Return of Private Foundation 2949110704905 1 OMB NO 1545-0047

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

Department of the Treasury

► Do not enter social security numbers on this form as it may be made public.

Open to Public and the letter information.

1		GO to WWW.Irs.gov/Forms90FF	TOT ITISTI DECIDITS ATTE	tile lates	t iiiioiiiia	tion. Y	
F	or cale	ndar year 2019 or tax year beginning	, 20	19, and e	ending		, 20
N	ame of fo	pundation		,	A Employ	er identification numl	ber
٠	<u>Iane</u> t	Q. Lawson Foundation		•	87~(	0481508	
N	umber an	d street (or PO box number if mail is not delivered to street address)	Roo	m/suite	B Telepho	one number (see instruc	ctions)
1	.O. i	Box 45385			(801	1)532-1500	•
, C	ity or tow	n, state or province, country, and ZIP or foreign postal code	,		C If exemp	ption application is pen	dıng, check here▶
. (	Salt: 1	Lake City UT 84145-0385					•
_			rn of a former publi	c charity	D 1. Forei	gn organizations, check	chere ►
		Final return Amended	l return	j	2 Fores	gn organizations meetir	on the 85% test
		, Address change Name cha	ange			k here and attach comp	
Ή	Chec	k type of organization: X Section 501(c)(3) exempt	privatë foundation	74	E If private	e foundation status was	terminated under
· [	Secti	on 4947(a)(1) nonexempt charitable trust   Other ta	xable private foun	dation	section	507(b)(1)(A), check here	• ▶ 🗀
Ĩ	Fair r	market value of all assets at   J Accounting metho	d ⊠ Cash 🗌 A	Accrual	F If the for	undation is in a 60-mon	th termination
. •	end o	of year (from Part II, col. (c), Other (specify)		ļ		ection 507(b)(1)(B), chec	
	line 1	6) ► \$ 62,282,313. (Part I, column (d), must I	oe on cash basis.)	, [			
	Part I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	T			(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books		nvestment come	(c) Adjusted net income	for charitable purposes
	_	the amounts in column (a) (see instructions))	DOOKS	, a-1 - 1	4~ "	, , , *	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	1,887,100.	學的學	9%的数	AND SERVICE SERVICES	"特性技能多数"
N	2	Check ► ☐ if the foundation is not required to attach Sch B	医后来的,即此后	The state of	CHARTIN,	THE PARTY OF	<b>新班及在自治</b>
	3	Interest on savings and temporary cash investments		<u> </u>		<u> </u>	磁點網絡
<u> </u>	4	Dividends and interest from securities	868,758.	86	8,758.		William House
707	5a	Gross rents		L			Now the second
-	b	Net rental income or (loss)	WINCESSES.		2000年2	1957 Year 1999 15	<b>计编数的设计</b>
5 9	र्	Net gain or (loss) from sale of assets not on line 10	992,521.				
A NIOC	5 b	Gross sales price for all assets on line 6a 46,836,999.	AND THE PARTY OF T	L-6a'	Stmt	Recall	THE Service !!
$\bar{z}$	7	Capital gain net income (from Part IV, line 2)	1242.1253.4633		2,521.	Hale Space St	ENK USB
	8   =	Net short-term capital gain	A SHOW WAS	30	沙湖南铁		· SPARE TO SEE
Ĺ	9	Income modifications	A COLOR OF THE	<b>。由明</b> 许总		NOV 1	SOUTH THE SECOND
Z	10a	Gross sales less returns and allowances		<b>31.8</b>			A CAKAN DE
Z	b	Less: Cost of goods sold	7. 5. 7. S. 2.	500 ACK	er dans	A STORY OF THE STORY	
Ţ	С	Gross profit or (loss) (attach schedule)		2025W	19 5/2/	Ogde	LANGE CONTRACT
7	11	Other income (attach schedule) See. Stmt	968,144.		<u>8,144.</u>		
	12	Total. Add lines 1 through 11	4,716,523.		9,423.		
Ų	13	Compensation of officers, directors, trustees, etc.	61,500.	5	<u>5,350.</u>		6,150.
Secue	14	Other employee salaries and wages					
		Pension plans, employee benefits		<u> </u>			
X	16a	Legal fees (attach schedule) . L-16a. Stmt	247,382.		5,013.		12,369.
9	b	Accounting fees (attach schedule) L-16b. Stmt	18,850.		<u>6,965.</u>		1,885.
aţį.	17 C	Other professional fees (attach schedule) L-16c Stmt	127,452.	11	4,707.		12,745.
štr	17	Interest	105 507	<del></del>		, ,-	
É	18	Taxes (attach schedule) (see instructions) See, Stmt	125,527.	<u> </u>		,	25670, 27627223
E	19 20	Depreciation (attach schedule) and depletion					COLLABORATE STATE
Ą	21	Occupancy	1 000	<del></del> -	1 702		100
2	22		1,992.		1,793.	,	199.
8	23	Printing and publications	386,512.	3.4	7,861.		20 (51
in o	24	Total operating and administrative expenses.	300,312.	34	1,001.	<del></del>	38,651.
th.	ਰੂ 🕶 ਂ	Add lines 13 through 23	0.60 03.5	7.7	, ,		71 000
Į.	3 25	_	969,215.		1,689.	THE CONTRACTOR OF THE	71,999.
Ó	26 26	Contributions, gifts, grants paid	2,458,000.				2,458,000.
3 <u>e</u> C	27	Subtract line 26 from line 12	3,427,215.	TEN PH	1,689.	THE LANGESCHE NORTH	2,529,999.
10 Reconstation and Anomalist Exp	<b>3</b> ′ ′ .	Excess of revenue over expenses and disbursements	1 200 200				
<	a b		1,289,308.	GEAL SEASON	20 C	2012-7-46-7-6-7-6-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-	THE PROPERTY OF THE PARTY OF TH
	C	Net investment income (if negative, enter -0-) .  Adjusted net income (if negative, enter -0-)		2,05	7,734.	#0.42%3.424.43##\$\$##\$	WENT YOUR THE
	<u> </u>	riajusted het moonie (ii negative, enter -u-)	が、 見水に、 では、 ではない。 とうは pa	HANGE STATE OF THE	が姓のよう		2000年2月2日 1月1日 1日 1

Form **990-PF** (2019)

Р	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		End	of year
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Va	lue	(c) Fair Market Value
	1 0	Cash—non-interest-bearing				
	2	Savings and temporary cash investments	1,505,043.	3,441,		3,441,144.
	3	Accounts receivable ►	737 - 27 - 15 · 2			
		Less. allowance for doubtful accounts ▶	0.			
	4	Pledges receivable ▶	AND THE STATE OF T	LEE HEWE		
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				· · · · · ·
	6	Receivables due from officers, directors, trustees, and other				,
	١.	disqualified persons (attach schedule) (see instructions) .		100 To	* * * * *	To the second second second second to the second se
	7	Other notes and loans receivable (attach schedule) ▶				
		Less allowance for doubtful accounts ▶	·	 		 
Assets	8	Inventories for sale or use	ļ			
SS	9	Prepaid expenses and deferred charges				ļ
Ø	10a	Investments—U.S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule) L-10b Stmt		21,315,2		
	C	Investments—corporate bonds (attach schedule) $L-10c$ Stmt	11,951,573.	13,544,	184.	13,611,719.
	111	Investments—land, buildings, and equipment basis ▶				in the second second second
		Less. accumulated depreciation (attach schedule)	ļ			
	12	Investments—mortgage loans	10 201 177		100	00 005 050
	13	Investments—other (attach schedule) . L-13. Stmt	18,724,177.	22,360,		22,985,260.
	14	Land, buildings, and equipment: basis				
	45	Less accumulated depreciation (attach schedule)				
	15 16	Other assets (describe ► )  Total assets (to be completed by all filers—see the				
	16	instructions. Also, see page 1, item I)	59,061,748.	60,661,3	225	62,282,313.
	17	Accounts payable and accrued expenses	39,001,740.	_00,001,	720.	73 W W W W W W W W W W W W W W W W W W W
	18	Grants payable	<del> </del>			5072524.000
Liabilities	19	Deferred revenue	<del></del>			STORES AND PROPERTY
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons		•		ALISTOP OF TOWARD
jab I	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe ► )				THE PARTY OF THE
	23	Total liabilities (add lines 17 through 22)				全国的 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
Sé		Foundations that follow FASB ASC 958, check here				NATAL POPULAR TO THE
et Assets or Fund Balances		and complete lines 24, 25, 29, and 30.			1	
<u>ā</u>	24	Net assets without donor restrictions				
ä	25	Net assets with donor restrictions				
2		Foundations that do not follow FASB ASC 958, check here ▶ 🗵			ļ	
교		and complete lines 26 through 30.			]	
9	26	Capital stock, trust principal, or current funds	59,061,748.	60,661,3	26.	
iş.	27	Paid-in or capital surplus, or land, bldg , and equipment fund		·		
šš	28	Retained earnings, accumulated income, endowment, or other funds		<del></del>		是自己是是自己是一个(Andrea
ĕ		Total net assets or fund balances (see instructions)	59,061,748.	60,661,3	26.	
<u>ë</u>		Total liabilities and net assets/fund balances (see				
Z		Analysis of Changes in Not Assats or Fund Releases	59,061,748.	60,661,3	26.	KATATIAN KANTAN
_	<u>≀∭</u>	Analysis of Changes in Net Assets or Fund Balances				
1		net assets or fund balances at beginning of year-Part II, colur			,	EO 061 740
2		of-year figure reported on prior year's return)			1	59,061,748.
		r amount from Part I, line 27a			3	1,289,308.
ن ا	Other	ines 1, 2, and 3			4	310,270.
5		anne met ingluded on long O (Anneins) N			5	60,661,326.
		net assets or fund balances at end of year (line 4 minus line 5)—F	Part II. column (b) Jun	 e 29	6	60,661,326.
_		The manufacture of the contraction of the contracti	III OCIOTITI (D). [III			UU. UUL. JEU.

Par	t IV Capital Gains and	d Losses for Tax on Investn	nent Income	<del></del>	<u></u>	
(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)  (b) How acquired P – Purchase D – Donation (m						d (d) Date sold (mo , day, yr )
1a	1a Short Term Sales of Publicly Traded Securties/K-1 P 06/					
b	Long Term Sales of	Publicly Traded Secur	cities/K-l	P	12/20/201	8 12/31/2019
<u>c</u>				ļ	 	
<u>d</u>				<del> </del>		_
e		- <del></del>		<u></u>		- <del> </del>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		Gain or (loss) lus (f) minus (g))
a	18,092,320.			17,698,829.		393,491.
b	28,744,679.			28,145,649.	<u> </u>	599,030.
c						
d						
e					<u></u>	
	Complete only for assets sho	owing gain in column (h) and owned	by the foundation	on 12/31/69		(Col (h) gain minus
	,(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) (i), if any		not less than -0-) or es (from col (h))
а						393,491.
b						599,030.
С						
d						
е						
2	Capital gain net income or		also enter in Pa enter -0- in Pai		2	992,521.
3	Net short-term capital gair	n or (loss) as defined in sections	1222(5) and (6)			
•		I, line 8, column (c). See instruc				
		<u> </u>			3	393,491.
Part		er Section 4940(e) for Redu			Income	
Was t f "Ye	s," the foundation doesn't q	section 4942 tax on the distribut	not complete the	his part.		☐ Yes ☒ No
_1_		ount in each column for each yea	r, see the instru	ictions before ma	iking any entrie	
Cale	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value of	(c) I nonchantable-use as	sels (col (	(d) Distribution ratio b) divided by col (c))
	2018	61,29	3.	60,578,9		0.001012
	2017	3,000,14		57,360,1		0.052304
	2016	3,029,83		57,359,1		0.052822
	2015	4,899,68		60,882,82		0.080477
	2014	4,317,29	3.	61,580,40	08.	0.070108
2	Total of line 1, column (d)				. 2	0.256723
3		for the 5-year base period—divi jundation has been in existence i				0.051345
4	·	charitable-use assets for 2019 fro	·			59,563,724.
5	Multiply line 4 by line 3 .				. 5	3,058,299.
6	Enter 1% of net investmen	t income (1% of Part I, line 27b)			. 6	20,577.
7	Add lines 5 and 6				. 7	3,078,876.
8 Enter qualifying distributions from Part XII, line 4						2, 529, 999. 1% tax rate. See the

Par		-see	instru	uctio	ns)	
1a	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)	<u> </u>		,5-17'	A 3" \	
b		1		41,	155.	
	here ▶ □ and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of	أحث	* ***, •	نو ۾	٠ ،	
	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			<u>0.</u>	
3	Add lines 1 and 2	3	<del></del>	41,1	<u> 155.</u>	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4		41 1	0.	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5	<del></del>	41,1	155.	
6	Credits/Payments.	· • •	س' پ <sup>و</sup> ان	4.3	5 4	
a	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 60,000.		·/ ·	عقبه مو	15.4	
b	Exempt foreign organizations—tax withheld at source . 6b  Tax paid with application for extension of time to file (Form 8868) . 6c 0.	~· · [		٠.		
c d	Tax paid with application for extension of time to file (Form 8868) 6c 0.  Backup withholding erroneously withheld	. ~ .		•		
7	Total credits and payments Add lines 6a through 6d	7		60 6	000.	
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here  If Form 2220 is attached	8			40.	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			<del>40.</del>	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	<del></del> -	18.6	505.	
11	Enter the amount of line 10 to be. Credited to 2020 estimated tax ► 18,605. Refunded ►	11		10,0	<del></del>	
	VII-A Statements Regarding Activities	<u> </u>				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or of	did it	1.24:	Yes	No	
	participate or intervene in any political campaign?		1a		×	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See	the the				
	instructions for the definition		1b_		×	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any mate	erials		4 2,0	7.1	
	published or distributed by the foundation in connection with the activities.			· 	1	
С	Did the foundation file Form 1120-POL for this year?	•	1c		×	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.		1 7 -	٠.,	384	
	(1) On the foundation. ► \$ (2) On foundation managers ► \$				3.0,1	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impos	ed				
	on foundation managers. ► \$		المدعث		المنات	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	•	2		<u>×</u>	
	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 and the last of a second		المنتها.	<u> </u>	<u> </u>	
4	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	<b>;</b> .	3		<u>×</u>	
4a L	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	•	4a			
ь 5	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	•	4b	{		
3	If "Yes," attach the statement required by General Instruction T.	•	11.52		<del>**</del> 21	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			a [		
v	By language in the governing instrument, or			14, 1	,	
	By state legislation that effectively amends the governing instrument so that no mandatory directions	that		. `\		
	conflict with the state law remain in the governing instrument?	triat	6	×		
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 III and III are the second of the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part III are the second of the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part III are the second of the secon	n XV	7	$\frac{\hat{x}}{x}$		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶	. ,	h		1.63	
	TIT .				1	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gen	ıeral		. 1	```	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	O. C.	8b	×		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3	3) or			أياكما	
-	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Ye		" "			
	complete Part XIV	•	9		×	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing t					
	names and addresses		10	[	×	

Pai	t VII-A> Statements Regarding Activities (continued)			
		,,	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		×
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		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application	7 13	×	
	Website address ► N/A			
14	The books are in care of ▶ Herbert C. Livsey Telephone no ▶ (801			)
	Located at ▶ 36 S. State St., Suite 1400 Salt Lake City UT ZIP+4 ▶ 8411		7	<u></u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here		•	▶ ∟
	and enter the amount of tax-exempt interest received or accrued during the year		Yes	No
16	At any time during calendar year 2019, 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?.	16	162	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶	f	`.a :	- L
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			1
ı aı	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).			3.57
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?   Yes   No			7 3 3
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	ونم	×	
	disqualified person?	1000	`` * *     *	1.
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .   Yes  No	***	4	, x, t
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   Yes   No	1 . 4	. •• \$	77
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	500	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	9 16
	the benefit or use of a disqualified person)?	1 1 mg 3	,	354
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	1	• . •	
	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)	13.50	- 4	130
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in	120 v.	्रो∙	$j_2$
D	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	1		6
С	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 2019?	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)):		** · · · ·	35.4
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines	3	3641. 1	
	6d and 6e) for tax year(s) beginning before 2019?	1, 2,		15.
	If "Yes," list the years ▶ 20, 20, 20, 20	) <u> </u>		" ij
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.)	( <del></del>		لنئب
_	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.	2b		
С	The provisions of section 4542(a)(2) are being applied to any 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		*	1 1
	at any time during the year?	1.5	ا بر	
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or	(6)	" ()	. 3
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	12.	[	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of		; ' <b>'</b> ''.	• • [
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the	3		ائ.
	foundation had excess business holdings in 2019.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		×
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	2 28	٤   ـــــــــــــــــــــــــــــــــــ	1,13
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	1	×

Page	1

Par	VII-B Statements Regarding Activitie	2 for AALIICIL I OLLI	· ··· zo ····ay oo ·	icquire	100/16/1000	<u>'</u>		,		
5a	During the year, did the foundation pay or incur	any amount to					Yes	No		
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?									
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,									
	directly or indirectly, any voter registration drive?									
	(3) Provide a grant to an individual for travel, study, or other similar purposes?									
	(3) Provide a grant to an individual for travel, study, or other similar purposes?									
	section 4945(d)(4)(A)? See instructions									
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?									
<b>h</b>	If any answer is "Yes" to 5a(1)–(5), did any of the					1	) )			
b	in Regulations section 53.4945 or in a current no					5b	-	-		
	_	-					<del>  </del>			
_	Organizations relying on a current notice regard					_				
C	If the answer is "Yes" to question 5a(4), does					.				
	because it maintained expenditure responsibility	=			∐Yes ∐1	10				
_	If "Yes," attach the statement required by Regul					-				
6a	Did the foundation, during the year, receive any	•				.				
	·				∐ Yes ⊠ l					
b	Did the foundation, during the year, pay premiur	ms, directly or indire	ctly, on a persona	ıı benefit (	contract? .	6b		×_		
	If "Yes" to 6b, file Form 8870.			_	<b></b>	.				
7a	At any time during the tax year, was the foundation					1 .				
b	If "Yes," did the foundation receive any proceed				nsaction? .	7b				
8	Is the foundation subject to the section 4960 ta									
	remuneration or excess parachute payment(s) d									
Part	VIII Information About Officers, Direct	tors, Trustees, F	oundation Man	agers, H	lighly Paid	Employ	ees,			
	and Contractors	<del> </del>	<del></del>							
	List all officers, directors, trustees, and found		<del></del>	<del></del>		ns.				
(a) Name and address   nours per week   (ii not paid,   employee benefit plans   -										
	(a) Name and address			employe	ee benefit plans	(e) Expe	nse acc allowant			
Fred		hours per week	(If not paid, enter -0-)	employe	ee benefit plans	l athor				
	(a) Name and address  Name and address  Nerick Q. Lawson  Ox 45385 Salt Lake City UT 841450385	hours per week devoted to position Trustee/Advisor	(If not paid, enter -0-)	employe	ee benefit plans	other a				
PO_B	Nerick Q. Lawson ox 45385 Salt Lake City UT 841450385	hours per week devoted to position Trustee/Advisor	(If not paid, enter -0-)	employe	ee benefit plans ed compensation	other a		ces		
PO B	derick Q. Lawson ox 45385 Salt Lake City UT 841450385 er Q. Lawson	hours per week devoted to position  Trustee/Advisor  0.50  Trustee/Advisor	(If not paid, enter -0-)	employe	ee benefit plans ed compensation	other a		ces		
PO B Pete	derick Q. Lawson ox 45385 Salt Lake City UT 841450385 er Q. Lawson ox 45385 Salt Lake City UT 841450385	hours per week devoted to position  Trustee/Advisor  0.50  Trustee/Advisor	(If not paid, enter -0-) 6,000.	employe	ee benefit plans ed compensation ()	other a		0 .		
PO B Pete PO B Elle	derick Q. Lawson ox 45385 Salt Lake City UT 841450385 ox Q. Lawson ox 45385 Salt Lake City UT 841450385 on E. Rossi	hours per week devoted to position  Trustee/Advisor 0.50  Trustee/Advisor 0.50  Trustee/Advisor	(If not paid, enter -0-) 6,000.	employe	ee benefit plans ed compensation ()	other a		0 .		
PO B Pete PO B Elle PO B	Merick Q. Lawson ox 45385 Salt Lake City UT 841450385 er Q. Lawson ox 45385 Salt Lake City UT 841450385 en E. Rossi ox 45385 Salt Lake City UT 841450385	hours per week devoted to position  Trustee/Advisor 0.50  Trustee/Advisor 0.50  Trustee/Advisor	(If not paid, enter -0-)  6,000.	employe	ee benefit plans ed compensation 0	other a		0. 0.		
PO B Pete PO B Elle PO B	derick Q. Lawson ox 45385 Salt Lake City UT 841450385 ox Q. Lawson ox 45385 Salt Lake City UT 841450385 on E. Rossi	hours per week devoted to position  Trustee/Advisor 0.50  Trustee/Advisor 0.50  Trustee/Advisor	(If not paid, enter -0-)  6,000.  7,000.	employe	ee benefit plans ed compensation 0	other a		0. 0.		
PO B Pete PO B Elle PO B	derick Q. Lawson ox 45385 Salt Lake City UT 841450385 er Q. Lawson ox 45385 Salt Lake City UT 841450385 en E. Rossi ox 45385 Salt Lake City UT 841450385 Statement  Compensation of five highest-paid employed	hours per week devoted to position  Trustee/Advisor 0.50  Trustee/Advisor 0.50  Trustee/Advisor 0.50  4.00	(If not paid, enter -0-)  6,000.  7,000.  11,000.	employe and deferr	ee benefit plans ed compensation  0  0  0	other a	allowand	0. 0.		
PO B Pete PO B Elle PO B See	derick Q. Lawson ox 45385 Salt Lake City UT 841450385 er Q. Lawson ox 45385 Salt Lake City UT 841450385 en E. Rossi ox 45385 Salt Lake City UT 841450385 Statement	hours per week devoted to position  Trustee/Advisor 0.50  Trustee/Advisor 0.50  Trustee/Advisor 0.50  4.00	(If not paid, enter -0-)  6,000.  7,000.  11,000.	employe and deferr	ee benefit plans ed compensation  0  0  0	other a	allowand	0. 0.		
PO B Pete PO B Elle PO B See	derick Q. Lawson ox 45385 Salt Lake City UT 841450385 er Q. Lawson ox 45385 Salt Lake City UT 841450385 en E. Rossi ox 45385 Salt Lake City UT 841450385 Statement  Compensation of five highest-paid employed	hours per week devoted to position  Trustee/Advisor 0.50  Trustee/Advisor 0.50  Trustee/Advisor 0.50  4.00  es (other than those	(If not paid, enter -0-)  6,000.  7,000.  11,000.  37,500.  se included on li	employe and deferr	e benefit plans ed compensation  0  0  0  ce instructio	n other a	one, e	0. 0. 0.		
PO B Pete PO B Elle PO B See	derick Q. Lawson ox 45385 Salt Lake City UT 841450385 er Q. Lawson ox 45385 Salt Lake City UT 841450385 en E. Rossi ox 45385 Salt Lake City UT 841450385 Statement  Compensation of five highest-paid employed	hours per week devoted to position  Trustee/Advisor 0.50  Trustee/Advisor 0.50  Trustee/Advisor 0.50  4.00  (b) Title, and a hours per week	(If not paid, enter -0-)  6,000.  7,000.  11,000.  37,500.  se included on li	employe and deferr	ee benefit plans ed compensatio  0  0  0  ce instructio	ns). If no	one, e	0. 0. 0. enter		
PO B Pete PO B Elle PO B See	derick Q. Lawson ox 45385 Salt Lake City UT 841450385 ox Q. Lawson ox 45385 Salt Lake City UT 841450385 ox 45385 Salt Lake City UT 841450385 ox 45385 Salt Lake City UT 841450385 Statement  Compensation of five highest-paid employee "NONE."	hours per week devoted to position  Trustee/Advisor 0.50  Trustee/Advisor 0.50  Trustee/Advisor 0.50  4.00  es (other than those	(If not paid, enter -0-)  6,000.  7,000.  11,000.  37,500.  se included on li	employe and deferr	e benefit plans ed compensatio  0  0  0  ee instructio	ns). If no	one, e	0. 0. 0. enter		
PO B Pete PO B Elle PO B See	derick Q. Lawson ox 45385 Salt Lake City UT 841450385 ox Q. Lawson ox 45385 Salt Lake City UT 841450385 ox 45385 Salt Lake City UT 841450385 ox 45385 Salt Lake City UT 841450385 Statement  Compensation of five highest-paid employee "NONE."	hours per week devoted to position  Trustee/Advisor 0.50  Trustee/Advisor 0.50  Trustee/Advisor 0.50  4.00  (b) Title, and a hours per week	(If not paid, enter -0-)  6,000.  7,000.  11,000.  37,500.  se included on li	employe and deferr	ee benefit plans ed compensation  0  0  0  ee instructio	ns). If no	one, e	0. 0. 0. enter		
PO B Peter PO B Elle PO B See	derick Q. Lawson ox 45385 Salt Lake City UT 841450385 ox Q. Lawson ox 45385 Salt Lake City UT 841450385 ox 45385 Salt Lake City UT 841450385 ox 45385 Salt Lake City UT 841450385 Statement  Compensation of five highest-paid employee "NONE."	hours per week devoted to position  Trustee/Advisor 0.50  Trustee/Advisor 0.50  Trustee/Advisor 0.50  4.00  (b) Title, and a hours per week devoted to position	(If not paid, enter -0-)  6,000.  7,000.  11,000.  37,500.  se included on li	employe and deferr	ee benefit plans ed compensation  0  0  0  ee instructio	ns). If no	one, e	0. 0. 0. enter		
PO B Peter PO B Elle PO B See	derick Q. Lawson ox 45385 Salt Lake City UT 841450385 ox Q. Lawson ox 45385 Salt Lake City UT 841450385 ox 45385 Salt Lake City UT 841450385 ox 45385 Salt Lake City UT 841450385 Statement  Compensation of five highest-paid employee "NONE."	hours per week devoted to position  Trustee/Advisor 0.50  Trustee/Advisor 0.50  Trustee/Advisor 0.50  4.00  (b) Title, and a hours per week devoted to position	(If not paid, enter -0-)  6,000.  7,000.  11,000.  37,500.  se included on li	employe and deferr	ee benefit plans ed compensation  0  0  0  ee instructio	ns). If no	one, e	0. 0. 0. enter		
PO B Peter PO B Elle PO B See	derick Q. Lawson ox 45385 Salt Lake City UT 841450385 ox Q. Lawson ox 45385 Salt Lake City UT 841450385 ox 45385 Salt Lake City UT 841450385 ox 45385 Salt Lake City UT 841450385 Statement  Compensation of five highest-paid employee "NONE."	hours per week devoted to position  Trustee/Advisor 0.50  Trustee/Advisor 0.50  Trustee/Advisor 0.50  4.00  (b) Title, and a hours per week devoted to position	(If not paid, enter -0-)  6,000.  7,000.  11,000.  37,500.  se included on li	employe and deferr	ee benefit plans ed compensation  0  0  0  ee instructio	ns). If no	one, e	0. 0. 0. enter		
PO B Peter PO B Elle PO B See	derick Q. Lawson ox 45385 Salt Lake City UT 841450385 ox Q. Lawson ox 45385 Salt Lake City UT 841450385 ox 45385 Salt Lake City UT 841450385 ox 45385 Salt Lake City UT 841450385 Statement  Compensation of five highest-paid employee "NONE."	hours per week devoted to position  Trustee/Advisor 0.50  Trustee/Advisor 0.50  Trustee/Advisor 0.50  4.00  (b) Title, and a hours per week devoted to position	(If not paid, enter -0-)  6,000.  7,000.  11,000.  37,500.  se included on li	employe and deferr	ee benefit plans ed compensation  0  0  0  ee instructio	ns). If no	one, e	0. 0. 0. enter		
PO B Peter PO B Elle PO B See	derick Q. Lawson ox 45385 Salt Lake City UT 841450385 ox Q. Lawson ox 45385 Salt Lake City UT 841450385 ox 45385 Salt Lake City UT 841450385 ox 45385 Salt Lake City UT 841450385 Statement  Compensation of five highest-paid employee "NONE."	hours per week devoted to position  Trustee/Advisor 0.50  Trustee/Advisor 0.50  Trustee/Advisor 0.50  4.00  (b) Title, and a hours per week devoted to position	(If not paid, enter -0-)  6,000.  7,000.  11,000.  37,500.  se included on li	employe and deferr	ee benefit plans ed compensation  0  0  0  ee instructio	ns). If no	one, e	0. 0. 0. enter		
PO B Peter PO B Elle PO B See	derick Q. Lawson ox 45385 Salt Lake City UT 841450385 ox Q. Lawson ox 45385 Salt Lake City UT 841450385 ox 45385 Salt Lake City UT 841450385 ox 45385 Salt Lake City UT 841450385 Statement  Compensation of five highest-paid employee "NONE."	hours per week devoted to position  Trustee/Advisor 0.50  Trustee/Advisor 0.50  Trustee/Advisor 0.50  4.00  (b) Title, and a hours per week devoted to position	(If not paid, enter -0-)  6,000.  7,000.  11,000.  37,500.  se included on li	employe and deferr	ee benefit plans ed compensation  0  0  0  ee instructio	ns). If no	one, e	0. 0. 0. enter		
PO B Peter PO B Elle PO B See	derick Q. Lawson ox 45385 Salt Lake City UT 841450385 ox Q. Lawson ox 45385 Salt Lake City UT 841450385 ox 45385 Salt Lake City UT 841450385 ox 45385 Salt Lake City UT 841450385 Statement  Compensation of five highest-paid employee "NONE."	hours per week devoted to position  Trustee/Advisor 0.50  Trustee/Advisor 0.50  Trustee/Advisor 0.50  4.00  (b) Title, and a hours per week devoted to position	(If not paid, enter -0-)  6,000.  7,000.  11,000.  37,500.  se included on li	employe and deferr	ee benefit plans ed compensation  0  0  0  ee instructio	ns). If no	one, e	0. 0. 0. enter		
PO B Peter PO B Elle PO B See	derick Q. Lawson ox 45385 Salt Lake City UT 841450385 ox Q. Lawson ox 45385 Salt Lake City UT 841450385 ox 45385 Salt Lake City UT 841450385 ox 45385 Salt Lake City UT 841450385 Statement  Compensation of five highest-paid employee "NONE."	hours per week devoted to position  Trustee/Advisor 0.50  Trustee/Advisor 0.50  Trustee/Advisor 0.50  4.00  (b) Title, and a hours per week devoted to position	(If not paid, enter -0-)  6,000.  7,000.  11,000.  37,500.  se included on li	employe and deferr	ee benefit plans ed compensation  0  0  0  ee instructio	ns). If no	one, e	0. 0. 0. enter		
PO B Peter PO B Elle PO B See	derick Q. Lawson ox 45385 Salt Lake City UT 841450385 ox Q. Lawson ox 45385 Salt Lake City UT 841450385 ox 45385 Salt Lake City UT 841450385 ox 45385 Salt Lake City UT 841450385 Statement  Compensation of five highest-paid employee "NONE."	hours per week devoted to position  Trustee/Advisor 0.50  Trustee/Advisor 0.50  Trustee/Advisor 0.50  4.00  (b) Title, and a hours per week devoted to position	(If not paid, enter -0-)  6,000.  7,000.  11,000.  37,500.  se included on li	employe and deferr	ee benefit plans ed compensation  0  0  0  ee instructio	ns). If no	one, e	0. 0. 0. enter		
PO B Peter PO B Elle PO B See	derick Q. Lawson ox 45385 Salt Lake City UT 841450385 ox Q. Lawson ox 45385 Salt Lake City UT 841450385 ox 45385 Salt Lake City UT 841450385 ox 45385 Salt Lake City UT 841450385 Statement  Compensation of five highest-paid employee "NONE."	hours per week devoted to position  Trustee/Advisor 0.50  Trustee/Advisor 0.50  Trustee/Advisor 0.50  4.00  (b) Title, and a hours per week devoted to position	(If not paid, enter -0-)  6,000.  7,000.  11,000.  37,500.  se included on li	employe and deferr	ee benefit plans ed compensation  0  0  0  ee instructio	ns). If no	one, e	0. 0. 0. enter		

Form **990-PF** (2019)

3 Five highest-paid independent contractors for professional services. Se	e instructions. If none, enter "NON	E."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Alliance Bernstein	Investment Management	
1345 Avenue of the Americas New York NY 10105	ļ	107,259
		<u> </u>
Ray, Quinney & Nebeker PC	Legal Services	
36 S State Street, Suite 1500 Salt Lake City UT 84111		247,382
Total number of others receiving over \$50,000 for professional services .		2
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant st organizations and other beneficiaries served, conferences convened, research papers produced, etc.	atistical information such as the number of	Expenses
1		
2		
3		
		l
4		
		1
Part IX-B Summary of Program-Related Investments (see instruct	ions)	L
Describe the two largest program-related investments made by the foundation during the tax year or	<del></del>	Amount
1		<del> </del>
2		
All other program-related investments See instructions		
3		
otal. Add lines 1 through 3		
otal. Add lines i through 3		

Par	X Minimum Investment Return (All domestic foundations must complete this part. Fore	ign fo	iundations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	l	
	purposes	1.	60 470 706
а	<b>5</b> ,	1a	60,470,786.
b	5 ,	1b	
С	· · · · · · · · · · · · · · · · · ·	1c	
d	Total (add lines 1a, b, and c)	1d	60,470,786.
е	Reduction claimed for blockage or other factors reported on lines 1a and	`	
	1c (attach detailed explanation)	]	
2	Acquisition indebtedness applicable to line 1 assets	2	<del></del>
3	Subtract line 2 from line 1d	3	60,470,786.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see	] ]	
	instructions) , , , , , , , , , , , , , , , , , , ,	4	907,062.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	59,563,724.
6	Minimum investment return. Enter 5% of line 5	6	2,978,186.
Part		ounda	ations
	and certain foreign organizations, check here ▶ □ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	2,978,186.
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	41,155.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,937,031.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,937,031.
6	Deduction from distributable amount (see instructions)	6	<del> </del>
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	2,937,031.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	2,529,999.
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2_	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	2,529,999.
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_	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,529,999.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	whet	her the foundation
BAA	REV 10/27/20 PRO		Form <b>990-PF</b> (2019)

Part	XIII · Undistributed Income (see instruct	:ions)			
		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
.1	Distributable amount for 2019 from Part XI, line 7				2,937,031
2	Undistributed income, if any, as of the end of 2019.		1.00		
a	Enter amount for 2018 only		10.5 Sa. 25.5 Sa. 25		
b	Total for prior years 20, 20, 20	47.44.			total acceptance
3	Excess distributions carryover, if any, to 2019:				
a	From 2014	THE RESERVE THE PROPERTY OF THE PARTY OF THE			
b	From 2015 1,900,444.		Shirtle Sales Co.		
C	From 2016				
. e	From 2017				
f	Total of lines 3a through e	3,109,592.	17 18 18 18 18 18 18 18 18 18 18 18 18 18	184 18 18 18 18 18 18 18 18 18 18 18 18 18	Was a property of the same of
4	Qualifying distributions for 2019 from Part XII, line 4 > \$ 2,529,999.			1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 2 2 2 2	
а	Applied to 2018, but not more than line 2a .				
b	Applied to undistributed income of prior years (Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2019 distributable amount				2,529,999.
е	Remaining amount distributed out of corpus	0.	70° 8.2° 11° 52° 11° 7	arana karena	
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)	407,032.			407,032.
6	Enter the net total of each column as indicated below:	10770321			
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,702,560.			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0.		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		-		
ď.	Subtract line 6c from line 6b. Taxable amount—see instructions :		0.		
е	Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions	in the state of th		0.	e de la companya de l
f	Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020		See thicky		. 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)	_			The second secon
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	294,950.			
9	Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	2,407,610.			
0	Analysis of line 9.				<b>建设建设基本</b>
	Excess from 2015 1,900,444.				
	Excess from 2016				
	Excess from 2017				
d	Excess from 2018 0.				

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Part	XIV Private Operating Founda	tions (see inst	ructions and Part	VII-A, question 9	9)	N/A
1a	If the foundation has received a ruling foundation, and the ruling is effective fo			private operating		
b	Check box to indicate whether the four	•	_	tion described in s	ection  4942(i)	(3) or 4942(j)(5
2a	Enter the lesser of the adjusted net	Tax year	T'	Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016 <sup>7</sup>	(e) rotai
	investment return from Part X for each year listed		<del> </del>		-	
ь	85% of line 2a		<del> </del>	<del> </del>	no de la companya de	
c	Qualifying distributions from Part XII,		<del>- </del>	<del> </del>		
_	line 4, for each year listed				+	
d	Amounts included in line 2c not used directly				<del> </del>	<del></del>
_	for active conduct of exempt activities				ĺ	
_	·	<del></del>	<del> </del>	<del>                                     </del>	<del> </del>	<del></del>
е	Qualifying distributions made directly				}	
	for active conduct of exempt activities Subtract line 2d from line 2c					
_			<b></b>			
3	Complete 3a, b, or c for the			J		
	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets .		10		<u> </u>	
	(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 .					
С	"Support" alternative test enter	<i>f</i>				<del> </del>
-						
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)		<del> </del>			<del> </del>
	(2) Support from general public and 5 for more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)		<u> </u>			
	(3) Largest amount of support from				•	
	an exempt organization					<del></del>
	(4) Gross investment income		<u> </u>			
art	XV Supplementary Informatio	n (Complete t	his part only if th	ne foundation h	ad \$5,000 or mo	re in assets at
	any time during the year —	see instructio	ns.)			
1	Information Regarding Foundation M	Managers:				<u> </u>
а	List any managers of the foundation w	ho have contrib	uted more than 2%	of the total contr	ibutions received l	by the foundation
	before the close of any tax year (but or	nly if they have c	ontributed more tha	an \$5,000). (See se	ection 507(d)(2).)	
N	lone					
b	List any managers of the foundation	who own 10% c	r more of the stoc	k of a corporation	(or an equally lar	ge portion of the
	ownership of a partnership or other en	tity) of which the	foundation has a 1	0% or greater inte	rest	
N	lone			•		
2	Information Regarding Contribution,	Grant, Gift, Loa	an. Scholarship, et	c. Programs:		
_	Check here ► 🗵 if the foundation of				roanizations and	does not accent
	unsolicited requests for funds. If the fo					
	complete items 2a, b, c, and d. See ins		girts, grants, etc., t	o individuals of or	garnzations under	otrier conditions,
	<del></del>	<del></del>			ta a la lata a la	<del></del>
а	The name, address, and telephone nur	noer or email ad	uress of the person	го мнот аррисат	ions should be add	uressed.
			·	<del></del>	<del> </del>	
b	The form in which applications should	be submitted an	d information and n	naterials they shou	ıld ınclude:	
С	Any submission deadlines:					
d	Any restrictions or limitations on awa	ards, such as b	y geographical are	eas, charitable fiel	ds, kinds of insti	tutions, or other
	factors:					

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	status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	or substantial contributor	recipient		<del></del>			
a Paid during the year	}	j					
Utah State University			]				
Old Main Hill		j		0.50			
Logan UT 84322		Public Charity	General Financial Support 1	,260,000.			
University of Utah		}	}				
332 S 1400 E		ļ.,.	1	505 000			
Salt Lake City UT 84112		Public Charity	General Financial Support	605,000.			
Southern Utah Wilderness Alliance		Į	,				
425 E 100 S				5 000			
Salt Lake City UT 84111		Public Charity	General Financial Support	5,000.			
The Graceline Institute							
41 Main St 2nd Floor		[		F 000			
Nantucket MA 02554		LANGITO FLACTON	General Financial Support	5,000.			
Black Mesa Trust							
PO Box 33 Kykotsmovi Village AZ 86039		Full a Charl	Canaval Francial Cumpert	15 000			
-		Public Gally	General Financial Support	15,000.			
The Meadowbrook School of Weston 10 Farm Rd							
Weston MA 02493		Dublia Chiesty	  General Financial Support	35,000.			
The Trustees of Reservations		rubite chattey	General Financial Support	33,000.			
200 High St							
Boston MA 02110		Dublic Charity	General Financial Support	5,000.			
Bridgerland Technical College		rubiic costicy	General Financial Support	3,000.			
1301 N 600 W							
Logan UT 84321		Public Charity	General Financial Support	75,000.			
Alf Engen Ski Museum		rubite enaitey	General limancial Support	75,000.			
3419 Olympic Pkwy							
Park City UT 84098	ļ	Public Charity	General Financial Support	15,000.			
See Statement			John January Support	23,333.			
	{						
				438,000.			
Total			<b>&gt;</b> 32 2	,458,000.			
b Approved for future payment	<del> </del>	<del></del> -		,430,000.			
Utah State University							
5200 Old Main Hill	]						
Logan UT 84322-5200		Public Charity	General Financial Support 1,	583 400			
University of Utah		Tubile orsile;	desicial rinancial support 1,	, 303, 400.			
1390 E President's Circle		]					
Salt Lake City UT 84112-0050		Public Charity	General Financial Support 4	100,000.			
1111 III/6 1111 0111 0000			denotat financial pappoic 4	100,000.			
	1						
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	ļ	Ì					
	}						
Total							
Total	<u> </u>		. <u> </u>	983,400.			

_	art XVI-A Analysis of Income-Producing	Activities				
Ente	er gross amounts unless otherwise indicated.	Unrelated by	usiness income	Excluded by secti	on 512, 513, or 514	(e)
		(a)	(b)	(c)	(d)	Related or exemp
1	Program service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions
	a					<u> </u>
	b	_				
	c	-				
	d	_				 
	e	_				
	f					
	g Fees and contracts from government agencie			<del> </del>		<u> </u>
2			·			
3	Interest on savings and temporary cash investments	i	 	<del>   </del>		
4	Dividends and interest from securities	ļ	 	<del> </del>		868,758.
5	Net rental income or (loss) from real estate		<del></del>	<b> </b>		
	a Debt-financed property					
_	<b>b</b> Not debt-financed property			<del>                                     </del>		
6	Net rental income or (loss) from personal property					
7	Other investment income		<del></del>	-		
8	Gain or (loss) from sales of assets other than inventor					992,521 <i>.</i>
9	Net income or (loss) from special events	ļ		<del> </del>		<del> </del>
10	Gross profit or (loss) from sales of inventory					
11		<u> </u>	<del></del> .	<del>                                     </del>		968,144.
	b	- }		<del> </del>		
	<u> </u>			<del> </del>		
	d	-		<del>   </del>		
40	Cultivate Add columns (b) (d) and (c)	·	<del></del>	<u> </u>		2 020 422
	Subtotal Add columns (b), (d), and (e)					2,829,423.
	<b>Total.</b> Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.				13	2,829,423.
		ופוונ				
	<u> </u>		ent of Evemn	t Purnoses		
Par	t XVI-B Relationship of Activities to the	Accomplishme	<del></del>		A contributed in	anautantly to the
Par Line	<u> </u>	Accomplishme	<del></del>		A contributed imses) (See instruct	nportantly to the
Par Line	t XVI-B Relationship of Activities to the	Accomplishment in the complishment in the comp	rted in column by providing fun	(e) of Part XVI- ds for such purpo	A contributed in ses) (See instruct	nportantly to the tions )
Par Line	Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exempting	Accomplishment in the complishment in the complex control of the complex compl	rted in column by providing fun to fund gi	(e) of Part XVI- ds for such purpo		nportantly to the
Par Line	Explain below how each activity for whice accomplishment of the foundation's exempt purely accomplishment and interest income	Accomplishment of the complishment of the complex control of the complex compl	rted in column by providing fun to fund gi	(e) of Part XVI- ds for such purpo		nportantly to the
Par Line	Relationship of Activities to the  Explain below how each activity for whice accomplishment of the foundation's exemption  Dividend and interest income  A portion of Capital Gains/Lo	Accomplishment of the complishment of the complex control of the complex compl	rted in column by providing fun to fund gi	(e) of Part XVI- ds for such purpo		nportantly to the
Par Line	Relationship of Activities to the  Explain below how each activity for whice accomplishment of the foundation's exemption  Dividend and interest income  A portion of Capital Gains/Lo	Accomplishment of the complishment of the complex control of the complex compl	rted in column by providing fun to fund gi	(e) of Part XVI- ds for such purpo		nportantly to the
Par Line	Relationship of Activities to the  Explain below how each activity for whice accomplishment of the foundation's exemption  Dividend and interest income  A portion of Capital Gains/Lo	Accomplishment of the complishment of the complex control of the complex compl	rted in column by providing fun to fund gi	(e) of Part XVI- ds for such purpo		nportantly to the
Par Line	Relationship of Activities to the  Explain below how each activity for whice accomplishment of the foundation's exemption  Dividend and interest income  A portion of Capital Gains/Lo	Accomplishment of the complishment of the complex control of the complex compl	rted in column by providing fun to fund gi	(e) of Part XVI- ds for such purpo		portantly to the
Par Line	Relationship of Activities to the  Explain below how each activity for whice accomplishment of the foundation's exemption  Dividend and interest income  A portion of Capital Gains/Lo	Accomplishment of the complishment of the complex control of the complex compl	rted in column by providing fun to fund gi	(e) of Part XVI- ds for such purpo		nportantly to the
Par Line	Relationship of Activities to the  Explain below how each activity for whice accomplishment of the foundation's exemption  Dividend and interest income  A portion of Capital Gains/Lo	Accomplishment of the complishment of the complex content of the complex compl	rted in column by providing fun to fund gi	(e) of Part XVI- ds for such purpo		nportantly to the
Par Line	Relationship of Activities to the  Explain below how each activity for whice accomplishment of the foundation's exemption  Dividend and interest income  A portion of Capital Gains/Lo	Accomplishment of the complishment of the complex content of the complex compl	rted in column by providing fun to fund gi	(e) of Part XVI- ds for such purpo		nportantly to the
Par Line	Relationship of Activities to the  Explain below how each activity for whice accomplishment of the foundation's exemption  Dividend and interest income  A portion of Capital Gains/Lo	Accomplishment of the complishment of the complex content of the complex compl	rted in column by providing fun to fund gi	(e) of Part XVI- ds for such purpo		nportantly to the
Par Line	Relationship of Activities to the  Explain below how each activity for whice accomplishment of the foundation's exemption  Dividend and interest income  A portion of Capital Gains/Lo	Accomplishment of the complishment of the complex content of the complex compl	rted in column by providing fun to fund gi	(e) of Part XVI- ds for such purpo		nportantly to the
Par Line	Relationship of Activities to the  Explain below how each activity for whice accomplishment of the foundation's exemption  Dividend and interest income  A portion of Capital Gains/Lo	Accomplishment of the complishment of the complex content of the complex compl	rted in column by providing fun to fund gi	(e) of Part XVI- ds for such purpo		portantly to the
Par Line	Relationship of Activities to the  Explain below how each activity for whice accomplishment of the foundation's exemption  Dividend and interest income  A portion of Capital Gains/Lo	Accomplishment of the complishment of the complex content of the complex compl	rted in column by providing fun to fund gi	(e) of Part XVI- ds for such purpo		nportantly to the
Par Line	Relationship of Activities to the  Explain below how each activity for whice accomplishment of the foundation's exemption  Dividend and interest income  A portion of Capital Gains/Lo	Accomplishment of the complishment of the complex content of the complex compl	rted in column by providing fun to fund gi	(e) of Part XVI- ds for such purpo		nportantly to the
Par Line	Relationship of Activities to the  Explain below how each activity for whice accomplishment of the foundation's exemption  Dividend and interest income  A portion of Capital Gains/Lo	Accomplishment of the complishment of the complex content of the complex compl	rted in column by providing fun to fund gi	(e) of Part XVI- ds for such purpo		aportantly to the
Par Line	Relationship of Activities to the  Explain below how each activity for whice accomplishment of the foundation's exemption  Dividend and interest income  A portion of Capital Gains/Lo	Accomplishment of the complishment of the complex content of the complex compl	rted in column by providing fun to fund gi	(e) of Part XVI- ds for such purpo		nportantly to the
Par Line	Relationship of Activities to the  Explain below how each activity for whice accomplishment of the foundation's exemption  Dividend and interest income  A portion of Capital Gains/Lo	Accomplishment of the complishment of the complex content of the complex compl	rted in column by providing fun to fund gi	(e) of Part XVI- ds for such purpo		nportantly to the
Par Line	Relationship of Activities to the  Explain below how each activity for whice accomplishment of the foundation's exemption  Dividend and interest income  A portion of Capital Gains/Lo	Accomplishment of the complishment of the complex content of the complex compl	rted in column by providing fun to fund gi	(e) of Part XVI- ds for such purpo		iportantly to the
Par Line	Relationship of Activities to the  Explain below how each activity for whice accomplishment of the foundation's exemption  Dividend and interest income  A portion of Capital Gains/Lo	Accomplishment of the complishment of the complex content of the complex compl	rted in column by providing fun to fund gi	(e) of Part XVI- ds for such purpo		iportantly to the
Par Line	Relationship of Activities to the  Explain below how each activity for whice accomplishment of the foundation's exemption  Dividend and interest income  A portion of Capital Gains/Lo	Accomplishment of the complishment of the complex content of the complex compl	rted in column by providing fun to fund gi	(e) of Part XVI- ds for such purpo		nportantly to the
Par Line	Relationship of Activities to the  Explain below how each activity for whice accomplishment of the foundation's exemption  Dividend and interest income  A portion of Capital Gains/Lo	Accomplishment of the complishment of the complex content of the complex compl	rted in column by providing fun to fund gi	(e) of Part XVI- ds for such purpo		nportantly to the tions)
Par Line	Relationship of Activities to the  Explain below how each activity for whice accomplishment of the foundation's exemption  Dividend and interest income  A portion of Capital Gains/Lo	Accomplishment of the complishment of the complex content of the complex compl	rted in column by providing fun to fund gi	(e) of Part XVI- ds for such purpo		nportantly to thi

		Organizati	ions								<del></del>		,
1 a	in s orga	ection 501(c) (d inizations?	directly or indirect other than section porting foundation	on 501(c)(3	3) organiza	itions) or	ın secti	ion 527, re	inizatioi elating	n descril to polit	bed lical	Yes	No
_											. 1a(1	)	×
		Other assets .									. 1a(2		×
b		er transactions:											
•			a noncharitable e	exempt ord	anization						. 1b(1		×
			ets from a noncha										×
			s, equipment, or of								. 1b(3	+	×
			rrangements								. 1b(4	-	×
		oans or loan gua	_								<del></del> -	+	×
		_	ervices or membe								1		×
С			equipment, mailing	-	_						<u> </u>		×
			of the above is "									fair m	
u			other assets, or se										
	value	e in anv transacti	on or sharing arra	naement. s	show in colu	umn (d) th	e value o	f the goods.	other a	assets. c	or services	recei	ved.
(a) Line		(b) Amount involved	(c) Name of no					iption of transfe					
<del></del>			<del> </del>				<del></del>	<u> </u>			<del>-</del>		
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	desc	ribed in section 5 es," complete the	ectly or indirectly 501(c) (other than see following schedu	section 50°	1(c)(3)) or in	section 5			 	·		es 🗵	No
		(a) Name of organi	ization	<del>-</del>	(b) Type of or	ganization			(c) Descr	iption of re	elationship		
				<del> </del>			<del></del>						
		<del></del>	<del></del>	<del> </del> -				<del></del>					
		<del></del>	<del></del>	<del></del>									——
			<del></del>	<del></del> -	<del></del>						· · · · · · · · · · · · · · · · · · ·		
Sign			declare that I have exam aration of preparer (other								<u>`</u>		
lere	-	111-1	Lecon	-	11/7/20	Tru	stee			with t	the IRS discu the preparer s	hown bel	low?
.0.0	Sign	ature of officer or trus	stee	<i></i>	Date/	Title	2166			- See ir	structions (	⊠Yes [	JΝο
	5/	Print/Type preparer'		Preparer	's sygnature			Date /	T		PTIN		==
aid				1/200	rth ku		PACEDA	11/5/20	w   C	heck 🔀	if   P0107	10225	
repa		Chortney B		COMPANY		Ruesch	, CPA	<del>'- (- '/</del>	-				
Jse C	nly	Firm's name									-165852 \ 872-9		
ΙΔ Δ		Firm's address	101 S 200 E	SUITE	120	ПТ	84111		Phone n	0 (801	) 872-9°		

#### Schedule B

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

Department of the Treasury Internal Rêvenue Service Name of the organization

#### Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

87-0481508

Janet Q. Lawson Foundation Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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 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 331/3% 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 Don't 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 . . . . . . . . . .

Name of organization

Janet Q. Lawson Foundation

Employer identification number

87-0481508

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Estate of Janet Q. Lawson  PO Box 45385  Salt Lake City UT 841450385	\$ 1.887.100	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

Janet Q. Lawson Foundation

Employer identification number

87-0481508

Part II	opies of Part II if additional space is need	aea.
Part II	opies of Fart II if additional space is nee	,

(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
		\$	
(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
		\$	
(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
		\$	

Page	4

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Employer identification number Name of organization 87-0481508 Janet Q. Lawson Foundation Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or Part III (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. (d) Description of how gift is held (c) Use of gift (b) Purpose of gift from Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (c) Use of gift (d) Description of how gift is held (b) Purpose of gift from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (b) Purpose 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. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held from Part I

#### (e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## Part XV, Line 3a: Grants and Contributions Paid During the Year

**Continuation Statement** 

Part XV, Line 3a. Grants and Contribu	ations i ala Bailing til			
Recipient name and address (home or business)	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
a Paid during the year				
Camp Nor'Wester		Public	General Financial	5,000.
303 5th Ave S Ste 201		Charity	Support	
Edmonds, WA 98020		<b>f</b>		
Friends of Arches and Canyonlands Parks		Public	General Financial	5,000.
Rock House Arches National Park		Charity	Support	
Moab, UT 84532			}	
Friends of Moab Music Festival		Public	General Financial	5,000.
58 E 300 S		Charity	Support	
Moab, UT 84532		1	1	
Moab Music Festival		Public	General Financial	20,000.
58 E 300 S		Charity	Support	
Moab, UT 84532		(		
Moab Public Radio KZMU	<u> </u>	Public	General Financial	5,000.
1734 Rocky Road PO Box 1076	İ	Charity	Support	
Moab, UT 84532				
Moab Free Health Clinic		Public	General Financial	5,000.
380 N 500 W		Charity	Support	.,
Moab, UT 84532		]		
Ride With Respect	<del>                                     </del>	Public	General Financial	5,000.
1310 Murphy Lane		Charity	Support	3,333.
Moab, UT 84532				
Youth Garden Project		Public	General Financial	5,000.
530 S 400 E		Charity	Support	3,000.
Moab, UT 84532		_		
Second Chance Wildlife Rehabilitation		Public	General Financial	5,000.
1910 W 2000 N		Charity	Support	3,000.
Carbonville, UT 84526		_		
Jordan Valley Conservation Gardens	<del></del>	Public	General Financial	1,000.
8275 S 1300 W		Charity	Support	1,000.
West Jordan, UT 84088		-		
Legal Aid Society of Salt Lake	<del></del>	Public	General Financial	3,000.
205 N 400 W			Support	3,000.
Salt Lake City, UT 84103		-	1	
Girl Scouts of Utah		Public	General Financial	42,000.
445 E 4500 S Ste 125			Support	42,000.
Salt Lake City, UT 84107			}	
Utah Food Bank		Public	Constant Francisco	2 000
3150 S 900 W			General Financial Support	2,000.
Salt Lake City, UT 84119		D 1:3	<del></del>	10 000
Utah State University Foundation			General Financial Support	10,000.
1590 Old Main Hill		Charrey	-abbor c	
Logan, UT 84322			<del></del>	<del></del>
Arthritis Foundation			General Financial	5,000.
2166 S 1700 E		Charity	Support	
Salt Lake City, UT 84106				

## Part XV, Line 3a: Grants and Contributions Paid During the Year

**Continuation Statement** 

Recipient name and address (home or business)	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
a Paid during the year				
Internounts:n Foundstion at Primary Children's Hospital  100 N Mario Capecchi Dr #3575  Salt Lake City, UT 84113		Public Charity	General Financial Support	85,000.
Ballet West 50 W 200 S Salt Lake City, UT 84111		Public Charity	General Financial Support	20,000.
Canyon Country Discovery Center 1117 N Main St Monticello, UT 84535		Public Charity	General Financial Support	35,000.
Guadalupe School 1385 N 1200 W Salt Lake City, UT 84116		Public Charity	General Financial Support	20,000.
Utah's Hogle Zoo 2600 E Sunnyside Ave Salt Lake City, UT 84108		Public Charity	General Financial Support	35,000.
Neighborhood House 1050 W 500 S Salt Lake City, UT 84104		Public Charity	General Financial Support	35,000.
Nature Conservancy in Utah 559 E South Temple Salt Lake City, UT 84102		Public Charity	General Financial Support	25,000.
Tracy Aviary 589 E 1300 S Salt Lake City, UT 84105			General Financial Support	20,000.
Utah Symphony Utah Opera 123 W South Temple Salt Lake City, UT 84101	·		General Financial Support	40,000.

438,000.

Janet Q Lawson Foundation Form 990-PF: Return of Private Foundation

le fi	Part VIII: Information about Officers, Directors, Trustees, Fi	Foundation Managers, Highly Paid Employees, and Contractors	ahly Paid Emplovees. a		Continuation Statement
Trustee/Advisor  0.50  Trustee/Advisor  Trustee/Advisor  0.50  Trustee/Advisor  0.50  Trustee/Advisor  0.50  0.50	Name and address	Title, and average hours per week devoted to position	Compensation	ns t	Expense account, other allowances
Trustee/Advisor  2.50  Trustee/Advisor  1.rustee/Advisor  0.50  0.50	Dr. Erık C. Erlingsson PO Box 45385	Trustee/Advisor 0.50	9,500.	0	0
Trustee/Advisor  Trustee/Advisor  0.50  Trustee/Advisor  0.50	Salt Lake City, UT 84145-0385				
Trustee/Advisor 0.50 Trustee/Advisor 0.50	Herbert C. Livsey	Trustee/Advisor	.000.	0.	0
Trustee/Advisor  0.50  Trustee/Advisor  0.50	PO Box 45385	2.50			
Trustee/Advisor  Trustee/Advisor  0.50	Salt Lake City, UT 84145-0385				
0.50 Trustee/Advisor 0.50	Charles H. Livsey	Trustee/Advisor	15,500.	0	C
Trustee/Advisor 0.50	PO Box 45385	0.50			
Trustee/Advisor 0.50	Salt Lake City, UT 84145-0385				
	Clark P. Giles	Trustee/Advisor	6, 500.	0	0
Salt Lake City, UT 84145-0385	PO Box 45385	0.50			
	Salt Lake City, UT 84145-0385				

0

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37,500.

## Additional information from your Form 990-PF: Return of Private Foundation

### Form 990-PF: Return of Private Foundation

#### Other Income

#### **Continuation Statement**

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income
From K-1s/Other Investments	968,144.	968,144.	
Tota	968,144.	968,144.	

#### Form 990-PF: Return of Private Foundation

#### **Taxes**

#### **Continuation Statement**

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
Income Tax Paid	92,943.			
Foreign Taxes Paid	32,584.			
Total	125,527.			

#### Form 990-PF: Return of Private Foundation

#### Other Expenses

#### **Continuation Statement**

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
Expenses from K-1s	384,165.	345,749.		38,416.
Insurance	1,858.	1,672.		186.
Reimbursed Expenses	489.	440.		. 49.
Total	386,512.	347,861.		38,651.

#### Form 990-PF: Return of Private Foundation

#### Other Increases

#### **Continuation Statement**

Description	Amount
Prior Period Adjustments/Temporary K-1 Adjustments	263,726.
Principal Payments Received	46,544.
Total	310,270.

## **Net Gain or Loss From Sale of Assets**

Form 990-PF
Part I, Line 6a

Name Employer Identification No
Janet O. Lawson Foundation 87-0481508

Janet Q. Lawson Foundation	87-0481508
Asset Information:	
	er Calca of Dublicly Traded Coguration /K-1
	m Sales of Publicly Traded Securities/K-l
Business Code Exclusion Code .	`~
Date Acquired 06/30/19 How Acqu	red
	uyer.
Check Box, if Buyer is a Business	
	er basis (do not reduce by depreciation)17, 698, 829.
Sales Expense Valuation	Method ·
	ccumulated Depreciation
	Sales of Publicly Traded Securities/K-l
Business Code Exclusion Code	·
Date Acquired 12/30/18 How Acqu	red
	uyer
Check Box, if Buyer is a Business	
	er basis (do not reduce by depreciation)28, 145, 649.
Sales Expense Valuation	Method
	cumulated Depreciation
Business Code Exclusion Code	
Date Acquired How Acqui	
Date Sold Name of B	yer
Check Box, if Buyer is a Business	
	er basis (do not reduce by depreciation).
Sales Expense Valuation	Method
Total Gain (Loss) . A	cumulated Depreciation
Description of Property	
Business Code Exclusion Code .	·
Date Acquired How Acqui	ed
Date Sold . Name of B	yer
Check Box, if Buyer is a Business .	
Sales Price. Cost or oth	er basis (do not reduce by depreciation)
	Method .
Total Gain (Loss) . A	cumulated Depreciation
Description of Property	
Business Code Exclusion Code	
Date Acquired How Acquired	ed
Date Sold Name of B	
Check Box, if Buyer is a Business	
Sales Price. Cost or oth	er basis (do not reduce by depreciation)
Sales Expense Valuation	
Total Gain (Loss)	cumulated Depreciation
Totals:	
Total Gain (Loss) of all assets 992, 5	21.
Gross Sales Price of all assets 46,836,9	
Unrelated Business Income	
Excluded by section 512, 513, 514	Exclusion Code .
Related/Exempt Function Income 992, 5	
QuickZoom here to Form 990-PF, Page 1	• • • • • • • • • • • • • • • • • • •
QuickZoom here to Form 990-PF, Page 12	<b>.</b> ▶

## Legal and Professional Fees

Form 990-PF Part I, Lines 16a - 16c

Name Employer Identification No		
	Employer Identification No	
Janet Q. Lawson Foundation 87-0481508	Foundation 87-0481508	

## Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Ray Quinney & Nebeker PC	Legal	247,382.	235,013.		12,369.
Total to Form 990-	PF, Part I, Line 16a	247,382.	235,013.		12,369.

## Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Ruesch and Company LLC	Accounting and Tax	18,850.	16,965.		1,885.
Total to Form 990-	PF, Part I, Line 16b	18,850.	16,965.		1,885.

## Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
AllianceBernstein UBS	Investment Fees Investment Mngt Fees	107,259. 20,193.	96,533. 18,174.		10,726.
Total to Form 990-	PF, Part I, Line 16c	127,452.	114,707.		12,745.

Name Janet Q. Lawson Foundation					yer Identification No
Line 10a - Investments - US and State Government Obligations:	End o State and Local Obligations Book Value	f Year State and Local Obligations FMV	US Govern Obligati Book Va	nment ons	of Year US Government Obligations FMV
Tot to Fm 990-PF, Pt II, Ln 10a					
Line 10b - Investme	ents - Corporate	Stock:	Book Value		f Year Fair Market Value
UBS			21,315,	208.	22,244,190.
Totals to Form 990-PF, Part II, L	ine 10b		21,315,	208.	22,244,190.
Line 10c - Investme	nts - Corporate B	Bonds:	Book Value	i	f Year Fair Market Value
UBS			13,544,	184.	13,611,719.
Totals to Form 990-PF, Part II, L	ine 10c		13,544,	184.	13,611,719.
Line 12 - Investme	nts - Mortgage Io	pans:	Book Value	End of	Year Fair Market Value
Totals to Form 990-PF, Part II, Li	ne 12				
Line 13 - Inves	stments - Other:		Book Value	End of	Year Fair Market Value
AB RE II	· · · · · · · · · · · · · · · · · · ·		123,2	216.	452,108.
Keystone Priv Equity				0.	21,131.
AB Priv Credit See L-13 Stmt	<del></del>	-	6,766,1 15,471,4		6,766,125. 15,745,896.
Totals to Form 990-PF, Part II, Li	ne 13	<del>  </del> -	22,360,7		22,985,260.

## Additional information from your 2019 Federal Exempt Tax Return

#### Form 990-PF: Return of Private Foundation

Taxes (1)

Line 18(a)

#### **Itemization Statement**

Description	Amount
2018 Form 990-T Tax Paid with return	9,955.
2018 Form 990-PF Tax Paid with return	7,988.
2018 Tax Paid with Extension	15,000.
Q1 2019 Estimated Tax	5,000.
Q3 2019 Estimated Tax	25,000.
Q4 2019 Estimated Tax	30,000.
Total	92,943.

## Form 990-PF: Return of Private Foundation Other Expenses (1)

Line 23(a)

#### **Itemization Statement**

Description	Amount
Keystone 13	1,976.
Cynosure Avalon Buildgroup 13	2,766.
Cynosure Investment Partners 13	27,578.
AB ESM 13	7,518.
AB GRI 13	1,011.
AB Euro Opp 13	693.
AB HNW RE II 13	4,032.
AB EOF AIV II 13	2,177.
AB EOF 13	283,346.
AB PCMMDL 13	1, 664
AB FSOF 13	34,959.
AB EOF Weatherly 13	15,535.
AB EOF Elk 13	910.
Total	384,165.

## Form 990-PF: Return of Private Foundation

Line 1(a)

Description	Amount
Cash from Estate of Janet Q Lawson	694,122.
Cash from Estate of Janet Q Lawson Maywood	1,192,978.
Total	1,887,100.

## Line 2(a)

#### **Itemization Statement**

2

Description	Amount
Maywood Cash	1,111,070.
AB Cash	393,973.
Total	1,505,043.

## Form 990-PF: Return of Private Foundation

#### Line 2(b)

#### **Itemization Statement**

Description	Amount
Maywood	2, 013, 543
UBS	1,230,011
AB	197,590
	Total 3,441,14

#### Form 990-PF: Return of Private Foundation

Part IV, Line 1(a) (1)

Part IV, Line 1(e)

#### **Itemization Statement**

Description	Amount
AB 0394	145,577.
AB 1999	2,295,759.
AB 1535	942,458.
AB 1537	198,502.
UBS 2240	957,128.
UBS 2241	11,189,984.
UBS 3161	1,129,454.
UBS 3163	459,089.
UBS 3168	630,481.
Cynosure Investment Partners ST	46.
AB GRI ST	73,386.
AB Euro Opp ST	49,797.
AB FSOF ST	20,176.
AB EOF Weatherly ST	483
Total	18,092,320.

#### Form 990-PF: Return of Private Foundation

Part IV, Line 1(a) (2)

Part IV, Line 1(e)

Description	Amount
AB 0394 LTCG Dist	201.
AB 1535 LTCG Dist	257.
AB 0394	589,557.
AB 1535	4,423,934.
AB 1537	7,658,248.

Part IV, Line 1(a) (2)

Part IV, Line 1(e)

#### **Itemization Statement**

Description	Amount
UBS 2214 LTCG Dist	67.
UBS 2214 1250	24.
UBS 2239 LTCG Dist	112.
UBS 2239 1250	5.
UBS 2239	95.
UBS 2240	7,077,831.
UBS 3161	3,357,056.
UBS 3163	2,325,530.
UBS 3168	2,991,873.
Keystone LT	3,926.
Cynosume Investment Partners 11C	2.
Cynosure Investment Partners LT	253.
Cynosure Investment Partners 1250	3.
AB ESM LT	8,368.
AB GRI LT	213,036.
AB Euro Opp LT	39,385.
AB PCMMDL LT	1,956.
AB PCMMDL 1231	41,392.
AB FSOF LT	11,568.
Total	28,744,679.

### Form 990-PF: Return of Private Foundation

Part IV, Line 1(a) (2)

Part IV, Line 1(g)

Description		Amount
AB 0394		588,915.
AB 1535		4,238,159.
AB 1537		7,536,558.
UBS 2239		50.
UBS 2240		6,549,131.
UBS 3161		2,606,363.
UBS 3163		2,187,868.
UBS 3168		2,746,044.
Keystone 1231		150.
AB EOF LT		282,312.
AB EOFW eatherly		942,205.
AB EOF EIK LT		467,894.
	Total	28,145,649.

#### Line 3a - Grants and Contribution Paid During the Year (1)

#### Line 3a, Amount

#### **Itemization Statement**

Description	Amount
College of Natural Resources	700,000.
College of The Arts	400,000.
College of Natural Resources	150,000.
Nora Eccles Harrison Museum of Art	10, 000
Total	1,260,000.

### Form 990-PF: Return of Private Foundation

#### Line 3a - Grants and Contribution Paid During the Year (2)

#### Line 3a, Amount

#### **Itemization Statement**

Description	Amount
College of Nursing	400,000.
Museum of Natural History	10,000.
College of Nursing	5,000.
David Eccles School of Business	2,500.
KUED Channel 7	2,000.
Utah Museum of Fine Arts	2,500.
Museum of Natural History	147,000.
David Eccles School of Business	1,000.
Museum of Natural History	20,000.
Marriott Library Ski Archives	15,000.
Total	605,000.

#### Form 990-PF: Return of Private Foundation

#### Line 3a - Grants and Contribution Paid During the Year (E)

#### Line 3a, Amount

#### **Itemization Statement**

Description	Amount
	7,000.
	35,000.
Total	42,000.

#### Form 990-PF: Return of Private Foundation

### Line 3b - Grants and Contribution Approved for Future Payment (1)

#### Line 3b, Amount

Description	Amount
BNR	1,383,400.
CHASE FINE ARTS	200, 000
	Total 1,583,400.

## Line 3b - Grants and Contribution Approved for Future Payment (2)

# Line 3b, Amount

## **Itemization Statement**

Description	Amount
NURSING	400,000.
Total	400,000.

## Form 990-PF: Return of Private Foundation

### Line 4 Column (e)

Eme 4 Column (e)	Amount
Description	Amount
Maywood Dividends	6,151.
US Treasury	0.
AB 0394 Interest	1,013.
AB 0394 Dwdends	47,600.
AB 1999 Interest	3,006.
AB 1999 Dividends	22,900.
AB 9767 Interest	3.
AB 9768 Interest	5.
AB 8954 Interest	1,791.
AB 9906 Interest	67.
AB 6228 Interest	276.
AB 1535 Interest	4,131.
AB 1535 Dividends	88,396.
AB 1537 Interest	2,115.
AB 1537 Dividends	168,804.
UBS 2214 Dividends	22,993.
UBS 2214 Interest	58.
UBS 2239 Dividends	18,849.
UBS 2239 Interest	2,157.
UBS 2240 Dividends	30,563.
UBS 2240 Interest	207.
UBS 2241 Dividends	36,687.
UBS 2231 Interest	2,719.
UBS 3160 Dividends	5,202.
UBS 3160 Interest	43.
UBS 3161 Dividends	6,273.
UBS 3161 Interest	77.
UBS 3163 Dividends	7,816.
UBS 3163 Interest	135.
UBS 3168 Dividends	17,666.
UBS 3168 Interest	53.
UBS 3169 Interest	9,977.
UBS 3169 Interest Income Expenses	-283.
	<del></del>

## Line 4 Column (e)

#### **Itemization Statement**

Description	Amount
UBS 3169 Bond Premium	-86.
UBS 3169 Acc Interest Paid	-43,050.
UBS 3169 Acc Treasury Int Paid	-7,643.
UBS 3169 Bond Premium	-470.
Keystone Interest	121.
Keystone Dividends	29.
Cynosure Avalon Buildgroup Interest	17.
Cynosure Investment Partners Interest	609.
Cynosure Investment Partners Dividends	1,657.
AB ESM Interest	1,305.
AB ESM Dividends	1,008.
AB ESM Dividend Equivalents	107.
AB GRI Interest	571.
AB GRI Dividends	99,575.
AB Euro Opp Dividends	65,896.
AB EOF AIV Fund II Interest	5,296.
AB EOF Interest	85,849.
AB EOF Dividends	9,019.
AB PCMMDL Interest	10
AB FSOF II Interest	35.
AB FSOF II Dividends	37,863.
AB EOF Weatherly Interest	74,114.
AB EOF Elk Interest	9,943.
AB EOF Elk Dividends	19, 533
Total	868,758.

## Form 990-PF Part II Line 10, 12 and 13 Investments

#### L-13 Stmt

#### **Continuation Statement**

Line 13 Description	Line 13 Book	Line 13 FMV
AB ESM	132,322.	187,690.
AB EOF	1,924,762.	1,924,762.
AB EOF Weatherly	932,228.	932,228.
AB EOF AIV II	128,536.	299,529.
Cynosure BuıldGroup	36,918.	46,161.
AB Securitized Asset Fund CAY	2,485,727.	2,485,727.
AB Arya Partners CAY	5,763,907.	5,763,907.
AB Next 50 LUX	266,237.	266,237.
Cynosure Investment Partners	606,077.	644,922.
AB FSOF II	3,194,733.	3,194,733.
Total	15,471,447.	15,745,896.