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Form

990-PF

Department of the Treasury  
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015, and ending 12-31-2015

Name of foundation THE ASHTON FAMILY FOUNDATION		A Employer identification number 87-0480108	
Number and street (or P O box number if mail is not delivered to street address) 199 NORTH 290 WEST 100		Room/suite	B Telephone number (see instructions) (801) 226-1266
City or town, state or province, country, and ZIP or foreign postal code LONDON, UT 84042		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change		<input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <input checked="" type="checkbox"/> \$ 2,687,874		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>			Revenue and expenses per books <b>(a)</b>	Net investment income <b>(b)</b>	Adjusted net income <b>(c)</b>	Disbursements for charitable purposes <b>(d)</b> (cash basis only)
Revenue	<b>1</b>	Contributions, gifts, grants, etc , received (attach schedule) . . . . .	1,705,325			
	<b>2</b>	Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	<b>3</b>	Interest on savings and temporary cash investments	85	85		
	<b>4</b>	Dividends and interest from securities . . . . .	101,108	101,108		
	<b>5a</b>	Gross rents . . . . .				
	<b>b</b>	Net rental income or (loss) _____				
	<b>6a</b>	Net gain or (loss) from sale of assets not on line 10	34,074			
	<b>b</b>	Gross sales price for all assets on line 6a 2,994,575				
	<b>7</b>	Capital gain net income (from Part IV, line 2) . . .		34,074		
	<b>8</b>	Net short-term capital gain . . . . .				
	<b>9</b>	Income modifications . . . . .				
	<b>10a</b>	Gross sales less returns and allowances				
Operating and Administrative Expenses	<b>b</b>	Less Cost of goods sold . . . . .				
	<b>c</b>	Gross profit or (loss) (attach schedule) . . . . .				
	<b>11</b>	Other income (attach schedule) . . . . .	6,009	6,009		
	<b>12</b>	<b>Total.</b> Add lines 1 through 11 . . . . .	1,846,601	141,276		
	<b>13</b>	Compensation of officers, directors, trustees, etc	44,000			44,000
	<b>14</b>	Other employee salaries and wages . . . . .				
	<b>15</b>	Pension plans, employee benefits . . . . .				
	<b>16a</b>	Legal fees (attach schedule). . . . .				
	<b>b</b>	Accounting fees (attach schedule). . . . .	2,449	612		1,837
	<b>c</b>	Other professional fees (attach schedule) . . . . .	32,787	30,242		2,545
	<b>17</b>	Interest . . . . .	5	5		
	<b>18</b>	Taxes (attach schedule) (see instructions) . . . .	3,409	1,159		
<b>19</b>	Depreciation (attach schedule) and depletion . . .					
<b>20</b>	Occupancy . . . . .					
<b>21</b>	Travel, conferences, and meetings. . . . .	102,317			102,317	
<b>22</b>	Printing and publications . . . . .					
<b>23</b>	Other expenses (attach schedule). . . . .	1,717	1,572		145	
<b>24</b>	<b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	186,684	33,590		150,844	
<b>25</b>	Contributions, gifts, grants paid . . . . .	1,860,436			1,860,436	
<b>26</b>	<b>Total expenses and disbursements.</b> Add lines 24 and 25	2,047,120	33,590		2,011,280	
	<b>27</b>	Subtract line 26 from line 12				
	<b>a</b>	<b>Excess of revenue over expenses and disbursements</b>	-200,519			
	<b>b</b>	<b>Net investment income</b> (if negative, enter -0- )		107,686		
	<b>c</b>	<b>Adjusted net income</b> (if negative, enter -0- ) . . . .				

Part II		Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing . . . . .				
	2	Savings and temporary cash investments . . . . .	135,926	186,551	186,551	
	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 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 . . . . .				
	9	Prepaid expenses and deferred charges . . . . .				
	10a	Investments—U S and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule) . . . . .	2,825,628	2,574,484	2,479,344	
	c	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 ▶ _____)	21,979	21,979	21,979		
16	Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)	2,983,533	2,783,014	2,687,874		
Liabilities	17	Accounts payable and accrued expenses . . . . .				
	18	Grants payable . . . . .				
	19	Deferred revenue . . . . .				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule). . . . .				
	22	Other liabilities (describe ▶ _____)				
	23	Total liabilities(add lines 17 through 22) . . . . .		0		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted . . . . .				
	25	Temporarily restricted . . . . .				
	26	Permanently restricted . . . . .				
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds . . . . .				
	28	Paid-in or capital surplus, or land, bldg , and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds	2,983,533	2,783,014		
	30	Total net assets or fund balances(see instructions) . . . . .	2,983,533	2,783,014		
31	Total liabilities and net assets/fund balances(see instructions) . . . . .	2,983,533	2,783,014			

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return) . . . . .	1	2,983,533
2	Enter amount from Part I, line 27a . . . . .	2	-200,519
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3 . . . . .	4	2,783,014
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6	2,783,014

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr )	Date sold (d) (mo , day, yr )
1 a	PUBLICLY TRADED SECURITIES	P		2015-12-31
b	PUBLICLY TRADED SECURITIES	P		2015-12-31
c				
d				
e				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a 2,976,229		2,960,501	15,728
b 10			10
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a			15,728
b			10
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	34,074
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 . . . . . }		3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )  
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	8,834,482	3,648,467	2 421423
2013	1,097,541	11,798,029	0 093027
2012	818,282	12,195,760	0 067096
2011	756,289	12,763,168	0 059256
2010	632,907	13,258,010	0 047738

2 Total of line 1, column (d). . . . .	2	2 688540
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 537708
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5. . . . .	4	2,862,812
5 Multiply line 4 by line 3. . . . .	5	1,539,357
6 Enter 1% of net investment income (1% of Part I, line 27b). . . . .	6	1,077
7 Add lines 5 and 6. . . . .	7	1,540,434
8 Enter qualifying distributions from Part XII, line 4. . . . .	8	2,011,280

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See  
the Part VI instructions

Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a

Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1  
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 here ☒ and enter 1% of Part I, line 27b . . . . .

c

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-)

2

3

Add lines 1 and 2. . . . .

3

1,077

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- . . . . .

5

1,077

6

Credits/Payments

a

2015 estimated tax payments and 2014 overpayment credited to 2015

6a

2,504

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. . . . .

7

2,504

8

Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.

8

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** . . . . .

10

1,427

11

Enter the amount of line 10 to be **Credited to 2015 estimated tax** ☒ 1,427 **Refunded** ☒

11

Part VII-A

Statements Regarding Activities

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

No

b

Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .  
*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.*

1b

No

c

Did the foundation file **Form 1120-POL** for this year? . . . . .

1c

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? . . . . .  
*If "Yes," attach a detailed description of the activities.*

2

No

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? . . . . .  
*If "Yes," attach the statement required by General Instruction T.*

5

No

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):  
☒ 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 2015 or the taxable year beginning in 2015 (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

Yes

Part VII-A

Statements Regarding Activities *(continued)*

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? Website address ▶N/A	13	Yes	
14	The books are in care of ▶BEESMARK INVESTMENTS Telephone no ▶(801) 226-1266 Located at ▶199 NORTH 290 WEST SUITE 100 LINDON UT ZIP+4 ▶84042			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶	15		
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 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 ▶	16	Yes	No

Part 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" 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 ). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	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)? . . . . . <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ <input type="checkbox"/>	1b		No
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 2015? . . . . . <input type="checkbox"/>	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))			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 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 ). . . . . <input type="checkbox"/>	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 ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2015 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?( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.</i> ) . . . . . <input type="checkbox"/>	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 2015?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a

During the year did the foundation pay or incur any amount to

(1)

Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes

☒ No

(2)

Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes

☒ No

(3)

Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes

☒ No

(4)

Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A )? (see instructions).

☐ Yes

☒ No

(5)

Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes

☒ No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here.

☐

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

☐ Yes

☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes

☒ No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes

☒ No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

Total number of other employees paid over \$50,000.

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(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. ▶

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3. ▶	

Part X

Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations,see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities. . . . .	1a	2,723,191
b	Average of monthly cash balances. . . . .	1b	161,238
c	Fair market value of all other assets (see instructions). . . . .	1c	21,979
d	Total (add lines 1a, b, and c). . . . .	1d	2,906,408
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	
3	Subtract line 2 from line 1d. . . . .	3	2,906,408
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	43,596
5	Net value of noncharitable-use assets.Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,862,812
6	Minimum investment return.Enter 5% of line 5. . . . .	6	143,141

Part XI

Distributable Amount

(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

1	Minimum investment return from Part X, line 6. . . . .	1	143,141
2a	Tax on investment income for 2015 from Part VI, line 5. . . . .	2a	1,077
b	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	1,077
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	142,064
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	
5	Add lines 3 and 4. . . . .	5	142,064
6	Deduction from distributable amount (see instructions). . . . .	6	
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	142,064

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	1a	2,011,280
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		
a	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	2,011,280
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	1,077
6	Adjusted qualifying distributions.Subtract line 5 from line 4. . . . .	6	2,010,203

**Note:**The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				142,064
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only. . . . .				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2015				
a From 2010. . . . .				
b From 2011. . . . .				120,025
c From 2012. . . . .				210,618
d From 2013. . . . .				525,958
e From 2014. . . . .				8,658,651
f Total of lines 3a through e. . . . .	9,515,252			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 2,011,280				
a Applied to 2014, but not more than line 2a				
b 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 2015 distributable amount. . . . .				142,064
e Remaining amount distributed out of corpus	1,869,216			
5 Excess distributions carryover applied to 2015 (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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	11,384,468			
b Prior years' undistributed income Subtract line 4b from line 2b. . . . .				
c 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 . . . . .				
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
f Undistributed income for 2016 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 2010 not applied on line 5 or line 7 (see instructions). . .				
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a. . . . .	11,384,468			
10 Analysis of line 9				
a Excess from 2011. . . . .				120,025
b Excess from 2012. . . . .				210,618
c Excess from 2013. . . . .				525,958
d Excess from 2014. . . . .				8,658,651
e Excess from 2015. . . . .				1,869,216

Part XIVPrivate Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. . . . .

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

☐ 4942(j)(3) or ☐ 4942(j)(5)

2a

Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

b

85% of line 2a . . . . .

c

Qualifying distributions from Part XII, line 4 for each year listed . . . . .

d

Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .

e

Qualifying distributions made directly for active conduct of exempt activities  
Subtract line 2d from line 2c . . . . .

3

Complete 3a, b, or c for the alternative test relied upon

a

"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

Part XVSupplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

b

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a

The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

ALAN C ASHTON CO DAVE HARKNESS  
199 NORTH 290 WEST SUITE 100  
LINDON,UT 84042  
(801) 226-1266

b

The form in which applications should be submitted and information and materials they should include

WRITTEN REQUEST INCLUDING EXPLANATION OF NEED

c

Any submission deadlines

NONE

d

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

NONE

Form 990-PF (2015)

Part XV

Supplementary Information(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total . . . . .			3a	1,860,436
b Approved for future payment				
Total . . . . .			3b	

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount		
<b>1</b> Program service revenue						
<b>a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> _____						
<b>g</b> Fees and contracts from government agencies						
<b>2</b> Membership dues and assessments. . . . .						
<b>3</b> Interest on savings and temporary cash investments . . . . .			14	85		
<b>4</b> Dividends and interest from securities. . . . .			14	101,108		
<b>5</b> Net rental income or (loss) from real estate						
<b>a</b> Debt-financed property. . . . .						
<b>b</b> Not debt-financed property. . . . .						
<b>6</b> Net rental income or (loss) from personal property . . . . .						
<b>7</b> Other investment income. . . . .						
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			14	34,074		
<b>9</b> Net income or (loss) from special events						
<b>10</b> Gross profit or (loss) from sales of inventory . . . . .						
<b>11</b> Other revenue <b>a</b> <u>SECTION 1231 PLAINS</u>			14	4		
<b>b</b> <u>PROCEEDS FROM CLASS ACTION</u>			14	6,005		
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>12</b> Subtotal Add columns (b), (d), and (e). . . . .				141,276		
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .						141,276

(See worksheet in line 13 instructions to verify calculations )

[illegible]

**d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

	Yes	No
1a(1)		No
1a(2)		No
1b(1)		No
1b(2)		No
1b(3)		No
1b(4)		No
1b(5)		No
1b(6)		No
1c		No

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign  
Here**

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

\* \* \* \* \*

2016-05-13

\* \* \* \* \*

Signature of officer or trustee

Date

## Title

May the IRS discuss this return with the preparer shown below (see instr )? ☐ Yes ☐ No

☐ Yes ☐ No

**Paid  
Preparer  
Use  
Only**

Print/Type preparer's name JAMES C SAVAS	Preparer's Signature	Date 2016-05-13	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00162171
Firm's name <input checked="" type="checkbox"/> SAVAS & COMPANY LLC			Firm's EIN <input checked="" type="checkbox"/> 46-4368213	
Firm's address <input checked="" type="checkbox"/> 6405 SOUTH 3000 EAST 201 SALT LAKE CITY, UT 841216990			Phone no (801) 453-2080	


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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
ADAM ASHTON	TRUSTEE 1 25	2,000	0	0
641 SOUTH PALISADE DRIVE OREM,UT 84097				
ALAN C ASHTON	TRUSTEE 1 25	2,000	0	0
199 NORTH 290 WEST STE 100 LINDON,UT 84042				
ALLISON NORTON	TRUSTEE 1 00	1,500	0	0
6026 WEST 11400 NORTH HIGHLAND,UT 84003				
AMY JO YOUNG	TRUSTEE 1 25	2,000	0	0
2909 NORTH 1230 WEST PLEASANT GROVE,UT 84062				
ANNIE ASHTON	TRUSTEE 1 25	2,000	0	0
641 SOUTH PALISADE DRIVE OREM,UT 84097				
BRIGHAM ASHTON	TRUSTEE 1 25	2,000	0	0
946 EAST 500 SOUTH OREM,UT 84097				
CHAD YOUNG	TRUSTEE 1 25	2,000	0	0
2909 NORTH 1230 WEST PLEASANT GROVE,UT 84062				
ELIZA SMITH	TRUSTEE 0 50	500	0	0
26870 REGENCY PINES DRIVE KINGWOOD,TX 77339				
ELIZABETH ASHTON	TRUSTEE 1 25	2,000	0	0
946 EAST 500 SOUTH OREM,UT 84097				
EMILY ANN EDDINGTON	TRUSTEE 1 25	2,000	0	0
737 WEST 2490 NORTH PLEASANT GROVE,UT 84062				
ERIN ASHTON	TRUSTEE 1 25	2,000	0	0
742 EAST 600 SOUTH OREM,UT 84097				
HEATH WESTFALL	TRUSTEE 1 25	2,000	0	0
515 SOUTH PALISADE DRIVE PROVO,UT 84097				
KAREN ASHTON	TRUSTEE 1 25	2,000	0	0
199 NORTH 290 WEST STE 100 LINDON,UT 84042				
MELISSA ASHTON	TRUSTEE 1 25	2,000	0	0
11707 SUNRISE CIRCLE HIGHLAND,UT 84003				
MICHAEL SMITH	TRUSTEE 0 50	500	0	0
26870 REGENCY PINES DRIVE KINGWOOD,TX 77339				
MORGAN ASHTON	TRUSTEE 1 25	2,000	0	0
6017 WEST BULL RIVER ROAD HIGHLAND,UT 84003				
PAUL EDDINGTON	TRUSTEE 1 25	2,000	0	0
737 WEST 2490 NORTH PLEASANT GROVE,UT 84062				
REBEKAH WESTFALL	TRUSTEE 1 25	2,000	0	0
515 SOUTH PALISADE DRIVE PROVO,UT 84097				
SAMUEL ASHTON	TRUSTEE 1 25	2,000	0	0
11707 SUNRISE CIRCLE HIIGHLAND,UT 84003				
SPENCER ASHTON	TRUSTEE 1 25	2,000	0	0
974 E ROSEBROOK CIRCLE SANDY,UT 84070				
STEPHANIE ASHTON	TRUSTEE 1 25	2,000	0	0
6017 WEST BULL RIVER ROAD HIGHLAND,UT 84003				
STEPHEN ASHTON	TRUSTEE 1 25	2,000	0	0
742 EAST 600 SOUTH OREM,UT 84097				
TOBY NORTON	TRUSTEE 1 00	1,500	0	0
6036 WEST 11400 NORTH HIGHLAND,UT 84003				
TRACI ASHTON	TRUSTEE 1 25	2,000	0	0
974 E ROSEBROOK CIRCLE DRAPER,UT 84020				
DAVE HARKNESS	EXECUTIVE DI 0 25	0	0	0
199 EAST 200 NORTH STE 100 LINDON,UT 84042				


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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ALPINE SCHOOL DISTRICT ALPINE SCHOOL DISTRICT 575 NORTH 100 EAST 575 NORTH 100 EAST AMERICAN FORK,UT 84003	NOT APPLICABLE	PUBLIC	UNRESTRICTED	3,000
AMAR US AMAR US 1616 H STREET NW SUITE 105 WASHINGTON,DC 20006	NOT APPLICABLE	PUBLIC	UNRESTRICTED	8,000
AMERICAN HERITAGE SCHOOL AMERICAN HERITAGE SCHOOL 736 NORTH 1100 EAST 736 NORTH 1100 EAST AMERICAN FORK,UT 84003	NOT APPLICABLE	PUBLIC	UNRESTRICTED	890
ASSISTANCE LEAGUE OF SLC ASSISTANCE LEAGUE OF SALT LAKE CITY PO BOX 9353 PO BOX 9353 SALT LAKE CITY,UT 84109	NOT APPLICABLE	PUBLIC	UNRESTRICTED	2,500
BIG OCEAN WOMEN BIG OCEAN WOMEN 972 EAST CROSS WINDS DR 972 EAST CROSS WINDS DR SPANISH FORK,UT 84660	NOT APPLICABLE	PUBLIC	UNRESTRICTED	1,000
BRIGHAM YOUNG UNIVERSITY BRIGHAM YOUNG UNIVERSITY PO BOX 410455 PO BOX 410455 SALT LAKE CITY,UT 84141	NOT APPLICABLE	PUBLIC	UNRESTRICTED	142,000
BUILDERS WITHOUT BORDERS OF UTAH BUILDERS WITHOUT BORDERS OF UTAH 1051 WEST 10250 SOUTH 1051 WEST 10250 SOUTH SOUTH JORDAN,UT 84095	NOT APPLICABLE	PUBLIC	UNRESTRICTED	2,000
BUILDING YOUTH AROUND THE WORLD BUILDING YOUTH AROUND THE WORLD 2785 W 9000 SW 2785 W 9000 SW JORDAN,UT 84088	NOT APPLICABLE	PUBLIC	UNRESTRICTED	5,500
CENTER FOR WOMEN & CHILDREN CRISIS CENTER FOR WOMEN & CHILDREN IN CRISIS 1433 EAST 840 NORTH 1433 EAST 840 NORTH OREM,UT 84097	NOT APPLICABLE	PUBLIC	UNRESTRICTED	7,500
COMMUNITY ACTION SERVICES OF UT COU COMMUNITY ACTION SERVICES OF UT COUNTY 815 S FREEDOM BLVD 100 815 S FREEDOM BLVD 100 PROVO,UT 84601	NOT APPLICABLE	PUBLIC	UNRESTRICTED	5,000
COMMUNITY HEALTH CONNECT COMMUNITY HEALTH CONNECT 591 SOUTH STATE STREET PROVO,UT 84606	NOT APPLICABLE	PUBLIC	UNRESTRICTED	6,000
CROSSROADS URBAN CENTER CROSSROADS URBAN CENTER 347 SOUTH 400 EAST 347 SOUTH 400 EAST SALT LAKE CITY,UT 84111	NOT APPLICABLE	PUBLIC	UNRESTRICTED	5,000
DESERET ARTS FOUNDATION DESERET ARTS FOUNDATION PO BOX 101 PO BOX 101 RIVERTON,UT 84065	NOT APPLICABLE	PUBLIC	UNRESTRICTED	300,000
EYE CARE FOR KIDS EYE CARE FOR KIDS FOUNDATION 6911 SOUTH STATE STREET 6911 SOUTH STATE STREET MIDVALE,UT 84047	NOT APPLICABLE	PUBLIC	UNRESTRICTED	5,000
FOR THE KIDS FOR THE KIDS 84 WEST 620 SOUTH OREM,UT 84058	NOT APPLICABLE	PUBLIC	UNRESTRICTED	1,500
Total . . . . . 3a				1,860,436


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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
FRIENDS FOR SIGHT FRIENDS FOR SIGHT 661 SOUTH 200 EAST 661 SOUTH 200 EAST SALT LAKE CITY,UT 84111	NOT APPLICABLE	PUBLIC	UNRESTRICTED	5,000
FRIENDS OF UTAH COUNTY CHILDREN'S FRIENDS OF UTAH COUNTY CHILDRENS JUSTICE 315 SOUTH 100 EAST PROVO,UT 84606	NOT APPLICABLE	PUBLIC	UNRESTRICTED	2,000
HEALING THE CHILDREN HEALING THE CHILDREN 4142 WEST 105TH WAY 4142 WEST 105TH WAY WESTMINSTER,CO 80031	NOT APPLICABLE	PUBLIC	UNRESTRICTED	2,500
INTERMOUNTAIN RESEARCH & MEDICAL INTERMOUNTAIN RESEARCH & MEDICAL FOUNDATION 36 S STATE STREET 36 S STATE STREET SALT LAKE CITY,UT 84111	NOT APPLICABLE	PUBLIC	UNRESTRICTED	5,000
INTERNATIONAL AID SERVING KIDS INTERNATIONAL AID SERVING KIDS 1135 NORTH 650 EAST 1135 NORTH 650 EAST OREM,UT 84097	NOT APPLICABLE	PUBLIC	UNRESTRICTED	3,000
IVUMED IVUMED 3269 S MAIN ST STE 230 3269 S MAIN ST STE 230 SALT LAKE CITY,UT 84115	NOT APPLICABLE	PUBLIC	UNRESTRICTED	2,000
JUNIOR LEAGUE JUNIOR LEAGUE OF SALT LAKE CITY 526 EAST 300 SOUTH 526 EAST 300 SOUTH SALT LAKE CITY,UT 84102	NOT APPLICABLE	PUBLIC	UNRESTRICTED	3,000
LDS CHURCH THE CHURCH OF JESUS CHRIST OF LATTER DAY SAINTS 15 EAST SOUTH TEMPLE 15 EAST SOUTH TEMPLE SALT LAKE CITY,UT 84150	NOT APPLICABLE	PUBLIC	UNRESTRICTED	168,000
LDS CHURCH MT MAHOGANY 4TH WARD 50 EAST NORTH TEMPLE SALT LAKE CITY,UT 84150	NOT APPLICABLE	PUBLIC	UNRESTRICTED	1,118
LEGAL AID SOCIETY OF SALT LAKE LEGAL AID SOCIETY OF SALT LAKE 205 N 400 W 205 N 400 W SALT LAKE CITY,UT 84103	NOT APPLICABLE	PUBLIC	UNRESTRICTED	3,000
LIGHT OF THE WORLD FOUNDATION LIGHT OF THE WORLD FOUNDATION 224 S MAIN STREET 501 224 S MAIN STREET 501 SPRINGVILLE,UT 84663	NOT APPLICABLE	PUBLIC	UNRESTRICTED	350,000
LITTLE SISTERS FUND LITTLE SISTERS FUND 206 E WALNUT AVE 206 E WALNUT AVE HAILEY,ID 83333	NOT APPLICABLE	PUBLIC	UNRESTRICTED	3,000
MENTORS INTERNATIONAL MENTORS INTERNATIONAL 65 WADSWORTH PARK DR 207 DRAPER,UT 84020	NOT APPLICABLE	PUBLIC	UNRESTRICTED	5,000
MORE GOOD FOUNDATION MORE GOOD FOUNDATION 1569 N TECHNOLOGY WAY BLD 1569 N TECHNOLOGY WAY BLD OREM,UT 84097	NOT APPLICABLE	PUBLIC	UNRESTRICTED	240,000
MOUNTAINLAND FOUNDATION MOUNTAINLAND FOUNDATION 586 EAST 800 NORTH 586 EAST 800 NORTH OREM,UT 84097	NOT APPLICABLE	PUBLIC	UNRESTRICTED	5,000
<b>Total . . . . .</b>  <b>3a</b>				1,860,436

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MOUNTAINLANDS COMMUNITIY HEALTH MOUNTAINLANDS COMMUNITY HEALTH CENTER 589 SOUTH STATE STREET 589 SOUTH STATE STREET PROVO,UT 84606	NOT APPLICABLE	PUBLIC	UNRESTRICTED	5,000
MOUNTAINVILLE ACADEMY MOUNTAINVILLE ACADEMY 195 SOUTH MAIN STREET 195 SOUTH MAIN STREET ALPINE,UT 84004	NOT APPLICABLE	PUBLIC	UNRESTRICTED	2,025
NATIONAL MUSIC THEATER NETWORK INC NATIONAL MUSIC THEATER NETWORK INC 250 WEST 49TH STREET 101 250 WEST 49TH STREET 101 NEW YORK,NY 10019	NOT APPLICABLE	PUBLIC	UNRESTRICTED	4,500
OPERATION SMILE OPERATION SMILE 6435 TIDEWATER DRIVE 6435 TIDEWATER DRIVE NORFOLK,VA 23509	NOT APPLICABLE	PUBLIC	UNRESTRICTED	3,000
OUESLESSEBOUGOU ALLIANCE OUESLESSEBOUGOU ALLIANCE 1055 NORTH 300 WEST STE 204 PROVO,UT 84604	NOT APPLICABLE	PUBLIC	UNRESTRICTED	3,000
PREGNANCY CARE CENTER OF GRANTS PAS PREGNANCY CARE CENTER OF GREANTS PASS 714 SE 8TH STREET 714 SE 8TH STREET GRANTS PASS,OR 97526	NOT APPLICABLE	PUBLIC	UNRESTRICTED	4,000
PREVENT CHILD ABUSE UTAH PREVENT CHILD ABUSE UTAH 2955 HARRISON BLVD 104 2955 HARRISON BLVD 104 OGDEN,UT 84403	NOT APPLICABLE	PUBLIC	UNRESTRICTED	5,000
PRIMARY CHILDREN'S MEDICAL CENTER F PRIMARY CHILDREN'S MEDICAL CENTER FOUNDATION 100 MARIO CAPECCHI DR SALT LAKE CITY,UT 84132	NOT APPLICABLE	PUBLIC	UNRESTRICTED	22,571
RONALD MCDONALD HOUSE RONALD MCDONALD HOUSE CHARITIES 1135 EAST SOUTH TEMPLE 1135 EAST SOUTH TEMPLE SALT LAKE CITY,UT 84102	NOT APPLICABLE	PUBLIC	UNRESTRICTED	5,000
SALT LAKE COMMUNITY COLLEGE FOUND SALT LAKE COMMUNITY COLLEGE FOUND 4600 SOUTH REDWOOD RD AD050 SALT LAKE CITY,UT 84123	NOT APPLICABLE	PUBLIC	UNRESTRICTED	2,500
SALT LAKE DONATED DENTAL SERVICES SALT LAKE DONATED DENTAL SERVICES 1383 S 900 WSTE 128 1383 S 900 WSTE 128 SALT LAKE CITY,UT 84104	NOT APPLICABLE	PUBLIC	UNRESTRICTED	5,000
SALT LAKE SEXUAL ASSAULT NURSE SALT LAKE SEXUAL ASSAULT NURSE EXAMINERS 2035 SOUTH 1300 EAST 2035 SOUTH 1300 EAST SALT LAKE CITY,UT 84105	NOT APPLICABLE	PUBLIC	UNRESTRICTED	5,000
SCERA CORPORATION SCERA CORPORATION 345 E 800 S OREM,UT 84097	NOT APPLICABLE	PUBLIC	UNRESTRICTED	950
SIONFONDS FOR HAITI SIONFONDS FOR HAITI PO BOX 79 CANYON,CA 94516	NOT APPLICABLE	PUBLIC	UNRESTRICTED	9,100
SUSAN B KOMEN UTAH SUSAN B KOMEN UTAH 4900 S HIGHLAND DR HOLLADAY,UT 84117	NOT APPLICABLE	PUBLIC	UNRESTRICTED	1,000
<b>Total . . . . .</b>  <b>3a</b>				1,860,436

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
SUTHERLAND INSTITUTE SUTHERLAND INSTITUTE 15 WEST SOUTH TEMPLE 200 SALT LAKE CITY,UT 84101	NOT APPLICABLE	PUBLIC	UNRESTRICTED	25,000
THE ROAD HOME THE ROAD HOME 210 SOUTH RIO GRANDE ST 210 SOUTH RIO GRANDE ST SALT LAKE CITY,UT 84101	NOT APPLICABLE	PUBLIC	UNRESTRICTED	5,000
TIMPANOGOS STORYTELLING FESTIVAL TIMPANOGOS STORYTELLING FESTIVAL PROVO CANYON HWY 189 PROVO,UT 84601	NOT APPLICABLE	PUBLIC	UNRESTRICTED	25,000
UNIVERSITY OF UTAH DEVELOPMENT OFFICE 201 PRESIDENTS CIRCLE ROOM 304 SALT LAKE CITY,UT 84112	NOT APPLICABLE	PUBLIC	UNRESTRICTED	300,000
UTAH COUNTY SHERIFF SEARCH & RESCUE UTAH COUNTY SHERIFF SEARCH & RESCUE 3075 NORTH MAIN SPANISH FORK,UT 84660	NOT APPLICABLE	PUBLIC	UNRESTRICTED	5,400
UTAH FOOD BANK UTAH FOOD BANK 3150 SOUTH 900 WEST 3150 SOUTH 900 WEST SALT LAKE CITY,UT 84119	NOT APPLICABLE	PUBLIC	UNRESTRICTED	5,500
UTAH OREM MISSION UTAH OREM MISSION 612 W 100 S STREET 612 W 100 S STREET LINDON,UT 84042	NOT APPLICABLE	PUBLIC	UNRESTRICTED	1,382
UTAH SHAKESPEARE FESTIVAL UTAH SHAKESPEARE FESTIVAL 299 W CENTER ST CEDAR CITY,UT 84720	NOT APPLICABLE	PUBLIC	UNRESTRICTED	5,000
UTAH STATE UNIVERSITY UTAH STATE UNIVERSITY 1400 OLD MAIN HILL 1400 OLD MAIN HILL LOGAN,UT 84322	NOT APPLICABLE	PUBLIC	UNRESTRICTED	40,000
UTAH VALLEY HEALTHCARE FOUNDATION UTAH VALLEY HEALTHCARE FOUNDATION 1034 N 500 W 304 1034 N 500 W 304 PROVO,UT 84604	NOT APPLICABLE	PUBLIC	UNRESTRICTED	50,000
UTAH VALLEY UNIVERSITY UTAH VALLEY UNIVERSITY 800 W UNIVERSITY PKWY 800 W UNIVERSITY PKWY OREM,UT 84058	NOT APPLICABLE	PUBLIC	UNRESTRICTED	5,000
UTAH YOUTH VILLAGE UTAH YOUTH VILLAGE 5800 HIGHLAND DR 5800 HIGHLAND DR SALT LAKE CITY,UT 84121	NOT APPLICABLE	PUBLIC	UNRESTRICTED	12,000
VOLUNTEERS OF AMERICA VOLUNTEERS OF AMERICA 435 W BEARCAT SALT LAKE CITY,UT 84115	NOT APPLICABLE	PUBLIC	UNRESTRICTED	3,000
WEBER STATE STORYTELLING FESTIVAL WEBER STATE UNIVERSITY STORYTELLING FESTIVAL 1351 EDVALSON ST DEPARTMENT 1305 OGDEN,UT 84408	NOT APPLICABLE	PUBLIC	UNRESTRICTED	3,000
WOMEN WHO CARE MINISTRIES WOMEN WHO CARE MINISTRIES 19634 CLUB HOUSE ROAD 19634 CLUB HOUSE ROAD MONTGOMERY VILLAGE,MD 20886	NOT APPLICABLE	PUBLIC	UNRESTRICTED	5,000
<b>Total . . . . .</b>  <b>3a</b>				1,860,436

## TY 2015 Accounting Fees Schedule

**Name:** THE ASHTON FAMILY FOUNDATION

**EIN:** 87-0480108

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	2,449	612		1,837

TY 2015 Investments Corporate Stock Schedule

**Name:** THE ASHTON FAMILY FOUNDATION  
**EIN:** 87-0480108

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ABBVIE INC	38,869	38,972
AMERICAN ELECTRIC POWER	23,015	26,282
APPLE, INC	18,828	22,263
ASTRAZENECA PLC	50,537	49,092
AT&T INC	25,434	25,464
AUTOMATED DATA PROCESSING INC	21,941	24,480
BCE INC		
BP P.L.C.		
CENTURYLINK INC.	50,680	35,526
CISCO SYSTEMS INC	33,642	37,252
COCA-COLA COMPANY	35,204	37,203
CONOCOPHILLIPS	47,753	46,176
DOMINION RES INC	27,233	25,636
DU PONT E I DE NEMOURS		
ELI LILLY & CO CMN	30,806	36,569
EXXON MOBIL CORP	41,961	37,547
GENERAL ELECTRIC XO	42,253	51,328
HEALTHCARE REIT		
INTEL CORP.	31,272	37,195
JOHNSON & JOHNSON COM	25,449	25,145
JPMORGAN CHASE & CO	22,556	24,462
KIMBERLY CLARK	31,672	39,794
KINDER MORGAN INC		
KRAFT FOODS GROUP INC		
LOCKHEED MARTIN	30,479	37,537
MARATHON OIL CORP		
MCDONALD'S CORP	42,562	51,264
METLIFE INC	25,984	23,647
OCCIDENTAL PETE CORP	59,200	48,009
PACCAR INC	44,708	35,850

Name of Stock	End of Year Book Value	End of Year Fair Market Value
PAYCHEX INC	22,055	24,881
PPL CORP	22,336	25,446
SEAGATE TECH PLC		
SECTOR SPDR ENERGY	31,598	31,427
SPECTRA ENERGY CORP	36,316	24,869
THE KRAFT HEINZ CO	43,247	50,212
THOMSON REUTERS CORP	23,257	23,481
TORONTO DOMINION BANK	41,629	35,857
UNITED TECHS CORP	46,685	37,668
VENTAS INC	40,510	39,953
VERIZON COMMUNICATIONS INC	39,983	38,324
WAL MART STORES INC	65,552	51,492
WELLTOWER, INC.	24,780	26,868
AB HIGH INCOME FUND	70,426	61,476
ALPS ALERIAN MLP ETF	74,140	86,471
DELAWARE SMALL CAP CORE FUND	25,724	24,213
EMERGING GLOBALSHS	30,250	23,471
FRANKLIN MUTUAL EUROPEAN FD	56,861	49,144
FIDUCIARY/CLAY MLP OPP		
GOTHAM ABSOLUTE RETURN FUND	40,192	36,798
GUGGENHEIM TIMBER ETF		
HARTFOD WORLD BOND FUND	25,860	24,826
ISHARES RS 2000 GROWTH		
ISHARES RUSSELL MIDCAP	51,041	48,832
ISHARES RUSSELL MIDCAP GROWTH		
ISHARE TIPS BOND ETF	72,092	74,481
ISHARES TR RUSSELL 2000	48,228	48,055
IVY SCIENCE AND TECHNOLOGY FUND	52,042	49,164
JOHN HANCOCK DISCIPLINED VALUE	47,779	49,304
LOOMIS SAYLES STRATEGIC INC FD CL Y	73,945	73,670

Name of Stock	End of Year Book Value	End of Year Fair Market Value
LORD ABBETT HIGH YIELD FD	54,670	48,760
MAINSTAY MARKETFIELD FUND CL	44,542	37,285
MFS EMERGING MARKETS DEBT FD	52,476	49,394
MFS INTERNATIONAL VALUE FUND	75,322	74,579
OPPENHEIMER DEVELOPING MARKETS FD	29,991	24,420
OPPENHEIMER INTL SMALL COMPANY FD	46,894	49,734
POWERSHARES BUYBACK ACHVRS		
SPDR GOLD TRUST	59,155	48,904
TEMPLETON GLBL BOND FD	26,909	24,445
THE OAKMARK INTL FUND	87,816	73,455
VANGUARD REIT ETF	51,462	50,771
PLAINS AL AMERICAN PIPL LP		
WISDOMTREE EUROPE HEDGEDEQUITY	81,705	67,155
LORD ABBET SHORT 4101	54,976	53,366

TY 2015 Other Assets Schedule

**Name:** THE ASHTON FAMILY FOUNDATION

**EIN:** 87-0480108

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
FURNITURE & EQUIPMENT	21,979	21,979	21,979

**TY 2015 Other Expenses Schedule****Name:** THE ASHTON FAMILY FOUNDATION**EIN:** 87-0480108

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
BANK CHARGES	314	314		
OFFICE EXPENSES	145			145
PLAINS ALL AMER LOSS ON K-1	1,251	1,251		
PLAINS ALL AMER ND	7	7		

TY 2015 Other Income Schedule

**Name:** THE ASHTON FAMILY FOUNDATION

**EIN:** 87-0480108

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
SECTION 1231 PLAINS	4	4	
PROCEEDS FROM CLASS ACTION	6,005	6,005	

# TY 2015 Other Professional Fees Schedule

**Name:** THE ASHTON FAMILY FOUNDATION

**EIN:** 87-0480108

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MANAGEMENT FEES	30,242	30,242		
LEGAL FEES	2,545			2,545

**TY 2015 Substantial Contributors**  
**Schedule**

**Name:** THE ASHTON FAMILY FOUNDATION

**EIN:** 87-0480108

Name	Address
KALAN	199 NORTH 290 WEST STE 100 LINDON,UT 84042
AKA CHARITABLE REMAINDER TRUST	199 NORTH 290 WEST STE 100 LINDON,UT 84042

## TY 2015 Taxes Schedule

**Name:** THE ASHTON FAMILY FOUNDATION

**EIN:** 87-0480108

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	1,113	1,113		
PLAINS ALL AMERICAN	46	46		
FEDERAL INVESTMENT TAXES	2,250			

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>	<div>OMB No 1545-0047</div> <div>2015</div>
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<div>Name of the organization</div> <div>THE ASHTON FAMILY FOUNDATION</div>	<div>Employer identification number</div> <div>87-0480108</div>
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Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><div><input type="checkbox"/> 501(c)( ) (enter number) organization</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation</div><div><input type="checkbox"/> 527 political organization</div><div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div><div><input type="checkbox"/> 501(c)(3) taxable private foundation</div></div>
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Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(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 received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, 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)

<b>Name of organization</b> THE ASHTON FAMILY FOUNDATION	<b>Employer identification number</b> 87-0480108
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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	ALAN KAREN ASHTON	\$ 650,000	Person <input checked="" type="checkbox"/>
	199 NORTH 290 WEST STE 100		Payroll <input type="checkbox"/>
	LINDON, UT 84042		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
2	AKA CHARITABLE REMAINDER UNITRUST	\$ 55,502	Person <input checked="" type="checkbox"/>
	199 NORTH 290 WEST STE 100		Payroll <input type="checkbox"/>
	LINDON, UT 84042		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
3	KALAN	\$ 999,823	Person <input type="checkbox"/>
	199 NORTH 290 WEST STE 100		Payroll <input type="checkbox"/>
	LINDON, UT 84042		Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

<b>Name of organization</b> THE ASHTON FAMILY FOUNDATION	<b>Employer identification number</b> 87-0480108
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Part II

Noncash Property

(see instructions) Use duplicate copies of Part II if additional space is needed

(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	1 SHARE BRKA	\$ 220,400	2015-05-19
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	1513 SHARES JNJ	\$ 157,291	2015-05-19
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	3084 SHARES MMM	\$ 503,062	2015-05-19
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	1000 SHARES UTX	\$ 119,070	2015-05-19
(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
		\$	

<b>Name of organization</b> THE ASHTON FAMILY FOUNDATION	<b>Employer identification number</b> 87-0480108
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Part III

*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. Complete 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.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	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
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	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
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	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
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	--		