13	52,202 52,202
	orksheet in line 13 instructions to verify cape Relationship of Activities to  Explain below how each activity for whice the accomplishment of the foundation's instructions )	the Accom	ported ın column (	e) of Part XVI-A c	ontributed import	

Form 990-P1	F (2014)								Pa	ge <b>13</b>
Part XVI	Information R Noncharitable			nsfers To and Tran anizations	sactions an	d Relationships W	fith			
	rganization directly or i	ndirectly (	engage	ın any of the following v 01(c)(3) organizations)			1		Yes	No
organızat					_					
				harıtable exempt organı						
								(1)		No
							16	a(2)		No
<b>b</b> Other tra										
				rganızatıon (empt organızatıon						No No
							_			No
				ts				b(4)		No
							<del>-</del>	b(5)		No
				ndraısıng solıcıtatıons.				b(6)		No
				er assets, or paid emplo				1c		No
<b>d</b> If the and of the go	swer to any of the above ods, other assets, or se ansaction or sharing arr	e is "Yes," ervices giv angement	compl en by t s, show	ete the following schedu the reporting foundation in column (d) the value	le Column <b>(b)</b> If the foundation of the goods, ot	should always show the on received less than fa ther assets, or services	e fair marke iir market v received	et valu		
(a) Line No	(b) Amount involved	(c) Name	of nonc	harıtable exempt organızatıor	(d) Descrip	tion of transfers, transactions	s, and sharing	j arran	gemer	its
					1					
					-					
-										
describe	•	he Code (d schedule		with, or related to, one or nan section 501(c)(3)) o	rın section 52	· -		Yes	<sub>s</sub> F	
the		and belief, rer has an	ıt ıs tr	have examined this retu ue, correct, and complet ledge 2015-04-2 Date	e Declaration o			s base S discus	ed on	all
	Print/Type preparer's SCOTT B SYMES	name	Prepa	arer's Signature	Date 2016-03-2		PTIN POO	1230	51	<b>=</b> _
Paid Preparer Use Only	Firm's name FSCOTT B SYMES CP	A PLLC	1		1	Firm's EIN ► 46-2	2030596			
Only	PO BOX 1250 SANI	Phone no (801)5	541-9787							

# Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
KENT C DIFIORE	PRESIDENT/CH	0	0	0
3579 APPLE MILL COVE SALT LAKE CITY,UT 84109	0 00			
MARTHA H DIFIORE	SECRETARY-TR	0	0	0
3579 APPLE MILL COVE SALT LAKE CITY,UT 84109	0 00			
CAROLINE DIFIORE	DIRECTOR	0	0	0
1150 GALAPAGO STREET 104 DENVER,CO 80204	0 00			
CRISTINA DIFIORE	DIRECTOR	0	0	0
3579 APPLE MILL COVE SALT LAKE CITY,UT 84109	0 00			
MICHAEL BEARDEN	MEMBER	0	0	0
1244 EAST 600 SOUTH SALT LAKE CITY,UT 84102	0 00			

#### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
UNIV OF UTAH COLLEGE OF FINE ARTS 375 S 1530 E SALT LAKE CITY,UT 84112	NONE	501(C)	UNRESTRICTED	2,500
THE ROAD HOME 210 S RIO GRANDE STREET SALT LAKE CITY,UT 84101	NONE	501(C)	UNRESTRICTED	1,200
BALLET WEST 50 WEST 200 SOUTH SALT LAKE CITY,UT 84101	NONE	501(C)	UNRESTRICTED	10,000
KUED 101 WASATCH DRIVE STE 215 SALT LAKE CITY,UT 84111	NONE	PUBLIC TELE	UNRESTRICTED	1,500
UTAH MUSEUM OF NATURAL HISTORY 301 WAKARA WAY SALT LAKE CITY,UT 84108	NONE	501(C)	UNRESTRICTED	6,000
PLANNED PARENTHOOD OF UTAH 654 SOUTH 900 EAST SALT LAKE CITY,UT 84102	NONE	501(C)	UNRESTRICTED	1,500
ST JAMES EPISCOPAL CHURCH 7486 UNION PARK AVE MIDVALE,UT 84047	NONE	501(C)	UNRESTRICTED	500
TRACY AVIARY 589 E 1300 S SALT LAKE CITY,UT 84105	NONE	501(C)	UNRESTRICTED	500
WASATCH COMMUNITY GARDENS 824 S 400 W SALT LAKE CITY,UT 84101	NONE	501(C)	UNRESTRICTED	500
KUER 101 WASATCH DRIVE STE 240 SALT LAKE CITY,UT 84112	NONE	PUBLIC RADIO	UNRESTRICTED	1,200
INTERNATIONAL RESCUE COMMITTEE 221 S 400 W SALT LAKE CITY,UT 84101	NONE	501(C)	UNRESTRICTED	500
MOAB MUSIC FESTIVAL 58 E 300 S MOAB,UT 84532	NONE	501(C)	UNRESTRICTED	500
GEORGE WASHINGTON SCHOOL MEDICINE ROSS HALL 2300 EYE ST NW WASHINGTON,DC 20037	NONE	501(C)	UNRESTRICTED	1,250
STANFORD FUND PO BOX 20466 STANDORD,CA 94309	NONE	501(C)	UNRESTRICTED	1,250

## **TY 2014 Accounting Fees Schedule**

Name: KENT C AND MARTHA H DIFIORE FAMILY

**FOUNDATION** 

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	1,260			

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

### TY 2014 Gain/Loss from Sale of Other Assets Schedule

Name: KENT C AND MARTHA H DIFIORE FAMILY

FOUNDATION

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
WELLS FARGO INVESTORS	2014-11	PURCHASE	2014-11		76,359	75,511			848	
WELLS FARGO INVESTORS	2014-12	PURCHASE	2014-12		49,876	49,799			77	

# **TY 2014 Investments Corporate Stock Schedule**

Name: KENT C AND MARTHA H DIFIORE FAMILY

**FOUNDATION** 

Name of Stock	End of Year Book Value	End of Year Fair Market Value
IVY FDS INC ASSET STRATEGY FD	125,091	125,430
WELLS FARGO FDS TRUST WFA ABSOLUTE	123,391	126,179
ROYCE FD SPL EQ FD RYSEX	127,152	130,846
THORNBURG INVT INCOME BUILDER FUND	116,854	125,707
VANGUARD SPEC DIV GROWTH FD	111,895	143,760

# **TY 2014 Other Expenses Schedule**

Name: KENT C AND MARTHA H DIFIORE FAMILY

**FOUNDATION** 

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
ACCRUED INTEREST PAID	41	41	41	
MISCELLANEOUS ADJUSTMENT	15			
INVESTOR ADVISORY FEES	4,008	4,008	4,008	
OFFICE EXPENSES	165			
CORPORATE LICENSE	10			

#### **TY 2014 Taxes Schedule**

Name: KENT C AND MARTHA H DIFIORE FAMILY

**FOUNDATION** 

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	408	408	408	
FEDERAL INCOME TAX	360			

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KENT C AND MARTHA H DIFIORE FAMILY

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OMB No 1545-0047

2014

# Schedule B Schedule of Contributors

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

FOUNDATION

Employer identification number

26-1309605

Or	naniz	ation	tyne	(check	one
vı	yarrız	.auvii	LYPE	CHECK	

Filers of:	Section:				
Form 990 or 990-EZ	501(c)( ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Note. Only a section 501	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions				
General Rule					
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or om any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
under sections 50 received from an	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3% support test of the regulations 09(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that y one contributor, during the year, total contributions of the greater of <b>(1)</b> \$5,000 or <b>(2)</b> 2% of the amount on (i) Form 990 or (ii) Form 990-EZ, line 1 Complete Parts I and II				
during the year, to	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, otal contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or of cruelty to children or animals. Complete Parts I, II, and III				
during the year, of this box is checked purpose Do not of	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively site, etc., contributions totaling \$5,000 or more during the year				

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization KENT C AND MARTHA H DIFIORE FAMILY FOUNDATION

Employer identification number

26-1309605

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARTHA ROBB HUMPHREY 3579 APPLE MILL COVE  SALT LAKE CITY, UT 84109	\$125,31 <u>0</u>	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization
KENT C AND MARTHA H DIFIORE FAMILY
FOUNDATION

**Employer identification number** 

26-1309605

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional needed	space is	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	SECURITIES	\$ 75,434	2014-11-24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	SECURITIES	\$ 49,876	2014-12-23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	

Part III

Name of organization
KENT C AND MARTHA H DIFIORE FAMILY
FOUNDATION
Employer identification number
26-1309605

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10)				
that total more than \$1,000 for the year from any one contributor. Comple	ete columns (a) through (e) and the following line			
entry For organizations completing Part III, enter the total of exclusively religious,	charitable, etc , contributions of \$1,000 or less for			
the year (Enter this information once See instructions) ▶	\$			
	' <del>-</del>			

Us	e duplicate copies of Part III if additional space i	s needed		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift d ZIP 4 Relation		(d) Description of how gift is held
_   _	Transferee's name, address, and ZIP			hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP 4		Transfer of gift Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c	Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP		Transfer of gift Relations	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
_   _	Transferee's name, address, and ZIP		Transfer of gift Relations	hip of transferor to transferee