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Department of the Treasury

Internal Revenue Service

DLN: 93491135028185

OMB No 1545-0052

Open to Public Inspection

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>.

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

		undation				A Employer ic	lentification numb	er
SII	STERLING &SHELLI GARDNER FOUNDATION 8:							
Num	ber and	i street (or P O box number if mail is	not delivered to street address	s) Room/suite		B Telephone n	umber (see instructio	ns)
		FIELD ROAD		, incom, cano		(801) 453-208	0	
Citi						C If exemption	application is pendir	ng, check here
		n, state or province, country, and ZIP o 840041501	r foreign postal code			C II exemption	гаррікацоп із репин	ig, check here
G Ch	neck a	Il that apply Initial return	Initial return of a	former public charit	у	D 1. Foreign o	rganizations, check h	ere 🕨 🦵
		Final return	A mended return				organizations meeting	
			ge Name change				ck here and attach co undation status was	•
	-	ype of organization	n 501(c)(3) exempt priva		\n		on 507(b)(1)(A), che	
		ket value of all assets at end	J Accounting method	Cash Acc		E If the found	ation is in a 60-mont	h tamination
		from Part II, col. (c),	Other (specify)	r cusii r Acci	ı uuı		on 507(b)(1)(B), che	
line	16)	· \$ 718,082	(Part I, column (d) mus	t be on cash basis.)				
Pa	rt I	Analysis of Revenue a total of amounts in columns (b), (inecessarily equal the amounts in constructions)	c), and (d) may not	(a) Revenue and expenses per books	(b) N	et investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, et	c , received (attach					
		schedule)		600,000				
	2	Check ► ☐ If the foundation is	s not required to attach					
		Sch B						
	3	Interest on savings and tempo	orary cash investments					
	4	Dividends and interest from se	ecurities					
	5a	Gross rents						
	b	Net rental income or (loss)						
Ф	6a	Net gain or (loss) from sale of	assets not on line 10					
Reveilue	b	Gross sales price for all asset	s on line 6 a					
ě	7	Capital gain net income (from	Part IV, line 2)					
	8	Net short-term capital gain .						
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	b	Less Cost of goods sold						
	С	Gross profit or (loss) (attach s	chedule)					
	11	Other income (attach schedule						
	12	Total. Add lines 1 through 11		600,000		0		
	13	Compensation of officers, direc						
, o	14	Other employee salaries and v						
Ř	15	Pension plans, employee bene						
Ψ̈	16a	Legal fees (attach schedule).						
Expenses	Ь	Accounting fees (attach sched		1,196				1,196
	_ c	Other professional fees (attac	•					
Admını strative	17	Interest						
Ĭ.	18	Taxes (attach schedule) (see Depreciation (attach schedule	•					
H.H	19 20	Occupancy						
φĠ	21	Travel, conferences, and meet						
and	22	Printing and publications						
	23	Other expenses (attach sched						24
Operating	24	Total operating and administra						
ਲ ਜ		Add lines 13 through 23	-	1,220		0		1,220
ă	25	Contributions, gifts, grants pai		360,500				360,500
_	26	Total expenses and disburseme						
		25	THE PARTY OF THE	361,720		0		361,720
	27	Subtract line 26 from line 12						
	a	Excess of revenue over expens		238,280				
	ь	Net investment income (if neg	•			0		
	С	Adjusted net income (if negati	ve, enter -0 -)					

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	475,680		
	2	Savings and temporary cash investments			
	3	Accounts receivable -			
	,	Less allowance for doubtful accounts -			
	4	Pledges receivable -			
	*	Less allowance for doubtful accounts			
	_	Grants receivable			
	5	<u> </u>			
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) 4,122	4.422	65 □ 4.400	4.422
		Less allowance for doubtful accounts -	4,122	4,122	4,122
sets	8	Inventories for sale or use			
υħ	9	Prepaid expenses and deferred charges			
∢		Investments—U S and state government obligations (attach schedule)			
	Ь	Investments—corporate stock (attach schedule)			
		Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis 🟲			
		Less accumulated depreciation (attach schedule) -			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis 🟲			
		Less accumulated depreciation (attach schedule) -			
	15	Other assets (describe 🟲)			
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	479,802	718,082	718,082
	17	Accounts payable and accrued expenses			
	18	Grants payable]
ě.	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			1
C	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe			1
	23	Total liabilities (add lines 17 through 22)		C	1
		Foundations that follow SFAS 117, check here 🕨 🔽			1
es.		and complete lines 24 through 26 and lines 30 and 31.			
or Fund Balance	24	Unrestricted	479,802	718,082	:
<u>3</u> 9	25	Temporarily restricted			1
P	26	Permanently restricted			1
'n		Foundations that do not follow SFAS 117, check here			1
ř		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund			1
Á۶	29	Retained earnings, accumulated income, endowment, or other funds			1
Net	30	Total net assets or fund balances (see instructions)	479,802	718,082	-
Z	31	Total liabilities and net assets/fund balances (see instructions)	479,802	718,082	4
Рa	rt II		,	,	<u> </u>
1		Total net assets or fund balances at beginning of year—Part II, column (a) line 30 (must a	aree	
_			a), lille 30 (lilust a)		479,802
2		Enter amount from Part I, line 27a		—	238,280
3		Other increases not included in line 2 (itemize)		 	230,200
<i>3</i> 4		Add lines 1, 2, and 3			718,082
 5				5	710,002
6		Decreases not included in line 2 (itemize) Total net assets or fund balances at end of year (line 4 minus line 5)—Pa		_	718,082
_		. J.a	, column (b), n	<u></u>	, 10,002

CIRTAL Cupital Culli	s and Losses for Tax on Inve	stment Income	<u>, </u>		Page
	be the kınd(s) of property sold (e g , roehouse, or common stock, 200 shs N	eal estate,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a					
(e) Gross sales price	(f) Depreciation allowe (or allowable)	1	t or other basıs opense of sale		or (loss)) mınus (g)
a					
b					
С					
d					
е					
Complete only for asset	s showing gain in column (h) and own	ed by the foundation	n on 12/31/69	(I) Gains (Col	(h) gaın mınus
(i) F M V as of 12/31/6	(j) Adjusted basis		cess of col (ı)	col (k), but not l	
	as of 12/31/69	over	col (j), if any	Losses (fro	om coi (n))
b					
С					
d					
е					
	oital gain or (loss) as defined in section n Part I, line 8, column (c) (see instru			3	
Part V Qualification	under Section 4940(e) for F	Reduced Tax or	Net Investme	nt Income	
or optional use by domesti				ıncome)	
,	c private foundations subject to the s	ection 4940(a) tax	on net investment	•	
		ection 4940(a) tax	on net investment	•	
section 4940(d)(2) applie	s, leave this part blank the section 4942 tax on the distribut	table amount of any	year in the base pe	·	┌ Yes ✔ No
section 4940(d)(2) applie as the foundation liable for "Yes," the foundation does	s, leave this part blank	table amount of any oo not complete this	year in the base pe part	riod?	┌ Yes ┌ No
section 4940(d)(2) applie is the foundation liable for 'Yes," the foundation does 1 Enter the appropriate ar (a)	the section 4942 tax on the distribut not qualify under section 4940(e) D nount in each column for each year, s	table amount of any oo not complete this	year in the base pe part ore making any enti	riod? Ties (d)	
section 4940(d)(2) applies the foundation liable for Yes," the foundation does Tenter the appropriate ar (a) Base period years Calendar	s, leave this part blank the section 4942 tax on the distribut not qualify under section 4940(e) D nount in each column for each year, s	table amount of any o not complete this see instructions befo	year in the base pe part ore making any enti	riod? Ties	n ratio
section 4940(d)(2) applies the foundation liable for Yes," the foundation does Tenter the appropriate ar (a) Base period years Calendar	the section 4942 tax on the distribut not qualify under section 4940(e) D nount in each column for each year, s	table amount of any to not complete this see instructions before (c)	year in the base pe part ore making any enti	riod? ries (d) Distribution	n ratio by col (c))
section 4940(d)(2) applies the foundation liable for Yes," the foundation does 1 Enter the appropriate ar (a) Base period years Calendar year (or tax year beginning in)	the section 4942 tax on the distribut not qualify under section 4940(e) D nount in each column for each year, s (b) Adjusted qualifying distributions	table amount of any to not complete this see instructions before (c)	year in the base pe part ore making any enti ritable-use assets	riod? ries (d) Distribution	n ratio by col (c)) 0 46960
section 4940(d)(2) applies is the foundation liable for 'Yes," the foundation does 1 Enter the appropriate ar (a) Base period years Calendar year (or tax year beginning in) 2013	the section 4942 tax on the distribut not qualify under section 4940(e) D nount in each column for each year, s (b) Adjusted qualifying distributions 194,889 237,500 403,295	table amount of any to not complete this see instructions before (c) Net value of noncha	year in the base per part ore making any enti ntable-use assets 415,011	riod? ries (d) Distribution	n ratio by col (c)) 0 46960 0 38707
section 4940(d)(2) applies the foundation liable for 'Yes," the foundation does 1 Enter the appropriate ar (a) Base period years Calendar year (or tax year beginning in) 2013 2012 2011 2010	s, leave this part blank the section 4942 tax on the distribut not qualify under section 4940(e) D mount in each column for each year, s (b) Adjusted qualifying distributions 194,889 237,500 403,295 668,950	table amount of any to not complete this see instructions before (c) Net value of noncha	year in the base per part ore making any ention of the properties of the part	riod? ries (d) Distribution	n ratio by col (c)) 0 46960 0 38707 0 50505 0 91870
section 4940(d)(2) applies the foundation liable for Yes," the foundation does 1 Enter the appropriate ar (a) Base period years Calendar year (or tax year beginning in) 2013 2012 2010 2009	the section 4942 tax on the distribut not qualify under section 4940(e) D mount in each column for each year, s (b) Adjusted qualifying distributions 194,889 237,500 403,295 668,950 166,300	table amount of any to not complete this see instructions before the complete this see instructions before the complete this see instructions before the complete	year in the base per part ore making any ention of the properties of the part	ries (d) Distributior (col (b) divided	n ratio by col (c)) 0 46960 0 38707 0 50505 0 91870 0 35537
section 4940(d)(2) applies the foundation liable for Yes," the foundation does 1 Enter the appropriate and Base period years Calendar year (or tax year beginning in) 2013 2012 2011 2010 2009 2 Total of line 1, columns	(b) Adjusted qualifying distributions 194,889 237,500 403,295 668,950 Jimn (d).	table amount of any to not complete this see instructions before the north to the north term of the no	year in the base per part ore making any ention and the second s	riod? ries (d) Distribution	n ratio by col (c)) 0 46960 0 38707 0 50505 0 91870 0 35537
section 4940(d)(2) applies as the foundation liable for 'Yes," the foundation does 1 Enter the appropriate ar (a) Base period years Calendar year (or tax year beginning in) 2013 2012 2011 2010 2009 Total of line 1, colu 3 Average distribution	(b) Adjusted qualifying distributions 194,889 237,500 403,295 668,950 166,300 amn (d)	table amount of any to not complete this see instructions before the north of the n	year in the base per part ore making any ention of the properties of the part	ries (d) Distributior (col (b) divided	0 46960 0 38707 0 50505 0 91870 0 35537 2 63580
section 4940(d)(2) applies the foundation liable for Yes," the foundation does 1 Enter the appropriate are (a) Base period years Calendar year (or tax year beginning in) 2013 2012 2011 2010 2009 2 Total of line 1, column the number of year	(b) Adjusted qualifying distributions (b) Adjusted qualifying distributions 194,889 237,500 403,295 668,950 166,300 amn (d)	table amount of any to not complete this see instructions before the north of the n	year in the base per part ore making any ention of the properties of the part	Ties (d) Distribution (col (b) divided	0 46960 0 38707 0 50505 0 91870 0 35537 2 6358
section 4940(d)(2) applies the foundation liable for Yes," the foundation does 1 Enter the appropriate ar (a) Base period years Calendar (vear (or tax year beginning in)) 2013 2012 2011 2010 2009 2 Total of line 1, colors the number of year 4 Enter the net value	the section 4942 tax on the distribut not qualify under section 4940(e) D mount in each column for each year, s (b) Adjusted qualifying distributions 194,889 237,500 403,295 668,950 166,300 amn (d)	table amount of any to not complete this see instructions before the value of nonchable the value of nonchable the total on line if less than 5 years 4 from Part X, line 5	year in the base per part ore making any ention of the part of th	Cries (d) Distribution (col (b) divided	0 ratio by col (c)) 0 46960 0 38707 0 50505 0 91870 0 35537 2 6358 0 5271 695,8
section 4940(d)(2) applies the foundation liable for tyes," the foundation does 1 Enter the appropriate and the second years Calendar year (or tax year beginning in) 2013 2012 2011 2010 2009 2 Total of line 1, column the number of year enter the net value of Multiply line 4 by line in the second year enter the net value of the second year enter the year enter the second year enter the second year enter the second year enter the year enter	the section 4942 tax on the distribut not qualify under section 4940(e) D mount in each column for each year, s (b) Adjusted qualifying distributions 194,889 237,500 403,295 668,950 166,300 umn (d)	table amount of any to not complete this see instructions before the north of the n	year in the base per part ore making any ention of the properties of the part	(d) Distributior (col (b) divided	0 46960 0 38707 0 50505 0 91870 0 35537 2 63580 0 52710 695,8
section 4940(d)(2) applies as the foundation liable for "Yes," the foundation does 1 Enter the appropriate ar (a) Base period years Calendar year (or tax year beginning in) 2013 2012 2011 2010 2009 2 Total of line 1, color 3 Average distribution the number of year 4 Enter the net value 5 Multiply line 4 by li 6 Enter 1% of net in	the section 4942 tax on the distribut not qualify under section 4940(e) D nount in each column for each year, s (b) Adjusted qualifying distributions 194,889 237,500 403,295 668,950 166,300 amn (d)	table amount of any to not complete this see instructions before the north and the nor	year in the base per part ore making any ention of the properties of the part	(d) Distribution (col (b) divided	0 469600 0 469600 0 387070 0 505050 0 918700 0 355370 2 63580 0 527160 695,80 366,80
section 4940(d)(2) applies as the foundation liable for "Yes," the foundation does 1 Enter the appropriate ar (a) Base penod years Calendar year (or tax year beginning in) 2013 2012 2011 2010 2009 2 Total of line 1, colo 3 Average distribution the number of year 4 Enter the net value 5 Multiply line 4 by l 6 Enter 1% of net in 7 Add lines 5 and 6.	the section 4942 tax on the distribut not qualify under section 4940(e) D mount in each column for each year, s (b) Adjusted qualifying distributions 194,889 237,500 403,295 668,950 166,300 umn (d)	table amount of any to not complete this see instructions before the value of nonchable with the control of the	year in the base per part ore making any ention of the properties of the part	(d) Distributior (col (b) divided	0 7 ratio by col (c)) 0 469600 0 387070 0 505050 0 918700 0 35537 2 63580 0 52710 695,83

	990-PF (2014)			age 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst	ructio	ns)	
1a	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			0
	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			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others			
5	enter - 0 -) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter - 0			
6	Credits/Payments			
a	2014 estimated tax payments and 2013 overpayment credited to 2014 6a			
b	Exempt foreign organizations—tax withheld at source 6b			
c	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 penalty for underpayment of estimated tax. Check here from 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid b 10			
11	Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded 11			
	t VII-A Statements Regarding Activities		Yes	No.
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	res	No No
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions	10		110
	for definition)?	1b		No
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
c	Did the foundation file Form 1120-POL for this year?	1 c		No
d	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
4a	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		
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			
	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) LUT			
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			NI-
	and addresses.	10		No

Pai	rt VII-A Statements Regarding Activities (continued)			- 3
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 ►SAVAS COMPANY LLC Telephone no ►(801	<u>) 453-</u>	2080	
	Located at ►6405 SOUTH 3000 EAST STE 201 SALT LAKE CITY UT ZIP+4 ►84121			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here		1	▶┌
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over		Yes	No
10	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			110
	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?			
	(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 V No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V No			
	(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			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	ıf 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) Yes 🔽 No			
b	If any answer is "Yes" to $1a(1)-(6)$, did any 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			
c	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(j)(3) or 4942(j)(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 🕨 20, 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not 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 all years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 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			
	ıf the foundation had excess business holdings in 2014.).	3b		
4a	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)) [?]	√ 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		
	(4) 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		
	(5) 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 answer is "Yes" to $5a(1)-(5)$, did any of the transactions fail to qualify under 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				
		•	-			· ·		 Yes	- _{No}		
		nttach the statement requi									
6a		undation, during the yea					prer	niums on			
		al benefit contract?							- _{No}		
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? TYes (- 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		c) Compensation	1	(d) Contributions to	(e) E	xpens	e account,
	(a) Nai	me and address		nours per week voted to position	(1	If not paid, enter -0-)	1	mployee benefit plans I 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 account, wances
	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 (2014)		Page 7
Part VIII Information About Officers, Directors, Trus and Contractors (continued)	tees, Foundation Managers, H	ighly Paid Employees,
3 Five highest-paid independent contractors for professional services	s (see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	S	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include it		er of Expenses
organizations and other beneficiaries served, conferences convened, research papers pro	oduced, etc	
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation durin	g the tax year on lines 1 and 2	A mount
1 N/A		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		▶

Pa	rt X Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	oreign four	ıdatıons,
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	(
b	A verage of monthly cash balances	1b	702,29
C	Fair market value of all other assets (see instructions)	1c	4,12
d	Total (add lines 1a, b, and c)	1d	706,41!
e	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	706,41!
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	10,596
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	695,819
6	Minimum investment return. Enter 5% of line 5	6	34,79
Pai	TEXT Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper certain foreign organizations check here and do not complete this part.)	atıng foun	dations and
1	Minimum investment return from Part X, line 6	1	34,79
2a	Tax on investment income for 2014 from Part VI, line 5		
2a b	Income tax for 2014 (This does not include the tax from Part VI) 2b	1	
c	Add lines 2a and 2b	- 2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	34,79
4	Recoveries of amounts treated as qualifying distributions	4	34,79.
5	Add lines 3 and 4	5	34,79
6	Deduction from distributable amount (see instructions)	-	34,79.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	34,79
<u>'</u>			34,/9.
Par	Qualifying Distributions (see instructions)		
1	A mounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	361,720
b	Program-related investments—total from Part IX-B	1b	
2	A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	A mounts 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	361,720
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	361,720
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whete the section 4940(e) reduction of tax in those years	her the foun	dation qualifies for

Ľ	ondistributed income (see instr	uctions)			
		(a)	(b)	(c) 2013	(d) 2014
4	Distributable amount for 2014 from Dark VI. line 7	Corpus	Years prior to 2013	2013	34,791
	Distributable amount for 2014 from Part XI, line 7				34,791
	Undistributed income, if any, as of the end of 2014				
	Enter amount for 2013 only				
	Total for prior years 20				
	Excess distributions carryover, if any, to 2014				
	From 2010				
	From 2011				
	From 2013				
	Total of lines 3a through e	1,519,773			
	Qualifying distributions for 2014 from Part	2,023,110			
•	XII, line 4 > \$ 361,720				
а	Applied to 2013, but not more than line 2a				
	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				34,791
е	Remaining amount distributed out of corpus	326,929			
5	Excess distributions carryover applied to 2014				
	(If an amount appears in column (d), the				
	same amount must be shown ın column (a).)				
6	Enter the net total of each column as				
	indicated below:	1,846,702			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,040,702			
b	Prior years' undistributed income Subtract line 4b from line 2b				
_	Enter the amount of prior years' undistributed				
Ĭ	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				
	Instructions				
f	Undistributed income for 2014 Subtract				
	lines 4d and 5 from line 1 This amount must				
	be distributed in 2015				0
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may				
	be required - see instructions)				
8	Excess distributions carryover from 2009 not	142.002			
	applied on line 5 or line 7 (see instructions)	142,902			1
9	Excess distributions carryover to 2015.	1,703,800			
	Subtract lines 7 and 8 from line 6a	1,703,800			
	Analysis of line 9				
a	Excess from 2010				
b					
C ىد	Excess from 2012				
a	Excess from 2013				
~	LACC33 HOHI ZOIT 320/323	1	1		1

P	art XIV Private Operating Four	ndations (see in	structions and P	art VII-A, questic	on 9)	
1a	If the foundation has received a ruling or d foundation, and the ruling is effective for 2					
b	Check box to indicate whether the organize	ation is a private oj	perating foundation	described in section	on Г 4942(j)(3) d	or Г 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) local
	Investment return from Part X for each year listed					
b	85% of line 2a					
c	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	A mounts included in line 2c not used directly for active conduct of exempt					
	activities					
e	Qualifying distributions made directly					
	for active conduct of exempt activities					
_	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed					
c	"Support" alternative test—enter					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support					
	from an exempt organization					
	(4) Gross investment income	(2)				
Pa	rt XV Supplementary Information assets at any time during			tne organization	on nad \$5,000 (or more in
1	Information Regarding Foundation Manage		msa actions.			
а	List any managers of the foundation who ha	ave contributed mo	re than 2% of the t	otal contributions r	eceived by the foun	dation
	before the close of any tax year (but only I	f they have contrib	uted more than \$5,	000) (See section	507(d)(2))	
	List any managers of the foundation who ov	wn 10% or more of	the stock of a corp	oration (or an equal	ly large portion of t	 he
	ownership of a partnership or other entity)				, , ,	
	Information Describing Contribution Contri	Cift Loon Cabala	unhim ata Dunaun			
2	Information Regarding Contribution, Grant					
	Check here I if the foundation only ma unsolicited requests for funds If the found	kes contributions to	o preselected chari	itable organizations structions) to indivi	and does not acce	ot Sperioder
	other conditions, complete items 2a, b, c,		grants, etc (see iii.	structions) to marvi	duals of organization	ons under
а	The name, address, and telephone numbe	r or e-mail address	of the person to wh	nom applications sh	ould be addressed	
_	MEGAN WHITE					
	732 WEST 600 NORTH					
	ALPINE,UT 84004					
	(801) 717-6789 MEG W@HOTMAIL COM					
	The form in which applications should be s	submitted and infor	mation and materia	Is they should incli	ide	
J	WRITTEN REQUEST WITH EXPLANATION		macion una materia	they should inclu		
_		A OT NEED				
C	Any submission deadlines	: n				
-	NO SUBMISSION DEADLINES REQUIRE		-hl			
d	Any restrictions or limitations on awards, factors	sucn as by geograp	onicai areas, charit	adie fields, kinds of	institutions, or oth	er
	NO RESTRICTIONS OR LIMITATIONS (ON AWARDS				

3 Grants and Contributions Paid		proved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year See Additional Data Table	or substantial contributor	recipient		
Total				360,50
Total			II 3h	

Form 990-I	PF (2014) -A Analysis of Income-Produci	na Activitie				Page 12
	s amounts unless otherwise indicated	_	usiness income	Excluded by section	n 512, 513, or 514	(e)
-	n service revenue	(a) Business code	(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					
	nds and interest from securities					
a Debt-	financed property					
6 Net rer	ebt-financed property					
8 Gain or	nvestment income					
	ome or (loss) from special events					
	profit or (loss) from sales of inventory evenue a					
b						
е						
	al Add columns (b), (d), and (e)					
(See w	orksheet in line 13 instructions to verify ca	alculations)				
Line No.	Explain below how each activity for whic the accomplishment of the foundation's instructions)	h income is re	ported ın column ((e) of Part XVI-A c	ontributed import	

Form 990-PI	F (2014)										Рa	ge 13
Part XVI	Information R Noncharitable					action	ns and F	Relationships '	With			
section 5	organization directly or i	ndırectly e	engage	ın any of	the following wit						Yes	No
organizat												
	s from the reporting fou											.
	h									1a(1)		No
	erassets									1a(2)		No
b Other tra					_					41.74		
	es of assets to a noncha											No
	chases of assets from a											No
	tal of facilities, equipme											No
	nbursement arrangemei									1b(4)		No
	ns or loan guarantees.									1b(5)		No
	rmance of services or r									1b(6)		No
	of facilities, equipment, swer to any of the above											No
of the go	ods, other assets, or seansaction or sharing arr (b) Amount involved	ervices giverangement,	en by t , show	he reporti ın column	ng foundation I	f the fou f the god	indation rods, other	eceived less than	faır marke es receive	et value ed	1	nts
-												
describe	undation directly or indi d in section 501(c) of t complete the following (a) Name of organizatio	he Code (o schedule		nan sectio	•	ın secti	-	=		. □Y e	es F	No
				-			\perp					
							-					
the Info	der penalties of perjury, best of my knowledge a ormation of which prepa	and belief,	ıt ıs tr	ue, correc								
Sign Here	****				2015-05-11	L.	*****		return	IRS disci		
	Signature of officer or t	rustee			Date	- •	Title		below	preparer tr)? 🔼 Y		
	Print/Type preparer's JAMES C SAVAS	name	Prepa	arer's Sıgn	nature	Date 2015	5-05-11	Check if self- employed ▶	PTIN P(001621	L71	
Paid Preparer Use	Firm's name ► SAVAS & COMPANY	LLC				1		Firm's EIN ► 46	-436821	3		
Only	Firm's address ► 6405 SOUTH 3000 EUT 841216990	EAST 201	SALT	LAKE CI	TY,			Phone no (801)	453-208	30		

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
STERLING GARDNER	TRUSTEE	0	0	0
610 WESTFIELD ROAD ALPINE,UT 84004	1 00			
SHELLI GARDNER	TRUSTEE	0	0	0
610 WESTFIELD ROAD ALPINE,UT 84004	1 00			
JASON HOOPIIAINA	DIRECTOR	0	0	0
610 WESTFIELD RD ALPINE,UT 840041501	1 00			
JON BROWN	DIRECTOR	0	0	0
610 WESTFIELD RD ALPINE,UT 840041501	1 00			
MEGAN WHITE	DIRECTOR	0	0	0
610 WESTFIELD RD ALPINE,UT 840041501	1 00			
NATE WHITE	DIRECTOR	0	0	0
610 W WESTFIELD RD ALPINE,UT 840041501	1 00			
SAGE HOOPIIAINA	DIRECTOR	0	0	0
610 W WESTFIELD RD ALPINE,UT 840041501	1 00			
SARA DOUGLASS	DIRECTOR	0	0	0
610 W WESTFIELD RD ALPINE,UT 840041501	1 00			
SEAN DOUGLASS	DIRECTOR	0	0	0
610 W WESTFIELD RD ALPINE,UT 840041501	1 00			
SHALAE BROWN	DIRECTOR	0	0	0
610 W WESTFIELD RD ALPINE,UT 840041501	1 00			

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
	or substantial contributor			
a Paid during the year				
ABILITY FOUND 5236 S GREENPINE DRIVE SALT LAKE CITY,UT 84123	NONE	PUBLIC	UNRESTRICTED	5,000
AMERICAN LUNG ASSOCIATION 1930 SOUTH 1100 EAST SALT LAKE CITY,UT 84106	NONE	PUBLIC	UNRESTRICTED	1,500
BEAR RIVER COMPANION PROGRAM 170 N MAIN LOGAN,UT 84321	NONE	PUBLIC	UNRESTRICTED	1,500
BIG BROTHER & BIG SISTERS 151 EAST 5600 SOUTH SUITE 200 MURRAY,UT 84107	NONE	PUBLIC	UNRESTRICTED	3,500
BOYS AND GIRLS CLUB 1060 EAST 150 NORTH PROVO,UT 84606	NONE	PUBLIC	UNRESTRICTED	2,000
CANARY GARDEN 475 WEST 260 NORTH OREM,UT 84062	84057	PUBLIC	UNRESTRICTED	2,000
CHILDRENS SERVICE SOCIETY 124 SOUTH 400 EAST SUITE 400 SALT LAKE CITY,UT 84111	NONE	PUBLIC	UNRESTRICTED	5,000
COURAGE REINS 5870 WEST 10400 NORTH HIGHLAND,UT 84003	NONE	PUBLIC	UNRESTRICTED	35,000
CROSSROADS URBAN CENTER 347 SOUTH 400 EAST SALT LAKE CITY,UT 84111	NONE	PUBLIC	UNRESTRICTED	2,000
DIXIE COLLEGE FOUNDATION 301 NORTH 200 EAST ST GEORGE,UT 84770	NON	PUBLIC	UNRESTRICTED	1,500
EYE CARE FOR KIDS 6911 SOUTH STATE STREET MIDVALE,UT 84047	NONE	PUBLIC	UNRESTRICTED	3,500
FORT DOUGLASS MILITARY MUSEUM 32 POTTER ST SALT LAKE CITY,UT 84113	NONE	PUBLIC	UNRESTRICTED	5,000
FREDONIA HIGHSCHOOL SCHOLARSHIP FND 916 ROBINSON FREDONIA,KS 66736	NONE	PUBLIC	UNRESTRICTED	1,000
FRIDAY'S KIDS RESPITE 475 WEST 260 NORTH OREM,UT 84057	NONE	PUBLIC	UNRESTRICTED	2,500
HABITAT FOR HUMANITY 1276 SOUTH 500 WEST SALT LAKE CITY,UT 84101	NONE	PUBLIC	UNRESTRICTED	5,000
Total				360,500

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

Name and address (home or business) a Paid during the year HALE CENTER THEATRE 225 WEST 400 NORTH OREM, UT 84057 INTRMTN THERAPY ANIMALS 4050 SOUTH 2700 EAST SALT LAKE CITY, UT 84124 ISAT 1555 WEST 2200 SOUTH SUITE A SALT LAKE CITY, UT 84119 KANE SCHL FOUND STUDENTS 746 SOUTH 175 EAST KANAB, UT 84741 MALIHEH FREE CLINIC 415 EAST 3900 SOUTH SALT LAKE CITY, UT 84107 MISSION OF HOPE - HAITI PO BOX 171500 AUSTIN, TX 78717 MORALITY IN MEDIA 1100 G STREET NW WASHINTON, DC 20005	f recipient is an individual, show any relationship to any foundation manager or substantial contributor ONE	Foundation status of recipient PUBLIC PUBLIC	Purpose of grant or contribution UNRESTRICTED UNRESTRICTED	A mount 15,000
a Paid during the year HALE CENTER THEATRE 225 WEST 400 NORTH OREM, UT 84057 INTRMTN THERAPY ANIMALS 4050 SOUTH 2700 EAST SALT LAKE CITY, UT 84124 ISAT 1555 WEST 2200 SOUTH SUITE A SALT LAKE CITY, UT 84119 KANE SCHL FOUND STUDENTS 746 SOUTH 175 EAST KANAB, UT 84741 MALIHEH FREE CLINIC 415 EAST 3900 SOUTH SALT LAKE CITY, UT 84107 MISSION OF HOPE - HAITI PO BOX 171500 AUSTIN, TX 78717 MORALITY IN MEDIA 1100 G STREET NW WASHINTON, DC 20005	ONE	PUBLIC		15,000
HALE CENTER THEATRE 225 WEST 400 NORTH OREM, UT 84057 INTRMTN THERAPY ANIMALS 4050 NO SOUTH 2700 EAST SALT LAKE CITY, UT 84124 ISAT 1555 WEST 2200 SOUTH SUITE A SALT LAKE CITY, UT 84119 KANE SCHL FOUND STUDENTS 746 NO SOUTH 175 EAST KANAB, UT 84741 MALIHEH FREE CLINIC 415 EAST 3900 SOUTH SALT LAKE CITY, UT 84107 MISSION OF HOPE - HAITI PO BOX 171500 AUSTIN, TX 78717 MORALITY IN MEDIA 1100 G STREET NW WASHINTON, DC 20005	ONE			15,000
400 NORTH OREM, UT 84057 INTRMTN THERAPY ANIMALS 4050 SOUTH 2700 EAST SALT LAKE CITY, UT 84124 ISAT 1555 WEST 2200 SOUTH SUITE A SALT LAKE CITY, UT 84119 KANE SCHL FOUND STUDENTS 746 SOUTH 175 EAST KANAB, UT 84741 MALIHEH FREE CLINIC 415 EAST 3900 SOUTH SALT LAKE CITY, UT 84107 MISSION OF HOPE - HAITI PO BOX 171500 AUSTIN, TX 78717 MORALITY IN MEDIA 1100 G STREET NW WASHINTON, DC 20005	ONE			15,000
SOUTH 2700 EAST SALT LAKE CITY, UT 84124 ISAT 1555 WEST 2200 SOUTH SUITE A SALT LAKE CITY, UT 84119 KANE SCHL FOUND STUDENTS 746 SOUTH 175 EAST KANAB, UT 84741 MALIHEH FREE CLINIC 415 EAST 3900 SOUTH SALT LAKE CITY, UT 84107 MISSION OF HOPE - HAITI PO BOX 171500 AUSTIN, TX 78717 MORALITY IN MEDIA 1100 G STREET NW WASHINTON, DC 20005		PUBLIC	UNRESTRICTED	
SUITE A SALT LAKE CITY, UT 84119 KANE SCHL FOUND STUDENTS 746 NC SOUTH 175 EAST KANAB, UT 84741 MALIHEH FREE CLINIC 415 EAST 3900 SOUTH SALT LAKE CITY, UT 84107 MISSION OF HOPE - HAITI PO BOX 171500 AUSTIN, TX 78717 MORALITY IN MEDIA 1100 G STREET NW WASHINTON, DC 20005	ONE			2,000
SOUTH 175 EAST KANAB, UT 84741 MALIHEH FREE CLINIC 415 EAST 3900 SOUTH SALT LAKE CITY, UT 84107 MISSION OF HOPE - HAITI PO BOX 171500 AUSTIN, TX 78717 MORALITY IN MEDIA 1100 G STREET NW WASHINTON, DC 20005		PUBLIC	UNRESTRICTED	1,000
3900 SOUTH SALT LAKE CITY, UT 84107 MISSION OF HOPE - HAITI PO BOX 171500 AUSTIN, TX 78717 MORALITY IN MEDIA 1100 G STREET NW WASHINTON, DC 20005	ONE	PUBLIC	UNRESTRICTED	3,000
BOX 171500 AUSTIN,TX 78717 MORALITY IN MEDIA 1100 G STREET NW WASHINTON,DC 20005	ONE	PUBLIC	UNRESTRICTED	5,000
STREET NW WASHINTON, DC 20005	ONE	PUBLIC	UNRESTRICTED	10,000
	ONE	PUBLIC	UNRESTRICED	5,000
ORCHESTRA OF SOUTHERN UTA PO BOX 312 CEDAR CITY, UT 84721	ONE	PUBLIC	UNRESTRICTED	4,000
PEOPLE HELPING PEOPLE 205 NORTH 400 WEST SALT LAKE CITY, UT 84103	ONE	PUBLIC	UNRESTRICTED	2,000
SOUTH VALLEY SANCTUARY PO NC BOX 1028 WEST JORDAN, UT 84084	ONE	PUBLIC	UNRESTRICTED	2,500
SPLORE 774 EAST 300 SOUTH NC SUITE 105 SALT LAKE CITY, UT 84106	ONE	PUBLIC	UNRESTRICTED	2,000
SUZUKI STRINGS 300 EAST 11800 NC SOUTH DRAPER,UT 84020	ONE	PUBLIC	UNRESTRICTED	1,000
THANKGIVING POINT INSTITUTE NC 3003 N THANKGIVING WAY LEHI,UT 84043	ONE	PUBLIC	UNRESTRICTED	200,000
THE CENTER FOR WOMEN & NC CHILDREN IN CRISIS 1433 EAST 840 NORTH OREM,UT 84097	ONE	PUBLIC	UNRESTRICTED	5,000
THE HAPPY FACTORY 895 NORTH NC 2175 WEST CEDAR CITY, UT 84721	ONE	PUBLIC	UNRESTRICTED	2,000
Total		<u> </u>		

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

JBLIC	UNRESTRICTED UNRESTRICTED UNRESTRICTED UNRESTRICTED	2,000
JBLIC JBLIC	UNRESTRICTED UNRESTRICTED UNRESTRICTED	2,000
JBLIC JBLIC	UNRESTRICTED UNRESTRICTED UNRESTRICTED	2,000
JBLIC	UNRESTRICTED	2,000
JBLIC	UNRESTRICTED	
		5,000
JBLIC	UNRESTRICTED	5,000
JBLIC	UNRESTRICTED	5,000
JBLIC	UNRESTRICTED	2,000
JBLIC	UNRESTRICTED	3,000
JBLIC	UNRESTRICTED	2,500
JBLIC	UNRESTRICTED	500
	BLIC	UBLIC UNRESTRICTED UNRESTRICTED

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As Filed Data -

DLN: 93491135028185

0140 11 1515 0015

OMB No 1545-0047

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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 www.irs.gov/form990.

2014

Employer identification number

SIEKL	ING &SHELLI GARDNE	REGUNDATION	87-0686202					
Organ	ization type (check one)						
Filers	of:	Section:						
Form 9	90 or 990-EZ	501(c)() (enter number) organization						
	1	4947(a)(1) nonexempt charitable trust not treated as a private foundation	ı					
		527 political organization						
Form 9	90-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation	undation					
		501(c)(3) taxable private foundation						
┍		g Form 990, 990-EZ, or 990-PF that received, during the year, contributions to y one contributor Complete Parts I and II See instructions for determining a co						
Г	under sections 509(a)(7 received from any one	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% supposed in and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part contributor, during the year, total contributions of the greater of (1) \$5,000 or corm 990-EZ, line 1 Complete Parts I and II	ll, line 13, 16a, or 16b, and that					
Γ	during the year, total co	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive ntributions of more than \$1,000 exclusively for religious, charitable, scientific, uelty to children or animals Complete Parts I, II, and III	· · · · · · · · · · · · · · · · · · ·					
Γ	during the year, contribution this box is checked, entipurpose Do not comple	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received utions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributer here the total contributions that were received during the year for an <i>excluste</i> any of the parts unless the General Rule applies to this organization because, contributions totaling \$5,000 or more during the year	outions totaled more than \$1,000 If usively religious, charitable, etc, ause it received nonexclusively					

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 STERLING &SHELLI GARDNER FOUNDATION Employer identification number 87-0686202

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	STERLING SHELLI GARDNER 610 W WESTFIELD RD ALPINE, UT 840041501	\$600,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(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
STERLING &SHELLI GARDNER FOUNDATION

87-0686202

art II Nonca	Sh Property (see instructions) Use duplicate copies of Part II if additional space	ce is	
) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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No. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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		-	

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rganization S & S H E I I I G A P D N E P E O I I N D A T I O N			Employer identification number				
A STILLET GARBNER TO ONDATION		87-0686202					
that total more than \$1,000 for the year from entry. For organizations completing Part III, enter the year. (Enter this information once. See institute of the year.)	om any one	contributor. Complet	e columns (a) through (e) and the following line				
(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Transferee's name, address, and 2		_	enship of transferor to transferee				
(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held				
Transferee's name, address, and ZIP 4		_	enship of transferor to transferee				
(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held				
Transferee's name, address, and 2			onship of transferor to transferee				
(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held				
Transferee's name, address, and 2		_	enship of transferor to transferee				
	that total more than \$1,000 for the year freentry. For organizations completing Part III, enter the year (Enter this information once. See institute duplicate copies of Part III if additional space. (b) Purpose of gift (b) Purpose of gift	Exclusively religious, charitable, etc., contributions to that total more than \$1,000 for the year from any one entry For organizations completing Part III, enter the total of eithey year (Enter this information once See instructions) but be duplicate copies of Part III if additional space is needed (b) Purpose of gift (c) Transferee's name, address, and ZIP 4 (b) Purpose of gift (c) (c) Transferee's name, address, and ZIP 4 (b) Purpose of gift (c) (c) Transferee's name, address, and ZIP 4 (b) Purpose of gift (c) (c) (d) (e) Transferee's name, address, and ZIP 4 (e) Transferee's name, address, and ZIP 4	Exclusively religious, charitable, etc., contributions to organizations describat total more than \$1,000 for the year from any one contributor. Complete entry For organizations completing Part III, enter the total of exclusively religious, of the year (Enter this information once. See instructions.) Use duplicate copies of Part III if additional space is needed (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP 4 (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Transfer of gift Relation (e) Transfer of gift Relation (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Purpose of gift (e) Transfer of gift				

TY 2014 Accounting Fees Schedule

Name: STERLING & SHELLI GARDNER FOUNDATION

EIN: 87-0686202

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	1,196			1,196

TY 2014 Other Expenses Schedule

Name: STERLING &SHELLI GARDNER FOUNDATION

EIN: 87-0686202

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
SUPPLIES	24			24

DLN: 93491135028185

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

TY 2014 Other Notes/Loans Receivable Long Schedule

Name: STERLING &SHELLI GARDNER FOUNDATION

EIN: 87-0686202

Borrower's Name	Relationship to Insider	Original Amount of Loan	Balance Due	Date of Note	Maturity Date	Repayment Terms	Interest Rate	Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV
NR FAMILY IRREV TRUST		4,122	4,122	2007-12			1 00 %	NONE			