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2019

OMB No. 1545-0052

## **Return of Private Foundation**

Department of the Treasury Internal Revenue Service

Form 990-PF

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

		ndar year 2019, or tax year beginning 01-01-20	019 , aı	nd en	nding 12-31-		
		Indation FOUNDATION			A Employer ide	entification numbe	r
					87-0536246		
		d street (or P.O. box number if mail is not delivered to street address) UTH HIGHLAND DRIVE E6-133	) Room/suite		<b>B</b> Telephone nu	mber (see instructior	ns)
		n, state or province, country, and ZIP or foreign postal code CITY, UT 84106	<u> </u>		<b>C</b> If exemption	application is pending	g, check here
i Ch	neck al	ll that apply: 🔲 Initial return 🔲 Initial return of a	former public charity		<b>D 1.</b> Foreign org	ganizations, check he	re
		☐ Final return ☐ Amended return				ganizations meeting	
		$\square$ Address change $\square$ Name change			, i	k here and attach cor	· -
I Ch	eck ty	vpe of organization: $\checkmark$ Section 501(c)(3) exempt private	foundation			ındation status was t n 507(b)(1)(A), chec	
	Section	n 4947(a)(1) nonexempt charitable trust	le private foundation				
of '	year (f	xet value of all assets at end from Part II, col. (c),  ▶\$ 1,614,241  J Accounting method:  □ Other (specify) (Part I, column (d) must	Cash Accru	ıal		ation is in a 60-month n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and				(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)					
	2	Check ► ☑ if the foundation is <b>not</b> required to attach					
	3	Sch. B Interest on savings and temporary cash investments	198		198	198	
	4	Dividends and interest from securities	35,080		35,080	35,080	
	5a	Gross rents	·		•		
	b	Net rental income or (loss)	_				
ne	6a	Net gain or (loss) from sale of assets not on line 10	38,150				
Revenue	b	Gross sales price for all assets on line 6a 506,803	3				
ž	7	Capital gain net income (from Part IV, line 2)			38,150		
	8	Net short-term capital gain				138	
	9	Income modifications					
	<b>10</b> a b	Gross sales less returns and allowances Less: Cost of goods sold	<u></u>				
	c	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	73,428		73,428	35,416	
	13	Compensation of officers, directors, trustees, etc.	500	1	500	35,110	
	14	Other employee salaries and wages	300		300		
^	15	Pension plans, employee benefits					
156	16a	Legal fees (attach schedule)					
<u>=</u>	b	Accounting fees (attach schedule)					
Ĭ	С	Other professional fees (attach schedule)					
Operating and Administrative Expenses	17	Interest	15		15		
	18	Taxes (attach schedule) (see instructions)	1,810		310		
É	19	Depreciation (attach schedule) and depletion					
	20	Occupancy					
Ĭ	21	Travel, conferences, and meetings					
<u> </u>	22	Printing and publications					
<u> </u>	23	Other expenses (attach schedule)					
E .	24	Total operating and administrative expenses.					
<u>e</u>		Add lines 13 through 23	2,325		825		C
)	25	Contributions, gifts, grants paid	86,000				86,000
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	88,325		825		86,000
	27	Subtract line 26 from line 12:	,				,,,
	а	Excess of revenue over expenses and	11000				
	b	disbursements  Net investment income (if negative, enter -0-)	-14,897	-	72,603		
	c	Adjusted net income (if negative, enter -0-)		<u> </u>	72,003	35,416	
		· · · · · · · · · · · · · · · · · · ·	I			35,416	l .

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1,614,241

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18

19

20

21

22 23

24

25

26

27 28

29 30

Part III

2

3

Liabilities

Net Assets or Fund Balances

Grants payable

Other liabilities (describe >\_

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 . . . . . . Decreases not included in line 2 (itemize) ▶

Net assets with donor restrictions .

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year-Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Total liabilities(add lines 17 through 22) . . . . . . .

Foundations that follow FASB ASC 958, check here

Capital stock, trust principal, or current funds . . .

Paid-in or capital surplus, or land, bldg., and equipment fund

	2	Savings and temporary cash investments	8,909	2,950	2,950
	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 ▶	'		
ای	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges			
SI	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	756,224	747,286	1,611,291
	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 )			
	16	Total assets (to be completed by all filers—see the			

1 1 1	investments—land, buildings, and equipment. basis			
	Less: accumulated depreciation (attach schedule) ▶			
12	Investments—mortgage loans			
13	Investments—other (attach schedule)			
14	Land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶		,	
15	Other assets (describe )			
16	Total assets (to be completed by all filers—see the			
	instructions. Also, see page 1, item I)	765,133	750,236	
17	Accounts payable and accrued expenses			

765,133

765,133

765,133

750,236

750,236

750,236

1 2

3

4

5

765,133

-14,897

750,236

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` '	e the kind(s) of property sold (e.g., rehouse; or common stock, 200 shs	·	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1 a</b> DA DAVIDSON 44692779	CAPITAL GAIN		Р	2000-01-01	2019-01-01
<b>b</b> DA DAVIDSON 44692779	COVERED		Р	2019-01-01	2019-01-01
c DA DAVIDSON 44692779	COVERED		Р	2000-01-01	2019-01-01
d					
e					
	(f)		(g)	,	h)
<b>(e)</b> Gross sales price	Depreciation allowed (or allowable)	Cost or	other basis ense of sale	Gain o	r (loss) ) minus (g)
	1,114	· · ·		, , , ,	1,114
	9,290		9,152		138
	6,399		459,501		36,898
d i	0,555		133,301		30,030
	+				
e					
Complete only for assets	showing gain in column (h) and ow	<u> </u>		(C-i (C-1 (	l)
<b>(i)</b> F.M.V. as of 12/31/69	<b>(j)</b> Adjusted basis	Excess	<b>(k)</b> of col. (i)	col. (k), but not	h) gain minus less than -0-) <b>or</b>
	as of 12/31/69	over col	. (j), if any	Losses (fr	om col.(h))
a					1,114
b					138
c					36,898
d					
e					
	pain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi	ons). If (loss), enter -0	,	3	38,150
Part V Qualification U	Inder Section 4940(e) for Re	educed Tax on Net	Investment In	come	
(For optional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on ne	t investment incon	ne.)	
If section 4940(d)(2) applies, le	ave this part blank				
	e section 4942 tax on the distributal	hle amount of any year	in the base period		es 🗹 No
	t qualify under section 4940(e). Do				
1 Enter the appropriate am	ount in each column for each year;	see instructions before	making any entrie	s.	
(a) Base period years Calendar	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitable	le-use assets	(d) Distribution rat (col. (b) divided by o	
year (or tax year beginning in) 2018	87,000		1 287 847	(cor. (b) divided by C	0.06756
2017	89,500		1,287,847		0.06736
2017	117,641		1,246,669		0.08945
2015	87,650		1,316,562		0.09438
2013	, , , , , , , , , , , , , , , , , , ,		1,380,494		0.06638
	105,250		<del>-                                    </del>		
2 Total of line 1, column (d	•		2		0.374185
number of years the foun	for the 5-year base period—divide dation has been in existence if less	than 5 years	3		0.074837
	ncharitable-use assets for 2019 from	n Part X, line 5	4		1,443,733
<b>5</b> Multiply line 4 by line 3			5		108,045
<b>6</b> Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		726
<b>7</b> Add lines 5 and 6			7		108,771
	ons from Part XII, line 4 ,		8		86,000
	ater than line 7, check the box in Pa			ng a 1% tax rate. Se	
instructions.		•	·		
				Fo	orm <b>990-PF</b> (2019)

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5a	During the year did the foundation	pay or	incur any amount to:							Yes	No
	(1) Carry on propaganda, or otherv	vise at	tempt to influence legisl	ation (section 4945(e))?		Yes	<b>✓</b>	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?										
	(4) Provide a grant to an organization other than a charitable, etc., organization described										
	in section 4945(d)(4)(A)? See in					☐ Yes	<b>✓</b>	No			
	(5) Provide for any purpose other t										
1.	educational purposes, or for the	•	•			Yes	✓	No			
D	If any answer is "Yes" to 5a(1)–(5), Regulations section 53.4945 or in a		-			ribed in			5b		
	Organizations relying on a current n		• •				. —	ŀ	30		
c											
_	tax because it maintained expenditu			•		П					
	If "Yes," attach the statement requi					☐ Yes	Ш	No			
6a	Did the foundation, during the year,		=	* *	ıms on						
	a personal benefit contract?				•	$\square_{v}$	<b>~</b>				
b	Did the foundation, during the year,				nefit contract	,└─ Yes		No	6b		No
	If "Yes" to 6b, file Form 8870.										
7a	At any time during the tax year, wa	s the	foundation a party to a p	rohibited tax shelter trai	nsaction?	☐ Yes	<b>✓</b>	No			
b	If "Yes", did the foundation receive	any pi	roceeds or have any net	income attributable to th	ne transaction	?			7b		
8	Is the foundation subject to the sec	tion 4	960 tax on payment(s) o	f more than \$1,000,000	in remunerat	ion or					
	excess parachute payment during the	he yea	ar?			Yes	<b>✓</b>	No			
Pai	Information About (	Office	ers, Directors, Trust	ees, Foundation Ma	nagers, Hi	ghly Pai	d En	nplo	yees,		
	and Contractors										
1	List all officers, directors, truste			•							
1	·		undation managers ar b) Title, and average hours per week	(c) Compensation (If	(d) Cont	ributions t				se acc	
1	(a) Name and address	(1	<b>b)</b> Title, and average	•		ributions t nefit plans	and			se acc Iowan	
ENN]	(a) Name and address	(I MANA	b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter	(d) Cont employee be deferred c	ributions t nefit plans	and				
ENN]	(a) Name and address  FER P SPEERS  SO HIGHLAND DR E6-133	(1	b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Cont employee be deferred c	ributions t nefit plans	and				
ENN] 223 SALT	(a) Name and address	(I MANA	b) Title, and average hours per week devoted to position GER	(c) Compensation (If not paid, enter -0-)	(d) Cont employee be deferred c	ributions t nefit plans	and				
ENN] 223 SALT 1ARG	(a) Name and address  FER P SPEERS  SO HIGHLAND DR E6-133 LAKE CITY, UT 84106  FARET ALOIA  AST 1700 SOUTH	MANA 5.00	b) Title, and average hours per week devoted to position GER	(c) Compensation (If not paid, enter -0-)	(d) Cont employee be deferred c	ributions t nefit plans	and				
ENNI 223 SALT 1ARG 61 E	(a) Name and address  FER P SPEERS  SO HIGHLAND DR E6-133 LAKE CITY, UT 84106  FARET ALOIA  AST 1700 SOUTH LAKE CITY, UT 84115	MANA 5.00 TRUS	b) Title, and average hours per week devoted to position GER	(c) Compensation (If not paid, enter -0-)	(d) Cont employee be deferred c	ributions t nefit plans ompensati	s and ion	Of	ther al	lowand	ces
ENNI 223 SALT 1ARG 61 E	(a) Name and address  FER P SPEERS  SO HIGHLAND DR E6-133 LAKE CITY, UT 84106  FARET ALOIA  AST 1700 SOUTH	MANA 5.00 TRUS	b) Title, and average hours per week devoted to position GER	(c) Compensation (If not paid, enter -0-)	(d) Cont employee be deferred c	ributions t nefit plans ompensati ctions). 1	s and ion	Of	ther al	lowand	ces
ENN) 223 5ALT 1ARG 61 E 5ALT <b>2</b>	(a) Name and address  FER P SPEERS  SO HIGHLAND DR E6-133 LAKE CITY, UT 84106  FARET ALOIA  AST 1700 SOUTH LAKE CITY, UT 84115	MANA 5.00  TRUS 10.00	b) Title, and average hours per week devoted to position  GER  TEE  ployees (other than the control of the cont	(c) Compensation (If not paid, enter -0-)  500	(d) Cont employee be deferred c	ributions t nefit plans ompensati	ion	ne, er	ther al	lowand	ces
ENN) 223 5ALT 1ARG 61 E 5ALT <b>2</b>	(a) Name and address  FER P SPEERS  SO HIGHLAND DR E6-133 LAKE CITY, UT 84106  FARET ALOIA  AST 1700 SOUTH LAKE CITY, UT 84115  Compensation of five highest-pa	MANA 5.00  TRUS 10.00	b) Title, and average hours per week devoted to position GER TEE	(c) Compensation (If not paid, enter -0-)	(d) Cont employee be deferred c  L—see instru (d) Cont employ plans ar	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	is and ion	ne, er	nter "I	NONE	ount,
ENNI 223 ALT 1ARG 61 E ALT 2	(a) Name and address  FER P SPEERS SO HIGHLAND DR E6-133 LAKE CITY, UT 84106 FARET ALOIA AST 1700 SOUTH LAKE CITY, UT 84115  Compensation of five highest-pa  Name and address of each employee more than \$50,000	MANA 5.00  TRUS 10.00	b) Title, and average hours per week devoted to position  GER  TEE  aployees (other than the bours per week hours per week)	(c) Compensation (If not paid, enter -0-)  500	(d) Cont employee be deferred c  L—see instru (d) Cont employ plans ar	ributions t nefit plans ompensati ctions). I ributions t ee benefit	is and ion	ne, er	nter "I	NONE.	ount,
ENN) 223 5ALT 1ARG 61 E 5ALT <b>2</b>	(a) Name and address  FER P SPEERS SO HIGHLAND DR E6-133 LAKE CITY, UT 84106 FARET ALOIA AST 1700 SOUTH LAKE CITY, UT 84115  Compensation of five highest-pa  Name and address of each employee more than \$50,000	MANA 5.00  TRUS 10.00	b) Title, and average hours per week devoted to position  GER  TEE  aployees (other than the bours per week hours per week)	(c) Compensation (If not paid, enter -0-)  500	(d) Cont employee be deferred c  L—see instru (d) Cont employ plans ar	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	is and ion	ne, er	nter "I	NONE.	ount,
ENNI 223 ALT 1ARG 61 E ALT 2	(a) Name and address  FER P SPEERS SO HIGHLAND DR E6-133 LAKE CITY, UT 84106 FARET ALOIA AST 1700 SOUTH LAKE CITY, UT 84115  Compensation of five highest-pa  Name and address of each employee more than \$50,000	MANA 5.00  TRUS 10.00	b) Title, and average hours per week devoted to position  GER  TEE  aployees (other than the bours per week hours per week)	(c) Compensation (If not paid, enter -0-)  500	(d) Cont employee be deferred c  L—see instru (d) Cont employ plans ar	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	is and ion	ne, er	nter "I	NONE.	ount,
ENNI 223 ALT 1ARG 61 E ALT 2	(a) Name and address  FER P SPEERS SO HIGHLAND DR E6-133 LAKE CITY, UT 84106 FARET ALOIA AST 1700 SOUTH LAKE CITY, UT 84115  Compensation of five highest-pa  Name and address of each employee more than \$50,000	MANA 5.00  TRUS 10.00	b) Title, and average hours per week devoted to position  GER  TEE  aployees (other than the bours per week hours per week)	(c) Compensation (If not paid, enter -0-)  500	(d) Cont employee be deferred c  L—see instru (d) Cont employ plans ar	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	is and ion	ne, er	nter "I	NONE.	ount,
ENNI 223 ALT 1ARG 61 E ALT 2	(a) Name and address  FER P SPEERS SO HIGHLAND DR E6-133 LAKE CITY, UT 84106 FARET ALOIA AST 1700 SOUTH LAKE CITY, UT 84115  Compensation of five highest-pa  Name and address of each employee more than \$50,000	MANA 5.00  TRUS 10.00	b) Title, and average hours per week devoted to position  GER  TEE  aployees (other than the bours per week hours per week)	(c) Compensation (If not paid, enter -0-)  500	(d) Cont employee be deferred c  L—see instru (d) Cont employ plans ar	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	is and ion	ne, er	nter "I	NONE.	ount,
ENNI 223 ALT 1ARG 61 E ALT 2	(a) Name and address  FER P SPEERS SO HIGHLAND DR E6-133 LAKE CITY, UT 84106 FARET ALOIA AST 1700 SOUTH LAKE CITY, UT 84115  Compensation of five highest-pa  Name and address of each employee more than \$50,000	MANA 5.00  TRUS 10.00	b) Title, and average hours per week devoted to position  GER  TEE  aployees (other than the bours per week hours per week)	(c) Compensation (If not paid, enter -0-)  500	(d) Cont employee be deferred c  L—see instru (d) Cont employ plans ar	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	is and ion	ne, er	nter "I	NONE.	ount,
ENNI 223 ALT 1ARG 61 E ALT 2	(a) Name and address  FER P SPEERS SO HIGHLAND DR E6-133 LAKE CITY, UT 84106 FARET ALOIA AST 1700 SOUTH LAKE CITY, UT 84115  Compensation of five highest-pa  Name and address of each employee more than \$50,000	MANA 5.00  TRUS 10.00	b) Title, and average hours per week devoted to position  GER  TEE  aployees (other than the bours per week hours per week)	(c) Compensation (If not paid, enter -0-)  500	(d) Cont employee be deferred c  L—see instru (d) Cont employ plans ar	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	is and ion	ne, er	nter "I	NONE.	ount,
ENNI 223 ALT 1ARG 61 E ALT 2	(a) Name and address  FER P SPEERS SO HIGHLAND DR E6-133 LAKE CITY, UT 84106 FARET ALOIA AST 1700 SOUTH LAKE CITY, UT 84115  Compensation of five highest-pa  Name and address of each employee more than \$50,000	MANA 5.00  TRUS 10.00	b) Title, and average hours per week devoted to position  GER  TEE  aployees (other than the bours per week hours per week)	(c) Compensation (If not paid, enter -0-)  500	(d) Cont employee be deferred c  L—see instru (d) Cont employ plans ar	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	is and ion	ne, er	nter "I	NONE.	ount,
ENNI 223 ALT 1ARG 61 E ALT 2	(a) Name and address  FER P SPEERS SO HIGHLAND DR E6-133 LAKE CITY, UT 84106 FARET ALOIA AST 1700 SOUTH LAKE CITY, UT 84115  Compensation of five highest-pa  Name and address of each employee more than \$50,000	MANA 5.00  TRUS 10.00	b) Title, and average hours per week devoted to position  GER  TEE  aployees (other than the bours per week hours per week)	(c) Compensation (If not paid, enter -0-)  500	(d) Cont employee be deferred c  L—see instru (d) Cont employ plans ar	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	is and ion	ne, er	nter "I	NONE.	unt,
ENNI 223 ALT 1ARG 61 E ALT 2	(a) Name and address  FER P SPEERS SO HIGHLAND DR E6-133 LAKE CITY, UT 84106 FARET ALOIA AST 1700 SOUTH LAKE CITY, UT 84115  Compensation of five highest-pa  Name and address of each employee more than \$50,000	MANA 5.00  TRUS 10.00	b) Title, and average hours per week devoted to position  GER  TEE  aployees (other than the bours per week hours per week)	(c) Compensation (If not paid, enter -0-)  500	(d) Contemployee be deferred of the deferred o	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	is and ion	ne, er	nter "I	NONE.	unt,
ENNI 223 SALT MARG 61 E SALT 2	(a) Name and address  FER P SPEERS SO HIGHLAND DR E6-133 LAKE CITY, UT 84106 FARET ALOIA AST 1700 SOUTH LAKE CITY, UT 84115  Compensation of five highest-pa  Name and address of each employee more than \$50,000	MANA 5.00 TRUS 10.00 id em	b) Title, and average hours per week devoted to position  GER  TEE  Aployees (other than the control of the con	(c) Compensation (If not paid, enter -0-)  500  Tose included on line 1  (c) Compensation	(d) Contemployee be deferred of the deferred o	ributions t nefit plans ompensati ctions). I ributions t ee benefit d deferred	is and ion	nne, er (e) I	nter "I Expens her all	NONE.	unt, es

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Part VIII Information About Officers, Directors, Trustees, Foundard Contractors (continued)	dation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional services (se	e instructions). If none, enter "NOI	IE".
(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 state organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1		
2		
3		
4		
<u></u>		
Part IX-B Summary of Program-Related Investments (see instruc	 ctions)	
Describe the two largest program-related investments made by the foundation during the tax ye	ear on lines 1 and 2.	Amount
11		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	· · · · · · <del>· · · · ·</del>	
		F 000 DE (2010)

1	Minimum investment return from Part X, line 6		 		1	/2,18/
2a	Tax on investment income for 2019 from Part VI, line 5	2a		1,452		
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b				
c	Add lines 2a and 2b		 	.	2c	1,452
3	Distributable amount before adjustments. Subtract line 2c from line 1		 	. [	3	70,735
4	Recoveries of amounts treated as qualifying distributions		 	. [	4	
5	Add lines 3 and 4		 	. [	5	70,735
6	Deduction from distributable amount (see instructions)		 	. [	6	
_		_	 _	Ī	_	70 705

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

86,000

86,000

86,000

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1a

1b

2

За 3h

4

5

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . . . . . . . . .

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Cash distribution test (attach the required schedule).

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . .

Amounts set aside for specific charitable projects that satisfy the:

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

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

1

2

3

4

5

b

a From 2014. . . . .

e From 2018. . . . .

**b** From 2015. . . . c From 2016. . .

**d** From 2017. . . .

70,735

70,735

Form **990-PF** (2019)

Page 9

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t	XΙ	П	

Form 99

Par

0-PF	(20	1	9	)	
			-		_

F (2)	019)	
П	Undistributed Income	(see instructions)

Distributable amount for 2019 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2019: a Enter amount for 2018 only. . . . . . Excess distributions carryover, if any, to 2019:

f Total of lines 3a through e. . . . . . . .

4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ a Applied to 2018, 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 2019 distributable amount. . . . .

e Remaining amount distributed out of corpus

6 Enter the net total of each column as

**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 2018. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . . . . . f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . . 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 2014 not

indicated below:

**5** Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020.

10 Analysis of line 9: a Excess from 2015.

**b** Excess from 2016. .

c Excess from 2017. .

d Excess from 2018. .

e Excess from 2019. .

Subtract lines 7 and 8 from line 6a . . . .

same amount must be shown in column (a).)

u	THEOHIE	(300	IIISU	uct

38.616 23,376

56,526

27.119 23,580

23.376 56,526

27.119

23.580

15.265

(a)

Corpus

169.217

15.265

184,482

38.616

145,866

(b)

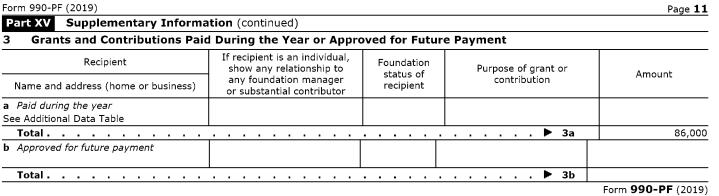
Years prior to 2018

(c)

2018

NONE

	Part XIV	Private Operating Found	<b>ations</b> (see instru	ictions and Part V	II-A, question 9)				
1a		ion has received a ruling or det nd the ruling is effective for 20			rating				
b	Check box to	indicate whether the organizati	on is a private opera	ating foundation des	cribed in section $\Box$	4942(j)(3) or	] 4942(j)(5)		
2a	Enter the lesser of the adjusted net Tax year Prior 3 years								
		Part I or the minimum	(a) 2019	<b>(b)</b> 2018	(c) 2017	(d) 2016	(e) Total		
		turn from Part X for each	, ,	. ,	,	,			
b	85% of line 2								
С	. , .	ributions from Part XII,							
d	directly for ac	ided in line 2c not used tive conduct of exempt							
е	for active con	tributions made directly duct of exempt activities. 2d from line 2c							
3	Complete 3a, b								
а	"Assets" alter	native test—enter:							
	` '	all assets							
		assets qualifying ction 4942(j)(3)(B)(i)							
b		alternative test— enter 2/3							
		nvestment return shown in for each year listed							
С	•	rnative test—enter:							
	(1) Total sup	port other than gross							
		nt income (interest,							
		s, rents, payments ties loans (section							
		)), or royalties)							
		from general public							
		more exempt							
		tions as provided in 942(j)(3)(B)(iii).							
	(3) Largest a	amount of support							
		exempt organization							
		vestment income plementary Information	(Complete this	nart only if the f	 	E OOO or more	in.		
Pā		ets at any time during the			oundation nau s	,,000 or inore			
1		Regarding Foundation Mana							
а		gers of the foundation who hav					n		
	JENNIFER P S	ose of any tax year (but only if	tney nave contribute	ed more than \$5,000	D). (See section 507)	(a)(2).)			
<u>_</u>		gers of the foundation who owr	1004 or more of the		tion (or an agually la	una partian of the			
U		a partnership or other entity) c				irge portion of the			
2	Information	Regarding Contribution, Gra	ant, Gift, Loan, Sch	olarship, etc., Pro	grams:				
	Check here ▶	lacksquare if the foundation only mak	es contributions to p	reselected charitable	e organizations and	does not accept			
	unsolicited re	quests for funds. If the foundat	tion makes gifts, gra	nts, etc. to individua	als or organizations	under			
	other condition	ons, complete items 2a, b, c, ar	nd d. See instruction	S					
a	The name, ad	dress, and telephone number o	or e-mail address of	the person to whom	applications should	be addressed:			
	JENNIFER SPE	ERS							
		HIGHLAND DRIVE E6-133 TY, UT 84106							
h		hich applications should be sub	mitted and informat	tion and materials th	nev should include:				
_		FORM REQUIRED			,				
С	Any submission	on deadlines:							
	NONE								
d	Any restriction	ns or limitations on awards, suc	ch as by geographica	al areas, charitable f	ields, kinds of institu	itions, or other			



ter gross amounts unless otherwise indicated.		usiness income	Excluded by section		(e) Related or exempt
Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
a b					
C					
d					
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments			14	198	
Dividends and interest from securities			14 14	35,080	
Net rental income or (loss) from real estate:					
Debt-financed property					
Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventory			10	20.150	
Net income or (loss) from special events:			18	38,150	
Gross profit or (loss) from sales of inventory					
Other revenue: a					
b					
с					
d					
Δ					
e Subtotal. Add columns (b), (d), and (e)				73,428	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcu			1	73,428 <b>3</b>	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	lations.)			· · · · · · · · · · · · · · · · · · ·	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculate to the second s	lations.)  ne Accomplisi income is report	hment of Exem red in column (e) o	<b>pt Purposes</b> f Part XVI-A contribu	3	73,428
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculated and the second section of the section of the second section of the second section of the second section of the section of the second section of the section of the second section of the section of the second section of the section	lations.)  ne Accomplisi income is report	hment of Exem red in column (e) o	<b>pt Purposes</b> f Part XVI-A contribu	3	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculate to the second s	lations.)  ne Accomplisi income is report	hment of Exem red in column (e) o	<b>pt Purposes</b> f Part XVI-A contribu	3	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculate to the second s	lations.)  ne Accomplisi income is report	hment of Exem red in column (e) o	<b>pt Purposes</b> f Part XVI-A contribu	3	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calcurt XVI-B  Relationship of Activities to the service of the service	lations.)  ne Accomplisi income is report	hment of Exem red in column (e) o	<b>pt Purposes</b> f Part XVI-A contribu	3	
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Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculate to the second s	lations.)  ne Accomplisi income is report	hment of Exem red in column (e) o	<b>pt Purposes</b> f Part XVI-A contribu	3	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calcurt XVI-B  Relationship of Activities to the second seco	lations.)  ne Accomplisi income is report	hment of Exem red in column (e) o	<b>pt Purposes</b> f Part XVI-A contribu	3	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calcurt XVI-B  Relationship of Activities to the second seco	lations.)  ne Accomplisi income is report	hment of Exem red in column (e) o	<b>pt Purposes</b> f Part XVI-A contribu	3	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculate to the second s	lations.)  ne Accomplisi income is report	hment of Exem red in column (e) o	<b>pt Purposes</b> f Part XVI-A contribu	3	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calcurt XVI-B  Relationship of Activities to the second seco	lations.)  ne Accomplisi income is report	hment of Exem red in column (e) o	<b>pt Purposes</b> f Part XVI-A contribu	3	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calcurt XVI-B  Relationship of Activities to the second seco	lations.)  ne Accomplisi income is report	hment of Exem red in column (e) o	<b>pt Purposes</b> f Part XVI-A contribu	3	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calcurt XVI-B  Relationship of Activities to the second seco	lations.)  ne Accomplisi income is report	hment of Exem red in column (e) o	<b>pt Purposes</b> f Part XVI-A contribu	3	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calcurt XVI-B  Relationship of Activities to the second seco	lations.)  ne Accomplisi income is report	hment of Exem red in column (e) o	<b>pt Purposes</b> f Part XVI-A contribu	3	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculate to the second s	lations.)  ne Accomplisi income is report	hment of Exem red in column (e) o	<b>pt Purposes</b> f Part XVI-A contribu	3	

Part XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharita Exempt Organizations	able	
L Did the organ	nization directly or indirectly engage in any of the following with any other organization described in section 501		

Part XVI	Exempt Organiz	zations		aa	and itelatio	monipo irran iron	cirarica bio		
	organization directly or inc er than section 501(c)(3)	directly engage					n 501	Yes	No
` ' '	s from the reporting found	- ,			-				
	sh						1a(1)		No
(2) Oth	er assets						. 1a(2)		No
<b>b</b> Other tra	ansactions:								
(1) Sale	es of assets to a nonchari	table exempt o	organization.				. 1b(1)		No
<b>(2)</b> Pur	chases of assets from a n	oncharitable e	xempt organiz	ation			. 1b(2)		No
<b>(3)</b> Rer	ntal of facilities, equipmen	t, or other ass	ets				. 1b(3)		No
<b>(4)</b> Rei	mbursement arrangemen	ts					1b(4)		No
<b>(5)</b> Loa	ns or loan guarantees.						. 1b(5)		No
<b>(6)</b> Perf	ormance of services or m	embership or f	undraising soli	citations			. 1b(6)		No
<b>c</b> Sharing	of facilities, equipment, m	nailing lists, oth	ner assets, or <sub>l</sub>	paid employees.			. 1c		No
	swer to any of the above								
	oods, other assets, or serv ansaction or sharing arra								
iii aiiy ci	ansaction or snaring arrai	ngement, snov	v III colaiiii (a	, the value of the	goods, other asse	its, or services receive	cu.		
(a) Line No.	(b) Amount involved	(c) Name of no	oncharitable exen	mpt organization	(d) Description of	transfers, transactions, a	and sharing arrai	ngement	ts
	undation directly or indire	•	*	•		_			
describe	d in section 501(c) (other	than section 5	501(c)(3)) or ii	n section 527? .		∐Yes	s 🗹 No		
<b>b</b> If "Yes,"	complete the following so								
	(a) Name of organizatio	n	(b	) Type of organizati	on	(c) Description of	of relationship		
			+						
Un	der penalties of perjury,	I declare that I	have examine	ed this return inc	luding accompany	ing schedules and sta	tements and	to the l	hest
	my knowledge and belief								
	nich preparer has any kno	wledge.		1					
Sign	*****			2020-07-10	. *****		May the IRS dis return	scuss th	is
Here				2020 07 10			with the prepar	er show	/n
	Signature of officer or tr	ustee		Date	Title		below		_
	Signature of officer of the	ustee		Date	Title		(see instr.) 🗹	Yes	] No
,	Print/Type preparer's	name [	reparer's Sign	ature	Data	D.	TIN		
	Trinic, type preparers	Tanne   F	Toparci 3 Digit	acar C	Date	Check if self-			
						employed ▶ □	P00072	488	
Paid	CLARKE R BRADSH	AW							
Prepare	Eirmia nama N. LIDMI	<u> </u>			1				
Use Onl	THE THAT I I I I I I I I I I I I I I I I I I I	E LLC				Fi	irm's EIN ▶82-	-44396	76
	-	9 West 500 So	uth						
	_		040			l Pi	hone no. (801	296-0	200
	Во	untiful, UT 84	010			["	(551)	, 0	•

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

HAWK WATCH2240 S 900 E SALT LAKE CITY, UT 84106	N/A	PC	GENERAL FUND	7,500
SALT LAKE DONATED DENTAL SERVI 1383 S 900 W SALT LAKE CITY, UT 84104	N/A	PC	GENERAL FUND	4,000

1383 S 900 W SALT LAKE CITY, UT 84104	N/A	PC	GENERAL FUND	4,000
NATURE CONSERVANCY OF UTAH 559 S TEMPLE SALT LAKE CITY, UT 84102	N/A	PC	GENERAL FUND	2,500

SALT LAKE CITY, UT 84104				
NATURE CONSERVANCY OF UTAH 559 S TEMPLE SALT LAKE CITY, UT 84102	N/A	PC	GENERAL FUND	2,500
Total			▶ 3a	86,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

BONALD MCDONALD HOUSE

NI/A

935 E SOUTH TEMPLE SALT LAKE CITY, UT 84102	IN/A	PC	GENERAL FUND	5,000
WESTERN WILDLIFE CONSERVANCY 1021 DOWNINGTON AVE	N/A	PC	GENERAL FUND	3,000

DC

CENEDAL ELIND

E 000

WESTERN WILDLIFE CONSERVANCY 1021 DOWNINGTON AVE SALT LAKE CITY, UT 84105	N/A	PC	GENERAL FUND	3,000
BOYS GIRLS CLUB244 E MYRTLE AVE	N/A	PC	GENERAL FUND	1,500

SALT LAKE CITY, UT 84105				
BOYS GIRLS CLUB244 E MYRTLE AVE MURRAY, UT 84147	N/A	PC	GENERAL FUND	1,500
Total			▶ 3a	86,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

1				
SPY HOP511 W 200 S SALT LAKE CITY, UT 84101	N/A	PC	GENERAL FUND	2,000
CROSSROADS URBAN CENTER 347 S 400 E	N/A	PC	GENERAL FUND	2,500

CROSSROADS URBAN CENTER 347 S 400 E SALT LAKE CITY, UT 84111	N/A	PC	GENERAL FUND	2,500
ABILITY FOUNDATION 5236 S GREENPINE DR SALT LAKE CITY, UT 84123	N/A	PC	GENERAL FUND	2,000

SALI LAKE CITY, UT 84111				
ABILITY FOUNDATION 5236 S GREENPINE DR SALT LAKE CITY, UT 84123	N/A	PC	GENERAL FUND	2,000
Total			▶ 3a	86,000

Recipient
Recipient
If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Red during the Year or Approved for Future Payment

Foundation status of recipient recipient

Foundation status of recipient

B1/A

SALT LAKE CITY, UT 84101	N/A	PC	GENERAL FUND	1,000
PEOPLE HELPING PEOPLE205 N 400 W SALT LAKE CITY, UT 84103	N/A	PC	GENERAL FUND	1,000
		, and the second		

SALT LAKE CITY, UT 84103				•
THE ROAD HOME210 S RIO GRANDE ST SALT LAKE CITY, UT 84101	N/A	PC	GENERAL FUND	2,000

86,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

	1	1		
UTAH PARTNERS FOR HEALTH 3665 S 8400 W MAGNA, UT 84044	N/A	PC	GENERAL FUND	1,000
UTAH SOCIETY FOR ENVIRONMENTAL	N/A	PC	GENERAL FUND	1,000

UTAH SOCIETY FOR ENVIRONMENTAL EDUC 663 W 100 S 5A SALT LAKE CITY, UT 84104	N/A	PC	GENERAL FUND	1,000
WILD UTAH PROJECT	N/A	PC	GENERAL FUND	2,500

EDUC 663 W 100 S 5A SALT LAKE CITY, UT 84104				
WILD UTAH PROJECT 824 S 400 W SUITE B117 SALT LAKE CITY, UT 84101	N/A	PC	GENERAL FUND	2,500

Total .

86,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial contributor			
a Paid during the year				
YOUTH GARDEN PROJECTS 4TH E ST MOAB, UT 84532	N/A	PC	GENERAL FUND	3,000

110715,01 01332				
COMMUNITY NURSING SERVICES 383 W VINE STREET SUITE 300 MURRAY, UT 84123	N/A	PC	GENERAL	2,000

383 W VINE STREET SUITE 300 MURRAY, UT 84123				
MAKE A WISH771 E WINCHESTER ST SALT LAKE CITY, UT 84107	N/A	PC	GENERAL	1,500

86,000

MURRAY,UT 84123				
MAKE A WISH771 E WINCHESTER ST SALT LAKE CITY, UT 84107	N/A	PC	GENERAL	1,5

Total .

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
NEIGHBORHOOD HOUSE1050 W 500 S SALT LAKE CITY, UT 84104	N/A	PC	GENERAL	1,500

SALT LAKE CITY, UT 84104				<u> </u>
PLANNED PARENTHOOD 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	N/A	PC	GENERAL	3,000

PLANNED PARENTHOOD 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	N/A	PC	GENERAL	3,000
SALVATION ARMY438 S 900 W	N/A	PC	GENERAL	1,000

654 SOUTH 900 EAST SALT LAKE CITY, UT 84102				
SALVATION ARMY438 S 900 W SALE LAKE CITY, UT 84104	N/A	PC	GENERAL	1,000

Total .

SALI LAKE CITY, UT 84102				
SALVATION ARMY438 S 900 W SALE LAKE CITY, UT 84104	N/A	PC	GENERAL	1,000

86,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

SENIOR CHARITY CARE FOUNDATION PO BOX 744 KAYSVILLE, UT 84037	N/A	PC	GENERAL	2,000
URANIUM WATCH76 S MAIN 7	N/A	PC	GENERAL	1,000

·				
URANIUM WATCH76 S MAIN 7 MOAB, UT 84532	N/A	PC	GENERAL	1,000
BUILD YOUTH ORGANIZATION 2785 W 9000 S 10	N/A	PC	GENERAL FUND	1,500

MOAB, UT 84532	•			
BUILD YOUTH ORGANIZATION 2785 W 9000 S 10 WEST JORDAN, UT 84088	N/A	PC	GENERAL FUND	1,500

Total .

86,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

KIDS ON THE MOVE 850 SOUTH 1700 WEST LEHI, UT 84043	N/A	PC	GENERAL	1,000
RACE SWAMI2751 SOUTH 2700 EAST	N/A	PC	GENERAL	4.000

LEHI, UT 84043				
RACE SWAMI2751 SOUTH 2700 EAST SALT LAKE CITY, UT 84109	N/A	PC	GENERAL	
SUMMIT LAND CONSERVANCY	N/A	PC	GENERAL	

RACE SWAMI2751 SOUTH 2700 EAST SALT LAKE CITY, UT 84109	N/A	PC	GENERAL	4,000
SUMMIT LAND CONSERVANCY PO BOX 1775	N/A	PC	GENERAL	1,000

SALT LAKE CITY, UT 84109				
SUMMIT LAND CONSERVANCY PO BOX 1775 PARK CITY, UT 84060	N/A	PC	GENERAL	1,000

PO BOX 1775 PARK CITY, UT 84060	N/A		1,00
Total		 ▶ 3a	86,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
THE MUNDI PROJECTPO BOX 520696 SALT LAKE CITY, UT 84152	N/A	PC	GENERAL	2,500
THERABY ANIMALS OF HEALT	NI/A	DC	CENEDAL	1 000

THERAPY ANIMALS OF UTAH 4050 SOUTH 2700 EAST SALT LAKE CITY, UT 84124	N/A	PC	GENERAL	1,000
LL CAN LEADNIA 221 FACT CCOO COUTU	N/A	DC.	CENERAL	2,000

SALT LAKE CITY, UT 84124				
U CAN LEARN1231 EAST 6600 SOUTH SALT LAKE CITY, UT 84121	N/A	PC	GENERAL	2,000

SALI LAKE CITT, OT 04124				
U CAN LEARN1231 EAST 6600 SOUTH SALT LAKE CITY, UT 84121	N/A	PC	GENERAL	2,000
Total			▶ 3a	86,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

Name and address (nome or business)	or substantial contributor	,		
a Paid during the year				
ADOPT A NATIVE ELDER	N/A	PC	GENERAL FUND	5,000

ADOPT A NATIVE ELDER 328 W GREGSON AVE SO SALT LAKE CITY, UT 84115	N/A	PC	GENERAL FUND	5,000
ARTSPACE	N/A	PC	GENERAL FUND	1,000

SO SALT LAKE CITY, UT 84115				
ARTSPACE 230 SOUTH 500 WEST SUITE 235 SALT LAKE CITY, UT 84101	N/A	PC	GENERAL FUND	1,000
DAVIS COUNTY GOVERNMENT	N/A	PC	GENERAL FUNDS	1.000

SALT LAKE CITY, UT 84101	
DAVIS COUNTY GOVERNMENT N/A PC 28 EAST STATE ST 218 FARMINGTON, UT 84025	GENERAL FUNDS 1,000

SALT LAKE CITY, UT 84101				
DAVIS COUNTY GOVERNMENT 28 EAST STATE ST 218 FARMINGTON, UT 84025	N/A	PC	GENERAL FUNDS	1,000
Total			▶ 3a	86,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
JOHN WESLEY POWELL MUSEUM 1765 E MAIN ST	N/A	PC	GENERAL FUNDS	1,000

GREEN RIVER, UT 84525				
NATIONAL SPEECH DEBATE ASSOCIATION 125 WATSON STREET RIPON WI 54971	N/A	PC	GENERAL FUNDS	1,000

ASSOCIATION 125 WATSON STREET RIPON, WI 54971	N/A	PC	GENERAL FUNDS	1,000
ALLIANCE HOUSE1724 S MAIN STREET	N/A	PC	GENERAL FUND	2,000

125 WATSON STREET RIPON, WI 54971				
ALLIANCE HOUSE1724 S MAIN STREET SALT LAKE CITY, UT 84115	N/A	PC	GENERAL FUND	2,000

RIPON, WI 54971				
ALLIANCE HOUSE1724 S MAIN STREET SALT LAKE CITY, UT 84115	N/A	PC	GENERAL FUND	2,000

ALLIANCE HOUSE1724 S MAIN STREET SALT LAKE CITY, UT 84115	N/A	PC	GENERAL FUND	2,00

SALT LAKE CITY, UT 84115			
I Total		<b>&gt;</b> 3a	86 000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business)

	or substantial contributor			
a Paid during the year				
ALZHEIMERS ASSOCIATION OF UTAH 855 EAST 4800 SOUTH SALT LAKE CITY, UT 84107	N/A	PC	GENERAL FUND	2,000

STONE OF HORE VOLUTH	21/2	20	CENEDAL FUND	2 500
KOSTOPULOS DREAM FOUNDATION 4180 EMIGRATION CANYON RD SALT LAKE CITY, UT 84108	N/A	PC	GENERAL FUND	1,000
SALT LAKE CITY, UT 84107				

KOSTOPULOS DREAM FOUNDATION 4180 EMIGRATION CANYON RD SALT LAKE CITY, UT 84108	N/A	PC	GENERAL FUND	1,000
STONE OF HOPE YOUTH 3354 SOUTH LOS ALTOS SALT LAKE CITY, UT 84109	N/A	PC	GENERAL FUND	2,500

4180 EMIGRATION CANYON RD SALT LAKE CITY, UT 84108	N/A		GENERAL TOND	1,000
STONE OF HOPE YOUTH 3354 SOUTH LOS ALTOS SALT LAKE CITY, UT 84109	N/A	PC	GENERAL FUND	2,500
Total			▶ 3a	86,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
THE FAMILY SUPPORT CENTER	N/A	PC	GENERAL FUND	1,000

SALT LAKE CITY, UT 84105				
GLOBAL SMILES FOUNDATION 101 ACCESS ROAD NORWOOD, MA 02062	N/A	PF	VARIOUS	1,000

101 ACCESS ROAD NORWOOD, MA 02062	IV/A	F	VARIOUS	1,000
LITTLE LAMBS FOUNDATION 1125 WEST 400 NORTH SUITE 200 LOGAN.UT 84321	N/A	PF	VARIOUS	1,000

101 ACCESS ROAD NORWOOD, MA 02062	,			·
LITTLE LAMBS FOUNDATION 1125 WEST 400 NORTH SUITE 200 LOGAN, UT 84321	N/A	PF	VARIOUS	1,000
Total			▶ 3a	86,000

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491192013420
TY 2019 Investments Corporat	e Stock Schedule	
Name:	THE JEPS FOUNDATION	

**EIN:** 87-0536246

**Software ID:** 19009920

Software Version: 2019v5.0

Software version: 201905.0		
Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
MERCK AND CO INC	176,386	900,405
UNIT FT CAPITAL STRENGTH	19,461	22,387
THORNBURG INV	74,782	89,122
FRANKLIN RISING DIV	42,665	58,136
FIRST TRUST DSIP		
FIRST TRUST MARKET STRENGTH	102,394	118,364
FIRST TRUST MARKET STRENGHT OPP		
FIRST TRUST SELECT DISP	331,598	422,877

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491192013420	
TY 2019 Taxes Schedule					
Name	ame: THE JEPS FOUNDATION				
EIN	<b>N:</b> 87-0536246	87-0536246			
Software II	<b>D:</b> 19009920	19009920			
Software Version	n: 2019v5.0				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
FEDERAL INCOME TAXES	1,500				
FOREIGN TAXES	310	310			