Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

Open to Public

,		2010 calendar year, or tax year beginning NOV 1, 2010 and ending	UCID 3.	1, 2011						
A F	or the	20 to continual year, at tarty 22 to 5								
B ci	neck if plicable:		D Emp	loyer identific	ation number					
	Address Johange	UTAH HUMANITIES COUNCIL		0.00	10707 <i>C</i>					
	Name change	Doing Business As			307076					
	Initial Teturn Termin- aled	Number and street (or P.O. box if mail is not delivered to street address) 202 WEST 300 NORTH	uite E Tele _l	phone number 8 0 1 – 3	359-9670					
	⊒ateo]Amende Jreturn		G Gross	G Gross receipts \$ 1,158,389.						
_	Applica Ition		H(a) is	this a group re	turn					
	pending	F Name and address of principal officer:GARY DAYNES SAME AS ENTITY		affiliates? all affiliates incl	Yes X No					
		mpt status: X 501(c)(3)			list. (see instructions)					
11	ax-exei	WWW.UTAHHUMANITIES.ORG		oup exemption	•					
JV	epsite	organization: X Corporation Trust Association Other L	ear of formation	on; 1975 M	State of legal domicile: $\overline{ ext{UT}}$					
	AL D	Curp more								
	<u> </u>	the the deposite the organization's mission or most significant activities: THE UTAH	HUMAN	ITIES CO	OUNCIL					
Governance	1 E	PROMOTES UNDERSTANDING OF DIVERSE TRADITIONS	, VALU	ES, AND	IDEAS					
ᇤ		Check this box if the organization discontinued its operations or disposed of r	nore than 25	% of its net as	sets.					
Ę.	2 (Jumber of voting members of the governing body (Part VI, line 1a)		3	43					
မ်	1 8	Jumber of independent voting members of the governing body (Part VI, line 1b)		4	23					
•8	4 1	otal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	11					
ĕ		otal number of volunteers (estimate if necessary)			100					
Activities	6 7	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
Ā	7 (1)	Net unrelated business taxable income from Form 990-T, line 34		7b	0.					
	יו נג	Net unrelated pusitions taxable profite from our one of the first		Year	Current Year					
	0 (Contributions and grants (Part Vill, line 1h)	1,1	69,758.	1,153,383.					
ine.		Program service revenue (Part VIII, line 2g)		0.	0.					
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		13,028.	4,706.					
Re	10 1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	300.					
	11 (otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,1	82,786.	1,158,389.					
	12 7	Grants and similar amounts paid (Part IX, column (A), lines 1:3)		83,473.	60,470.					
	13 (Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
		the state of the s	4	82,137.	502,108.					
Expenses	15 5	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.					
en	ioa i	Fotal fundraising expenses (Part IX, column (D), line 25)								
X		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	6	01,309.	472,774.					
	17 (Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,1	66,919.	1,035,352.					
	18	Revenue less expenses. Subtract line 18 from line 12		15,867.	123,037.					
Ces		Revenue less expenses, outstact line to from illo 12	Beginning o	f Current Year	End of Year					
ts o	00 7	Total assets (Part X, line 16)	1,5	88,137.	1,694,878.					
Bak	20	Fotal assets (Part X, line 16) Fotal liabilities (Part X, line 26)	Ī	46,736.	130,909.					
Net Assets Fund Baland	21	Net assets or fund balances. Subtract line 21 from line 20	1,4	41,401.	1,563,969.					
:De	33 al 33	Signature Block								
Und	er nensi	ties of perjury. I declare that I have examined this return, including accompanying schedules and st	atements, and	to the best of my	y knowledge and belief, it is					
true	correct	, and complete. Declaration of preparer (other than officer) is based on all information of which pre	oarer has any k	knowledge.						
	00.700									
Sig	,	Signature of officer		Date						
Her		CYNTHIA BUCKINGHAM, EXECUTIVE DIRECTOR								
1161	٦	Type or print name and title								
-		Print/Type preparer's name Preparer's signature	Date 9/10/	Check	PTIN					
Paid	,	DAVID SPERRY	J 10/	sen-employe	ed I					
	erer	Firm's name TANNER LLC		Firm's EiN 🛌						
	Only	Firm's address 36 S STATE STREET, SUITE 600								
505	····,	SALT LAKE CITY, UT 84111		Phone no. 8	01-532-7444					
3.4	الحطف	S discuss this return with the preparer shown above? (see instructions)			X Yes No					

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

1,114,1,14	7		····			
• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			X
If you	are filing for an Ad ditional (Not Automatic) 3-Month Ex	tension, t	complete only Part II (on page 2 of this	totui)		
Do not	complete Part II unless you have already been granted i	an automa	itic 3-month extension on a previously ti	190 roi	rm 8808. Smantha far a aarna	watian
Electro	nic filing (e-file). You can electronically file Form 8868 if	you noon a	a 3-month automatic extension of time t	D HIII U	on to the second of the court	tanoian
required	to file Form 990 T), or an additional (not automatic) 3-mo	กเก อxเอกเ	SION OF TIME, YOU CAN SISCHONICALLY THE F	Ollil Di	Associated With Con	lelision doin
of time t	o file any of the forms listed in Part I or Part II with the ex	coption of	form 8870, information Helum for train	SIO 8/	4890Ciateu With Oet	raii i
	l Benefit Contracts, which must be sent to the IRS in pag		(see instructions). For more details on ti	ne ejec	etronic filing of this to)(1)1)
visit ww Part	w.irs.gov/effle and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time		bmit original (no coples needed).			
	ration required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and com	plete		
Part I or	•					
All other	corporations (Including 1120-C filers), partnerships, REM	ilCs, and t	rusts must use Form 7004 to request an	exten	ision of time	
to file in	come tax returns.		<u> </u>			
Type or	Name of exempt organization			Emp	loyer identification	number
print File by the	UTAH HUMANITIES COUNCIL			8	7-0307076	
due dale f	Number, street, and room or suite no. If a P.O. Box, a	ee instruc	tions.			
return. Sac Instruction	c. City, town or post office, state, and ZIP code. For a fe		iress, see instructions.			
	SALT LAKE CITY, UT 84103-	1108				
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applica	Hon	Return	Application			Return
ls For	шон	Code	la For			Code
Form 99	0	01	Form 990-T (corporation)			07
Form 99		02	Form 1041-A			08
Form 99		01	Form 4720			09
Form 99		04	Form 5227			10
*	ID:T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	ID-T (trust other than above)	06	Form 8870			12
I OITH BE	CYNTHIA BUCKING					
æ Thai	books are in the care of \blacktriangleright 202 W 300 N $-$		LAKE CITY, UT 84103-	110	8	
	Shone No. ► 801-359-9670		FAX No.			
	organization does not have an office or place of business	s in the Dr				
• Ifthis	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) . If th	ls ls fo	r the whole group, c	heck this
box 🕨	. If it is for part of the group, check this box	and atta	ich a list with the names and ElNs of all	memb	ers the extension is	for.
1 I	equest an automatic 3-month (6 months for a corporation	regulred	to file Form 990-T) extension of time unt	1		
	JUNE 15, 2012 , to file the exemp	t organiza	tion return for the organization named a	 bove.	The extension	
in	for the organization's return for:					
10						
	X tax year beginning NOV 1, 2010	an	d ending OCT 31, 2011			
-	tax year boginning 210 v 27 20 20				_	
2 If	the tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: initial return Fina	ıl retur	n	
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
	onrefundable credits. See instructions.			3a	\$	0.
	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	[-
68	timated tax payments made. Include any prior year overp	ayment a	llowed as a credit,	3b	\$	0,
o Bi	alance due. Subtract ilne 3b from line 3a, include your pa	yment wit	h this form, if required,			
by	using EFTPS (Electronic Federal Tax Payment System).	See Instru	etjons.	30	\$	0.
Caution	. If you are going to make an electronic fund withdrawal v	v <u>ith thi</u> a Fo	orm 8868, see Form 8453-EO and Form	8879-	EO for payment insti	uctlons,
	For Paperwork Reduction Act Notice, see Instructions				Form 8868 (Re	v. 1-2011)

■ If you are filing for an Additional (Net Automatic) 3-Month Extension, complete only Part II and of neck this box ■ If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Part II	Form 8868 (Rev. 1-2011)				Pa	age 2
• If you are filing for an Automatic 2-Month Extension, complete only Part I (on page 1). Part III		tension,	complete only Part II and check this b	ox ,,,,,,,	> X	J
Petr II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no coolee needed). Name of exempt organization Emptoyer Identification number print The byths (included and date in the Control of the Coolee Additional or the Coolee Additional organization TAH HUMANITIES COUNCIL Number, street, and room or suite no. If a P.O. box, see instructions. A7 - 0.30 7.076	Note. Only complete Part II if you have already been granted an a	automatic	3-month extension on a previously filed	d Form 8868	3.	
Name of exempt organization TAH HUMANITIES COUNCIL						
Type or UTAH HUMANITIES COUNCIL 87-0307076	Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no c	opies need	ed).	
DTAH HUMANITIES COUNCIL Number, steet, and room or sulte no. If a P.O. box, see instructions. See the steet of the proof of the steet of thing your winters. See the steet of the	Type or Name of exempt organization			Employe	r identification numi	ber
Number, street, and room or sallo no. If a P.O. box, eee instructions.	print			87_	0307076	
20.2 WISCT 30.0 NORTH	File by the Number street and room availtons If a D O have	oo inatrua	Hono	07	03.07070	
Enter the Return code for the return that this application is for (file a separate application for each return) Application Return Application Return Application Return Application Ser (file a separate application for each return) Diagram Application Return Application Return Application Ser (file a separate application for each return) Diagram Application Return Application Return Application Return Application Ser (file a separate application for each return) Diagram Application Return Application Return Application Return Application Ser (file a separate application for each return) Diagram Application Return Application Return Application Return Application Ser (file a separate application for each return) Diagram Application Return Application		ee menuc	etions.			
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Enter the Return code for the return that this application is for (file a separate application for each return) Application Return Application Return Code						
Section Sec			ste application for each return)		[0]	1
Form 980	Application	Return	Application		Ret	urn
Form 990-BL Form 990-EZ Form	ls For	Code	Is For			
Form 990-FF	Form 990	01				,
Form 990-FF Form 990-T (see. 401(a) or 408(a) trust) O5 Form 8099 O6 Form 8099 O7 Form 8090 O7 Form 8090 O7 Form 8090 O7 Form 8099 O7 Form 8090 O7 F	Form 990-BL	02				
Form 990-T (frust other than above) O5 Form 6059 11 Form 990-T (frust other than above) O5 Form 6059 11 STOPI Do not complete Part II frush were not already granted an automatic 3-month extension on a previously filled Form 8368. CYNCTHIA BUCKINGHAM The books are in the care of 202 W 300 N — SALT LAKE CITY, UT 84103—1.108 Telephone No. 801-359-9670 FAX No. 6 If this for a Group Return, other the organization's four digit Group Exemption Number (GEN) If this for a Group Return, other the organization's four digit Group Exemption Number (GEN) If this for a Group Return, other the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, other the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, other the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, other the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, other the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, other the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, other the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, other the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, other the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, other the organization is for Interval Septiment Septim	Form 990-EZ	01				
Form 990-T (truet other than above) Stopp Do not complete Part I if you were not already granted an automatic 3-month extension on a previously filed Form 8868. CYNTHIA BUCK_INGHAM		f	· · · · · · · · · · · · · · · · · · ·			
STOPI Do not complete Pert II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. CYNTHIA BUCKINGHAM The books are in the care of ▶ 202 W 300 N - SALT LAKE CITY, UT 84103-1108 Telephone No. ▶ 801-359-9670						
The books are in the care of ▶ 20.2 W 30.0 N - SALT LAKE CITY, UT 84103-11.08 Telephone No.▶ 801-359-9670						2
The books are in the care of ▶ 202 W 300 N - SALT LAKE CITY, UT 84103-1108 Telephone No.▶ 801-359-9670 FAX No.▶ If the organization does not have an office or place of business in the United States, check this box			<u>natic 3-month extension on a previou</u>	isly filed Fo	orm 8868.	
Telephone No. ▶ 801-359-9670 If the organization does not have an office or place of business in the United States, check this box			CALL CIMIL STATE	1100		
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If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and ElNs of all members the extension is for. I request an additional 3-month extension of time until SEPTEMBER 15, 2012. For calendar year, or other tax year beginningNOV_1, 2010, and endingOCT_31,2011 If the tax year entered in line 5 is for less than 12 months, check reason: initial return Final return		t- 11 1 t-				ı
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it is true, correct, and complete, and that I am authorized to prepare this form. Signature Mouth Let Cay Title CPA Date 6/12/12						
Signature Matitaletcay Title CPA Date 6/12/12	Under penalties of perjury, I declare that I have examined this form, including the correct, and complete and that I am authorized to present this form	ng accomp	panying schedules and statements, and to th	e best of my	knowledge and bellef,	
Olymanu P 7 7 7 0 V				Data 🌬	6/12/12	
	pilliarnia 1 1 hand 2 charles and 100 h	-E-M		Data 🏴	Form 8868 (Rev. 1-2	2011)

18-88881

			Yes	Νo
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	.2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			X
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4	X	
	during the tax year? If "Yes," complete Schedule C, Part II	4	-25	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	-3 -		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	6		x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
_	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
14	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
11	as applicable.	174		
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			₩.
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	X
·e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		х
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	X	
	Schedule D, Parts XI, XII, and XIII	12.0		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(li)? If "Yes," complete Schedule E	13	-	X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
Q.	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
10	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
•-	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			٠,,
	1c and 8a? If "Yes, " complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4		x
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		-23
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	20b		
	operate one or more hospitals must attach audited financial statements (see instructions)		990 (2010

la La Ali	Tilly Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Х	
	United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	-23	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		Х	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		х
	Schedule J	20		-11
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a	ļ	Х
	Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization invest any proceeds of tax-exempt builds beyond a temporary period exception. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	-75		
C		24c		
-1	any tax-exempt bonds? Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year?	24d		
	and the state of t			
25a	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
1.7	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			j
	Schedule L, Part III	.27		X
.28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	17.10		ordina.
	instructions for applicable filing thresholds, conditions, and exceptions):			Z.Z.
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			77
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			w
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			Х
	Schedule N, Part II	32	-	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		.21
34	Was the organization related to any tax-exempt or taxable entity?	34		х
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-originate related organization.	36		х
-	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part Vi	37		х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
38	Note, All Form 990 filers are required to complete Schedule O	38	Х	
	Note. All Form 330 mais die raquired to complete deriodate o	Form	990 (2010)

Enter the number reported in Box 3 of Form 1996, Enter G-I' not applicable 1st 0 0 15 Enter the number of Forms NYGO Included of line 1st. Enter G-I' not applicable 1st 0 0 15 1 0 0 15 1 0 0 15 1 0 0 15 1 0 15 1 0 0 15 1 0 15 1 0 0 15 1 0 15 1 0 0 15 1 0 15 1 0 15 1 0 15 1 0 15 1 0 15 1 0 15 1 0 15 1 0 15 1 0 15 1 0 1 15 1 0 1 0		Check If Schedule O contains a response to any question in this Part V			,,,,,,,,,		
b Enter the number of Forms W2C included in line 1s. Enter 0-if not applicable						Yes	No
b Enter the number of Forms W2G included in line 1s. Enter 0-if not applicable 10 0 1 1 1 1 1 1 1	1a	Enter the number reported in Box 3 of Form 1096, Enter ·0· If not applicable	1a	0	0.46	i i	13.5
c Did the organization comply with backup withholding rules for reportable parmyrents to vendors and reportable gaming (gamhlog) withings to prize with miner? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, gas and the complex of the calendar year ending with or within the year covered by this return b if at least one to reported on line 2s, did the organization file all required foderal employment tax resturns? Note. If the sum of lines is and 2s is greater than 250, you may be required to 6-Me, (see instructions) 3 b if Yea, "has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3 a A Any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securition account, or other financial account)? 4 b if Yea," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 5 b if Yea," and the representation have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securition account, or other financial account)? 4 b if Yea, "the street her name of the foreign country." 5 b if Yea, "the street her name of the foreign country." 5 c instructions for filing requirements for Form 10 F 90.22.1, Report of Foreign Bank and Financial Accounts. 5 c instructions for filing requirements for Form 10 F 90.22.1, Report of Foreign Bank and Financial Accounts. 5 d in Vea, "to like or so the side of the organization that it was or is a party to a prohibited tax shelter transaction? 5 d in Vea, "to like the organization that it was or is a party to a prohibited tax shelter transaction? 5 d in Vea, "to see a or St., did the organization file Form 8880-17. 6 d in Yea, "to see a or St., did the organization file Form 8880-17. 6 d in Yea, "to see a or St., did the organization solicition and express of St. make party as a contribut	_		1b	0] 0		
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tiled for the calendar year ending with or within the year covered by this return	2a		Ì			i sopra	7.
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38 Did the organization have unrelated business gross income of \$1,000 or more during the year? 39 If "Yes," has it filled a Form 900-11 or this year? If "No," provide an explanation in Schedule O 30 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, see other financial secount)? So instructions for filling requirements for Form TO 9 90.21, Report of Foreign Bank and Financial Account. So instructions for filling requirements for Form TO 9 90.21, Report of Foreign Bank and Financial Account. So instructions for filling requirements for Form TO 9 90.21, Report of Foreign Bank and Financial Account. So instructions for filling requirements for Form TO 9 90.21, Report of Foreign Bank and Financial Account. So instructions for filling requirements for Form TO 9 90.221, Report of Foreign Bank and Financial Account. So instructions for filling requirements for Form TO 9 90.221, Report of Foreign Bank and Financial Account. So instructions for filling requirements for Form TO 9 90.221, Report of Foreign Bank and Financial Account. So in Yes, "I to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? So in Yes, "I to line 5a or 5b, did the organization for Inches with every solicitation and party to a prohibited tax shelter transaction? For I Yes," foll the segmanization receive annual gross receives that the such contributions or gifts were not tax deductible? Organizations that many receive deductible contributions under section 170(c). By If Yes," did the organization neceive appyment it excess of 95 made party as a contribution and party for godes and services provided to the payor? To Line Form 8282? Organization receive a py payment it excess of 95 made party as a contribution and party tor godes and services provided? To Line Form 8282? If Yes," included on A contribution of the very transaction property for w	.b		rns?	.,	2b		
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		amounts due or received from them.)			"Williams	Tell at	, a
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	12a	Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form	1041	?		SA, N. S.	12
a is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					1 m
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		Section 501(c)(29) qualified nonprofit health insurance issuers.					V-1
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	a			,	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a							***
c Enter the amount of reserves on hand 13c 14a X b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b		. ــــــــــــــــــــــــــــــــــــ		-1-1		
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		-			7.4		
b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	C		L			< 150 GHZ	y
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14a	Did the organization receive any payments for indoor tanning services during the tax year?					
	b	If "Yes," has it filed a Form 720 to report these payments? if "No," provide an explanation in Schedul	<i>- U</i>			990	2010)

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Part MI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI					X
Sec	tion A. Governing Body and Management				,	,
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		23	F. 4	nyddyr fau gwelyfailia
b	Enter the number of voting members included in line 1a, above, who are independent	1b	<u></u>	23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other	1.87	200	-5
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?			3	ļ	X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 w	as filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	,			X
6	Does the organization have members or stockholders?	,		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mber	s of the			٠,,
	governing body?		***************************************	7a	ļ	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per-	sons1	?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken	durin	g the year		医二烷	
	by the following:					3 2.
a	The governing body?			<u>Ba</u>	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched	at the			37
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code.)		,	
				r	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	<i></i>		10a	<u> </u>	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates,			ļ
					47	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before file	iing th	ne form?	11a	X	40141424
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			77.00b	MONT PROSE Z	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	.X	ļ
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld giv	e rise		3.5	
	to conflicts?			12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "				-U-	
	in Schedule O how this is done			12c	X	
13	Does the organization have a written whistleblower policy?			13	X	
14	Does the organization have a written document retention and destruction policy?			14	A	10 20
15	Did the process for determining compensation of the following persons include a review and approva	ıl by ii	ndependent			**
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			& wei	X	(Elastive
а	The organization's CEO, Executive Director, or top management official			15a	Α.	X
þ	Other officers or key employees of the organization			15b	Secretari	12X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	t	uith o			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen			100	WE 71.84	X
	taxable entity during the year?		ita participation	16a	200	agazzi e
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval	เมลเย เมลเย	па раписірацол Ісп'я		F 4-25	1
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the orga	1111211	1011 8	16b		127-4. T
	exempt status with respect to such arrangements?			100	J	
	tion C, Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed VT	/501	(a)(3)s aniu) sua	ilable for		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(001	(U)(U)S UINY) ava	nabje ivi		
	public Inspection. Indicate how you make these available. Check all that apply. X Own website Another's website X Upon request					
	Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	onflic	t of intercet poli	ev and fin-	ancial	
19		O()IIIG	r or mitorest hou	oy, and illi	ar roled	
	statements available to the public. State the name, physical address, and telephone number of the person who possesses the books are	nd rec	ands of the ara	anization::	▶	
20	CYNTHIA BUCKINGHAM - 801-359-9670	, u 101	o, ao oi aio oig	a, naattorii)		
	202 W 300 N, SALT LAKE CITY, UT 84103-1108					
	TOO M DOO IN' DUTIL TITLE CELL' OF CITOO TOO			Form	990	(2010)

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organiz	(B)	Ť)			(D)	(E)	(F)
Name and Title	Average	١,		Pos				Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	ustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JUDY BILLINGS										
DIRECTOR	1.50	X			ļ	<u></u>		0.	0.	0.
MARIAH CUCH								_		^
DIRECTOR	1.50	X	ļ			<u> </u>		0.	0.	0.
EDWIN ESPINEL		l							0	^
DIRECTOR	1.50	X				_		0.	0.	0.
IRENE FISHER									0	_
DIRECTOR	1.50	X						0.	0.	0.
LESLIE FRANCIS	1 50							0.	0.	,
DIRECTOR	1.50	X			_			0.	U ·	. 0.
DON GARTMAN	1 50								0.	^
DIRECTOR	1.50	X		_		<u> </u>		0.	٥.	0.
MIKI HESLEPH	4 70							0.	0.	0.
DIRECTOR	1.50	X	_			_		0.		U •
MADONNE MINER DIRECTOR	1.50	x						0.	0.	0
L. JACKSON NEWELL										
DIRECTOR	1.50	x						0.	0.	0.
STEVEN OLSEN										
DIRECTOR	1.50	X						0.	0.	0.
MICHAEL BENSON								_		
DIRECTOR	1.50	X						0.	0.	0.
DAVID GEE										_
DIRECTOR	1.50	X						0.	0.	0
KATHY HURST										^
DIRECTOR	1.50	X				ļ		0.	0.	0.
NANCY BENTLEY									_	0
DIRECTOR	1.50	X						0.	0.	0.
AMI JO COMEFORD	4 50							0.	о.	0.
DIRECTOR	1.50	X	<u> </u>			<u> </u>		U,	<u> </u>	V •
BOB KING	1 0	3,5				}		0.	0.	0.
DIRECTOR	1.50	X	-					U •	0.1	U .
JOANNE MILNER	1.50	x						0.	о.	0.
DIRECTOR	1.50	Α.	L	L	L.	L	L	0.	U	Form 990 (2010)

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(A)	ustees, Key E	mpi	oyee		ina C)	High	iest	(D)	(E)	1 "	(F)
Name and title	Average		Position					Reportable	Reportable		Estimated
	hours per week (describe hours for related organizations in Schedule O)	stee or director	nstitutional trustee	Officer		Highest compensated amployee	<u> </u>	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	00	amount of other other ompensation from the organization and related oganizations
SAM PASSEY		 _	<u> </u>		<u> </u>	1 10	-				
DIRECTOR	1.50	X						0.	0		0.
FATIMA VERA											
DIRECTOR	1.50	X	<u> </u>		ļ.,	↓_	_	0.	0	٠	0.
PHILIP BARLOW	1.50	x						0.	0		0.
JAN BENNETT	T * 20	<u> </u>		-		┼-	<u> </u>			+	
PAST CHAIR	1.50			Х		}		0.	0		0.
GARY DAYNES											
CHAIR	3.00	<u> </u>	<u> </u>	Χ	_		_	0.	0	<u>. </u>	0.
EARL WUNDERLI FISCAL AGENT	1.50			Х				0.	0		0.
	<u> </u>					-				+	
		<u> </u>	L	<u> </u>	L			0.	0	- 	0.
1b Sub-total c Total from continuation sheets to Part V	Il Section A					A		0.	Ō		0.
d Total (add lines 1b and 1c)								0.	0	•	0.
2 Total number of individuals (including but r	not limited to th	ose	liste	ed a	bov	e) wl	no re	eceived more than \$100	,000 in reportable		
compensation from the organization											Yes No
	-!! t t m -						0 L L	righest companyated or	mplovee on	14 10c	
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s										- 1	X
4 For any individual listed on line 1a, is the s										6271	
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete l	Sch	edule	e J f	or such individual		. 4	
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	rom	an	y uni	elat	ed organization or indiv	idual for services	344	77
rendered to the organization? If "Yes," con	nplete Schedul	e J 1	or s	uch	per	son .				. 5	X
Section B. Independent Contractors 1 Complete this table for your five highest co	mpopostod lo	done	onde	nt c	ont	racto	ore t	hat received more than	\$100,000 of compe	nsatio	n from
1 Complete this table for your five highest co the organization. NONE	Milheusared III	ueh:	oi iuc	אוני כ	,O11L	iaci	י טוע	, lat 1000/you more triain	#100/000 of dompo	i iouiio	1,,,,,,,
(A)								(B)			(C)
Name and business	address						_	Description of s	ervices	Comp	pensation
							_				
							1				
					•						
2 Total number of independent contractors (ot li	mite	d to			l stec	l above) who received n	nore than	land.	
\$100,000 in compensation from the organ	zation 🕨					0			1.3.	Fori	m 990 (2010)
										1 011	:, JUJ (2010)

Ha	rt:N	4111	Statement of Rever	iue					/ - ·
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ដ ន	1		Federated campaigns						
gifts, grants lar amounts			Membership dues						
Đ.E.			Fundraising events				TANKS SE		
it a			Related organizations					· · · · · · · · · · · · · · · · · · ·	Andrew Street Control
s, c			Government grants (contribut		865,642.				Yur bidő
ion			All other contributions, gifts, gran	, 					
her		•	similar amounts not included above		287,741.				
it i			Noncash contributions included in lines						
Contributions, and other simi		-	Total, Add lines 1a-1f		-	1,153,383.		Arit Stans	
		<u>''</u>	Total Add iii ioo Tu Ti		Business Code		SECTION OF THE PARTY	交往的 的复数	
m	2	_			Basiness esae	THE PERSON AND THE PERSON OF THE	Page 1 Grand Assert Authors	par controllares and	,
Sic.	2								·
Le S		b							
wen S		C				<u> </u>			
e a		d							
Program Service Revenue		e	AB						
_			All other program service reve				viere de la comp		
			Total. Add lines 2a-2f		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	3		•			4,706.	4,706.		
			other similar amounts) Income from investment of tax				_,		
	4							i	
	5		Royalties			S No Security Security	SA 758 APPLASEITÉ SUDECE S		en Erus Bradina.
				(i) Real	(ii) Personal	roatigisk believe	esa -e-arababili		
	6		Gross Rents		<u> </u>	MARKET BERNET STA	in crains the stable and the stable		
		þ	Less: rental expenses						
			Rental income or (ioss)					Serial Carles A	LINES BROKEN
ŀ			Net rental income or (loss)					AND CONTROL STANDARD	Marketine of Augusta, and the large
ŀ	7	a	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		b	Less: cost or other basis				G. P. J. B. Leise J. P.		
			and sales expenses						
		C	Gain or (loss)						
		d	Net gain or (loss)		<u> ▶</u>				
venue			Gross income from fundraising including \$				Electric Carrier Control		
			contributions reported on line						
æ			Part IV, line 18						
Other Re			Less: direct expenses						
₹			Net income or (loss) from fund			ligas toks is deline ett kalvesett faste sa	AND THE RESERVE OF THE PARTY OF		Control and the party of
	9	а	Gross income from gaming ac						
			Part IV, line 19						The said the said of the said
l			Less: direct expenses		L	American Contract States (American States)		Line) . 2007 Trained - Jan Lei	NATIONAL PROPERTY OF THE
			Net income or (loss) from gam			BURNY LO GISTANIA S	2 555 to 15 5 5 5 5 5 7 7 5		77 Day 12 Day
	10	а	Gross sales of inventory, less						
			and allowances						
			Less: cost of goods sold			THE RESERVE OF THE			Millione Care Care Care Care Care Care Care Car
- 1		С	Net income or (loss) from sale		Business Code		A THE REPORT OF F		
1			Miscellaneous Revenu	е	Dusiness Code	300.	300.	A service stated of the applications	
	11		OTHER INCOME			300.	300.	-	
		b							
		c	4.0.0						
		d	All other revenue		<u> </u>	300.		Manager to store	grander beschieben.
		е	Total. Add lines 11a-11d			1,158,389.	5,006.	0.	
03200	12		Total revenue. See instructions.			_,_,_	2,000.		Form 990 (2010)

Form 990 (2010) Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		40 450		Amerikan ing delikura dan sebesah dan Sebesah dan sebesah dan se
	organizations in the U.S. See Part IV, line 21	40,470.	40,470.		
2	Grants and other assistance to individuals in		00.000		
	the U.S. See Part IV, line 22	20,000.	20,000.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				The second of the second
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members			THE PROPERTY OF THE PARTY OF TH	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	371,432.	219,243.	65,275.	86,914
8	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions)	46,369.	26,832.	8,374.	11,163
9	Other employee benefits	56,173.	31,104.	11,657.	13,412.
10	Payroll taxes	28,134.	15,627.	5,673.	6,834.
11	Fees for services (non-employees):				
	Management				
a					
.b	Legal	26,493.	1,865.	24,628.	
C	Accounting				
d	Lobbying Professional fundraising services. See Part IV, line 17	i i	AND THE BOOK		
e	Γ	, i		The state of the s	
·f	Investment management fees	53,326.	34,732.	17,485.	1,109.
g	Other	33,3201	54,7.52.	21,2001	27200
12	Advertising and promotion	110,846.	72,515.	23,352.	14,979.
13	Office expenses	TTO,040.	7.21,010	20,002.	22,010
14	Information technology				· · · · · · · · · · · · · · · · · · ·
15	Royalties	31,375.	15,688.	10,981.	4,706.
16	Occupancy		10,884.	2,309.	$\frac{1,502}{1,502}$
17	Travel	14,695.	10,004.	2,302.	1,502.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	25 050	14,924.	9,717.	1,317.
19	Conferences, conventions, and meetings	25,958.	14,344.	3,111.	1,31,
20	Interest				
21	Payments to affiliates				1,481.
22	Depreciation, depletion, and amortization	1,481.		2 120	上, 401。
23	Insurance	3,132.	no al al al de la Maria de Mar	3,132.	grand was felt and Dark Water Mail a saw
24	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule 0.)	erikar, brija		and the second of the second	· · · · · · · · · · · · · · · · · · ·
а	DIRECT PROGRAM EXPENSE	186,518.	186,518.		3 2 2
b	MISCELLANEOUS EXPENSES	14,202.	10,022.	4,080.	100.
c	LOBBYING (TRAVEL & DUES	4,748.	76.	4,672.	
d					
·e					
·f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,035,352.	700,500.	191,335.	143,517.
26	Joint costs. Check here If following SOP		. —		
	98-2 (ASC 958-720). Complete this line only if the				
	organization reported in column (B) joint costs from a 1				
	combined educational campaign and fundraising solicitation				
					Form 990 (2010)

032010 12-21-10

Part X Balance Sheet (B) (A) Beginning of year End of year 17,094. 8,480. 1 Cash - non-interest-bearing 993,954. 1,038,041. Savings and temporary cash investments 2 371,243. 426,672 Pledges and grants receivable, net Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 21,097 basis. Complete Part VI of Schedule D _______10a 17,229. 5,349 3,868. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities ______ 11 11 207,009. 207,009. 12 Investments - other securities, See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 2,102. 2,194. 15 Other assets. See Part IV, line 11 15 1,588,137. 1,694,878. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 79,816. 61,284. Accounts payable and accrued expenses 17 17 61,950. 25,950. 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 4,970 43,675. 25 Other liabilities. Complete Part X of Schedule D 25 130,909. 146,736. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here 🕨 🐰 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 754,799 878,526. Unrestricted net assets 479,593. 478,434. Temporarily restricted net assets 207,009. 207,009. 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 🕨 📙 complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 1,441,401. 1,563,969. 33 Total net assets or fund balances 1,588,137. 1,694,878.

Form **990** (2010)

Total liabilities and net assets/fund balances

	980 (2010) 01111 110111111111111								
Par	tXI Reconciliation of Net Assets				X				
	Check if Schedule O contains a response to any question in this Part XI				<u> </u>				
			4 4 5		0.0				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	$\frac{1,15}{100}$						
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,03	5,3 3,0					
3									
4	A A A A A A A A A A A A A A A A A A A								
5	Other changes in net assets or fund balances (explain in Schedule O)	5			69.				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,56	3,9	<u>69.</u>				
Par	t XIII Financial Statements and Reporting								
	Check if Schedule O contains a response to any question in this Part XII	,							
	<u></u>			Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			プログ楽					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				_X_				
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			Diameter of				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	18.E		f., a				
	separate basis, consolidated basis, or both:		100 tg		Attracts				
	Separate basis Consolidated basis Both consolidated and separate basis		252 S	4 5	SS				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit							
	Act and OMB Circular A-133?		. 3a	Х					
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit							
~	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		. 3b	X					
			Eorm	9907	2010)				

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Employer identification number

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open to Public. Inspection

OMB No. 1545-0047

Nam	e of	the organizat	ion									ion number
				MANITIES COU							-0307	076
	rtš 💲			rity Status (All organi:					tructions	,		
The	organ	ization is not	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)				
1		A church, co	nvention of churche	s, or association of chui	rches desc	ribed in se	ction 170	(b)(1)(A)(i)).			
2		A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach Sc	chedule E.)							
3		A hospital or	a cooperative hosp	ital service organization	described	in section	170(b)(1)	(A)(iii).				
4		A medical re	search organization	operated in conjunction	with a hos	spital desc	ribed in se	ction 170	(b)(1)(A)(iii). Enter th	e hospitat	's name,
		city, and stat										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							d in			
		section 170	(b)(1)(A)(iv). (Compl	ete Part II.)								
6				ent or governmental un	it describe	d in <mark>sectio</mark>	n 170(b)(1)(A)(v).				
7	X			eives a substantial part					or from th	e general p	ublic desc	ribed in
		section 170	(b)(1)(A)(vi). (Comple	ete Part II.)								
8		A community	trust described in	section 170(b)(1)(A)(vi).	(Complete	Part II.)						
9		An organizat	ion that normally rec	eives: (1) more than 33	1/3% of its	s support f	rom contri	butions, n	nembersh	nip fees, and	d gross re	ceipts from
				nctions - subject to certa								
		income and	unrelated business t	axable income (less sec	tion 511 ta	ax) from bu	sinesses a	acquired b	y the org	janization a	fter June 3	30, 1975.
		See section	509(a)(2). (Complete	e Part III.)								
10		An organizat	ion organized and o	perated exclusively to te	est for publ	lic safety. 9	See sect io	n 509(a)(4	¥).			
11		An organizat	ion organized and o	perated exclusively for ti	he benefit	of, to perfo	orm the ful	nctions of,	or to ca	rry out the p	ourposes o	of one or
		more publici	y supported organiza	ations described in sect	ion 509(a)(1) or section	on 509(a)(2	2). See se c	ction 509	(a)(3). Ched	ck the box	that
		describes th	e type of supporti <u>ng</u>	organization and comp	lete lines 1	1e through	ո 11h.					
		a Type	(b		с 📖 Тур						Type III - (
е		By checking	this box, I certify tha	at the organization is not	t controlled	i directly o	r indirectly	by one o	r more di	squalified p	ersons oti	ner than
		foundation n	nanagers and other t	than one or more public	y supporte	ed organiza	ations des	cribed in s	ection 50	09(a)(1) or s	ection 509)(a)(2).
f		If the organiz	ation received a wri	tten determination from	the IRS the	at it is a Ty	pe I, Type	II, or Type	e III			
		supporting o	rganization, check t	his box								L
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?										
_		(i) A perso	n who directly or inc	lirectly controls, either a	ione or tog	ether with	persons o	described	in (ii) and	(iii) below,		Yes No
				upported organization?							11g(i)	
		(ii) A family	member of a perso	on described in (i) above?						11g(ii)		
		(iii) A 35%	controlled entity of a	person described in (i)	or (ii) abov	e?					_ [11g(iii)	<u> </u>
h		Provide the f	ollowing information	about the supported or	ganization	(s).						
(II)	Name	of supported	(ii) EIN	(III) Type of organization		organization			(Vi) Lorganizat	Is the tion in col.	(vii) An	nount of
.,	orga	anization		(described on lines 1-9	in col. (1) is	sted in your document?	organizat	ion in coi. r support?	(i) organ	ion in col. ized in the S.?	sup	port
				`above or IRC section					L			
				(see instructions))	Yes	No	Yes	No	Yes	No		
			ļ		İ		ļ					
												
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					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		अपूर्ण केली एक नुसार् होती जन्म		#4 1/4 1/2			
Tota	ŀ						\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		1 - 2 - 3			

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

LHA For Paperwork Reduction Act Notice, see the instructions for

Schedule A (Form 990 or 990-EZ) 2010 UTAH HUMANITIES COUNCIL 87-03070
| Parts | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or If the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support					,	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				4460==0	44 = 2 2 2 2	F C 4 O F O F
	include any "unusual grants.")	1117390.	1060117.	1109949.	1169758.	1153383.	5610597.
2	Tax revenues levied for the organ-						
	ization's benefit and elther paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				4460000	445000	E 64 0 E 0 E
4	Total. Add lines 1 through 3	1117390.	1060117.	1109949.	1169758.	1153383.	5610597.
5	The portion of total contributions		prima de la deservación de la deservación de la deservación de la deservación de la defendación de la				
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)					encernia es	
6	Public support, Subtract line 5 from line 4.						5610597.
Sec	ction B. Total Support			,		,	
Cale	ndar year (or fiscal year beginning In) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	1117390.	1060117.	1109949.	1169758.	1153383.	5610597.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties			40 440	***	4 7706	110 000
	and income from similar sources	44,218.	32,162.	18,119.	13,028.	4,706.	112,233.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	1					
	assets (Explain in Part IV.)					- Sara a succession and the Sara Sara Sara	F500000
	•				# C. 1549. 18-19		5722830.
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for		first, second, thir	d, fourth, or fifth te	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	o here					
	ction C. Computation of Publ						98.04 %
14	Public support percentage for 2010 (line 6, column (f) d	ivided by line 11, o	calumn (f))		14	
15	Public support percentage from 2009	9 Schedule A, Part	II, line 14			[15]	
16a	33 1/3% support test - 2010. If the o	organization did no	t check the box or	n line 13, and line 1	4 is 33 1/3% or m	iore, check this bo	x and ►X
	stop here. The organization qualifies	as a publicly supp	orted organizatior				
b	33 1/3% support test - 2009.If the o	rganization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	IS DOX
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			>
17a	10% -facts-and-circumstances tes	t - 2010. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	ind line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check t	nis box and stop h	ere. Explain in Pal	π IV now the organ	iization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	organization		
b	10% -facts-and-circumstances tes	t - 2009.If the orga	inization did not c	heck a box on line	13, 16a, 16b, or 1	/a, and line 15 is	IU% Or
	more, and if the organization meets t	he "facts-and-circu	mstances" test, c	heck this box and	stop here. Explair	n in Part IV how the	·
	organization meets the "facts-and-cir-	cumstances" test.	The organization	qualifies as a publi	cly supported orga	anization	~
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ino see instruction	S
					Sche	edule A (Form 990	U 990-⊑∠ 2010

Schedule A (Form 990 or 990-EZ) 2010 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9	of Part I or if the organization failed to qualify under Part II. If the organization fails to

<u>C</u>	ction A. Public Support	elow, please com	pioto i ait ii./				
		(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2001	(6) 2006	(4) 2009	10/2010	1.7_10.00
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					<u> </u>	
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in		·				
	any activity that is related to the						
	organization's tax-exempt purpose		<u> </u>				-
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to					ļ	
	or expended on its behalf						
5	The value of services or facilities						
٠	furnished by a governmental unit to						
	the organization without charge					1	
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ľ	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the		,				
	amount on line 13 for the year					-	
C	Add lines 7a and 7b		and the second section of the second	- All and Control of the Control	4 5	1000	
8	Public support (Subtract line 7c from line 6.)			Name of the second			
	ction B. Total Support			 			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
108	Gross income from interest,						
	dividends, payments received on		J				
	securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ļ		1		1	
	acquired after June 30, 1975						
_		<u> </u>					
	: Add lines 10a and 10b Net income from unrelated business						
11	activities not included in line 10b,						
	whether or not the business is						# #
	regularly carried on		<u> </u>	1			
12	Other income. Do not include gain or loss from the sale of capital						distribution of the state of th
	assets (Explain in Part IV.)						
13	Total SUDDORT (Add lines 9, 10c, 11, and 12.)		<u> </u>	<u> </u>		<u> </u>	l
14	First five years. If the Form 990 is fo	r the organization'	's first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here						<u>- L</u>
Se	ction C. Computation of Pub	ic Support Pe	ercentage				
15	Public support percentage for 2010 (line 8, column (f) o	divided by line 13,	column (f))		15	<u> </u>
16		3 Schedu l e A, Par	t III, l <u>ine 15</u>			16	%
Se	ction D. Computation of Inve	stment Incom	ne Percentage	_			
	Investment income percentage for 20					17	%
12	Investment income percentage from	2009 Schedule A.	Part III, line 17			18	%
10	33 1/3% support tests - 2010. If the	organization did	not check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and line	17 is not
198	more than 33 1/3% , check this box a	and stop here Th	e organization dus	difies as a publicly	supported organi	zation	
	more than 33 1/3%, check this box a 33 1/3% support tests - 2009. If the	HIC STOP HEIE. TH	e organization que	n line 14 or line 10	a and line 16 is m	ore than 33 1/3%	and
t	33 1/3% support tests - 2009. If the line 18 is not more than 33 1/3%, ch	organization did	not oneck a box o	ranization dualified	s as a nublick erm	norted organization	.
	line 18 is not more than 33 1/3%, ch	JOK THIS DOX and S	stop nere. The org	on as 10h abadis	this hav and sea in	etrictions	
20	Private foundation. If the organization	on did not check a	pox on line 14, 1	aa, or Tab, Check	E-	hedule A (Form 99	0 or 990-F7) 2010
0320	23 12-21-10				50	neuule A (FUIII) 98	LE/ EV IL

Schedule B (Form 990, 990-EZ,

(Form 990, 990-E2, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Employer identification number Name of the organization 87-0307076 UTAH HUMANITIES COUNCIL Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules [X] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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

religious, charitable, etc., contributions of \$5,000 or more during the year.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Employer Identification number

	•		
דו ביייוו	HIMANITEES	COUNCIL	

87-0307076

Partil	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ALTERNATIVE VISIONS FUND OF THE CHICAGO COMMUNITY TRUST 111 E WACKER DR, STE 1400 CHICAGO, IL 60601	<u> </u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	WESTMINSTER COLLEGE 1840 S. 1300 E. SALT LAKE CITY, UT 84105	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	GEORGE S & DOLORES DORE' ECCLES FOUNDATION 79 SOUTH MAIN STREET, 14TH FLOOR SALT LAKE CITY, UT 84101	\$\$\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
023452 12-2	3-10	\$Schedule B (Form	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2010)

Employer identification number

UTAH HUMANITIES COUNCIL

87-0307076

Part II	Noncash Property (see instructions)		
(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	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(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

Employer identification number

	MANITIES COUNCIL	dividual contributions to son	tion 5046	87 – 03 07 07 6 c)(7), (8), or (10) organizations aggregating		
artill	more than \$1,000 for the year. Complete Part III, enter the total of exclusively religions \$1,000 or less for the year. (Enter this inference of the year.)	e columns (a) through (e) and t ous, charitable, etc., contributio	he followii Ins of	ng line entry. For organizations completing		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
_ -						
		(e) Transfer of o	jift			
	Transferee's name, address, at	nd ZIP + 4	R	elationship of transferor to transferee		
) No. rom eart I	(b) Purpose of gift	(c) Use of gift	f gift (d) Description of how gift is h			
		jift				
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee		
-						
No. om art l	(b) Purpose of gift	(c) Use of gift	-	(d) Description of how gift is held		
		(e) Transfer of g	fer of gift			
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee		
No. om art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
_ _						
		(e) Transfer of g	jift			
	Transferee's name, address, ar	nd ZIP + 4	Ro	elationship of transferor to transferee		
-						
				Cabadula P /Farm 000 000-F7 or 000-DE\ /26		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. > See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

Name of organization			Empl	oyer identification number
UTAH H	UMANITIES COUNCIL	() = A.17		87-0307076
Part A Complete if the o	rganization is exempt und	ler section 501(c	or is a section 527 o	rganization.
Provide a description of the organ Political expenditures Volunteer hours			> \$	
Part B Complete if the o	rganization is exempt und	er section sone)(o).	
1 Enter the amount of any excise to 2 Enter the amount of any excise to 3 If the organization incurred a sector was a correction made? b If "Yes," describe in Part IV.	ux incurred by organization manag ion 4955 tax, did it file Form 4720	ers under section 495 for this year?	55 > \$	Yes No
Part 6 Complete if the o	rganization is exempt und	er section 501(c), except section 50 f(C)(3).
1 Enter the amount directly expend	ed by the filing organization for se	ction 527 exempt fun	ction activitles 🏲 \$	
2 Enter the amount of the filing orga	anization's funds contributed to ot	her organizations for	section 527	
exempt function activities			▶\$	
3 Total exempt function expenditur	es. Add lines 1 and 2. Enter here a	ınd on Form 1120-PO	L,	
line 17b			> \$	
4 Did the filing organization file For:	n 1120-POL for this year?			Yes L No
contributions received that were	employer identification number (El zation listed, enter the amount pai promptly and directly delivered to If additional space is needed, prov	d from the filing orgar a separate political or	nization's funds. Also enter th ganization, such as a separa	e amount of political
(a) Name	(b) Address	(o) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
For Paperwork Reduction Act Notice	e, see the Instructions for Form	990 or 990-EZ.	Schedule C	(Form 990 or 990-EZ) 2010

032041 02-02-11

LHA

Schedule C (Form 990 or 990-EZ) 2010 UTAH HUMANITIES COUNCIL 87-0307076 Page 3

Part II-B; Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(:	a)	(b)	
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or		ga PYNN		nin die William Nach State
•	local legislation, including any attempt to influence public opinion on a legislative matter	- 1			
	or referendum, through the use of:	1 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
а	Volunteers?		Λ	ESS CONTRACT LANGUAGE	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
c			.X	~·	
ď	Mailings to members, legislators, or the public?		X		
e.	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?	Χ			3,000.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			1,748.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
ï	Other activities? If "Yes," describe in Part IV		X		
•	Total. Add lines 1c through 1i	Take and T			4,748.
ე <u>ი</u>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912		for lawyers law fig.		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filling ergonization incurred a section 4912 tax, did it file Form 4720 for this year?				at Thirteen
	till A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or se	ction	
2. A.	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
.2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.2		
3	*	,	۱ ۸	-	
Par	III≝B Complete if the organization is exempt under section 501(c)(4), sect	on 501(c)(5), or se	ection	· · · · · · · · · · · · · · · · · · ·
200	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa	irt III-A, II	ine 3 is a	nswered	i
	"Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical			
	expenses for which the section 527(f) tax was paid).		E 104		
а	Current year		2a		
b	Carryover from last year				
C	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess	573 C		
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political	548/41 1127/84		
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	Supplemental Information				
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II·B	, line 1i. Als	o, complete	e this part
	ny additional information.				
PAI	RT II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:				
TH.	E UTAH HUMANITIES COUNCIL PAID ANNUAL DUES TO THE 1	EDERA'	TION O	F STA	re
ΗUI	MANITIES COUNCILS AND PAID TRAVEL EXPENSES FOR THE	CHAIR	OF TH	E BOA	RD
AN:	THE DIRECTOR TO VISIT CONGRESSIONAL OFFICES IN W	ASHING	TON D.	U.	
		O alamata	ile C (Form	000 00	0. 57) 0046

SCHEDULE D

(Form 990)

Department of the Treasury internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010
Openito Public

Name of the organization

UTAH HUMANITIES COUNCIL

Employer identification number 87-0307076

Par	tয়া Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	96.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes L No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	Conservation Easements. Complete if the org	anization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all th <u>at a</u> pply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of an his	storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
-	year		
4	Number of states where property subject to conservation eas	sement is located 🟲	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	[
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year ➤ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
	conservation easements.		
Par	III Organizations Maintaining Collections of	f Art, Historical Treasures, or C	tner Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext		ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describe	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemen	it and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treatment	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

3a	a Are there endowment funds not in the possession of the organization that are held and administered for the organization									
	by:					Yes	N			
	(i) unrelated organizations				3a(i)		Х			
	(ii) related organizations				3a(ii)		Х			
b	If "Yes" to 3a(ii), are the related organizations lis	sted as required on Sched	dule R?		3b					
4	Describe in Part XIV the intended uses of the or	ganization's endowment	funds.							
Pa	rt VI Land, Buildings, and Equipme	nt. See Form 990, Part X	, line 10.							
<u> </u>	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Boo	k valu	В			
1a	Land									
b	Buildings				·					
C	Leasehold improvements		21.097.	17,229.		3,8	68			

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2010

3,868.

Part VII Investments - Other Securities. See	Form 990, Part X, line 12.			
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valua t or end-of-year mar	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) SECURITIES AND OTHER	207 000	COCM		· · · · · · · · · · · · · · · · · · ·
(B) INVESTMENTS	207,009.	COST		
(C)				· · · · · · · · · · · · · · · · · · ·
(D)			· · · · · · · · · · · · · · · · · · ·	
<u>(E)</u>				
<u>(F)</u>				.
(G)				
(H)		·····	· · · · · · · · · · · · · · · · · · ·	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	207,009.			第34题 张启康的人 。1
Part VIII Investments - Program Related. Se				
(a) Description of investment type	(b) Book value		(c) Method of valua	
(a) Description of livesument type	(b) Book value	Cos	t or end-of-year mar	ket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
(10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)		Christian Prairie	Fire Control of the C	Coctos settados.
Part X Other Assets. See Form 990, Part X, line	15.			
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	3E \			
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X, I				
(a) Description of liability	110 201	(b) Amount		
1. (1) Federal income taxes				
(2) DEFERRED REVENUE		43,675.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)	05)			Y 독립일본 출발되니 (v 2:1
Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to 2. FIN 48 (ASC 740).	CO./ The organization is Trhancial statement	ents that reports the organi	zation's liability for uncertain	n tax positions under
032053 12-20-10			Sch	edule D (Form 990) 2010

87-0307076 Page 4

SCHEDULE I (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Solution Attach to Form 000

Open to Public Inspection	Employer identification number 87-0307076		X Yes No	line 21, for any	(h) Purpose of grant or assistance				A	Schedule I (Form 990) (2010
	En		istance, and the selectior	/es" to Form 990, Part IV, additional space is neede	(g) Description of non-cash assistance					
t IV, line 21 or 22.			/ for the grants or ass	unization answered "\ can be duplicated if	(f) Method of valuation (book, FMV, appraisal, other)					
to Form 990, Par n 990.			grantees' eligibility	omplete if the organa \$5,000. Part II	(e) Amount of non-cash assistance					
n answered "Yes" to Fo Attach to Form 990.			or assistance, the	E United States. Control of received more than	(d) Amount of cash grant	•				
Complete if the organization answered "∀es" to Form 990, Part IV, line Z1 or ZZ. ▶ Attach to Form 990.	COUNCIL		amount of the grants	Organizations in the box if no one recipier	(c) IRC section if applicable				rganizations	tions for Form 990.
Comple	l .	nd Assistance	o substantiate the tance?	Governments and 55,000, Check this	(p) EIN				and government o	s, see the Instruc
Department of the Treasury Internal Revenue Service	Name of the organization UTAH HUMANITIES	Part General Information on Grants and Assistance	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Occurred to award the grants or assistance?	art II	1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of valuation (book, roash assistance or government (f) Method of valuation (book, roash assistance organization (book, appraisal, roash assistance other)					S Enter total number of other organizations LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 (f) Description of non-cash assistance 87-0307076 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. REPORTS DOCUMENT THAT THE PURPOSES OF THE GRANT HAVE BEEN FULFILLED AND OF THE GRANT MAY BE REQUESTED GRANTS ARE SET UP AS PAYABLES. ONCE A GRANTEE HAS RETURNED A SIGNED THE FINAL 10% IS RELEASED WHEN FINAL REPORTS ARE RECEIVED FROM THE GRANTEE AND ARE REVIEWED AND ACCEPTED BY THE GRANTS MANAGER. FINAL (d) Amount of non-cash assistance ö 20,000. (c) Amount of cash grant (b) Number of recipients UTAH HUMANITIES COUNCIL GRANT AGREEMENT, A PAYMENT OF UP TO 90% BEEN SPENT AS APPROVED (a) Type of grant or assistance Schedule I (Form 990) (2010)
Part III. Grants and Other FUNDS HAVE Part IV CASH

Schedule I (Form 990) (2010)

28

032102 01-13-11

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010

Name of the organization

UTAH HUMANITIES COUNCIL

Employer identification number 87-0307076

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THROUGH INFORMED DISCUSSION. UHC PROGRAMS HELP UTAHNS EXPLORE THE
PAST, PARTICIPATE FULLY IN THE PRESENT, AND SHAPE THE FUTURE.
FORM 990, PART VI, SECTION B, LINE 11: THE UHC AUDIT AND INVESTMENT
COMMITTEE REVIEWS THE ENTIRE FORM 990 AND REPORTS TO THE FULL BOARD OF
DIRECTORS ANY ITEMS THEY RECOMMEND FOR DISCUSSION.
FORM 990, PART VI, SECTION B, LINE 12C: UHC REGULARLY AND CONSISTENTLY
MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.
BOARD MEMBERS SIGN A PLEDGE TO ABIDE BY THE POLICY, AND CONFLICTS ARE
IDENTIFIED PRIOR TO EVERY GRANT REVIEW SESSION AND ANY INVESTMENT
DECISIONS.
DECIDIONE
FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR RECOMMENDS
STAFF COMPENSATION AMOUNTS TO THE EXECUTIVE COMMITTEE ANNUALLY, AND
PROVIDES COMPARABILITY DATA ANNUALLY FROM OUR NATIONAL MEMBERSHIP
ASSOCIATION AND AS AVAILABLE FROM THE UTAH NONPROFITS ASSOCIATION. THE
EXECUTIVE COMMITTEE'S DECISIONS ARE SUMMARIZED IN MEETING MINUTES.
EXECUTIVE COMMITTEE & DECIDIONS AND SOMEWHILDS IN DECIDIONS
OCC DIDE TO GREETON C. LINE 10. ON WERSTER AND BY RECHEST.
FORM 990, PART VI, SECTION C, LINE 19: ON WEBSITE AND BY REQUEST.
TOTAL GOOD DADW MT. LINE F. CHANGES IN NEW ASSETS.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: -469.
NET UNREALIZED LOSSES ON INVESTMENTS: -469.

PART XI, LINE 2C

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property) See separate instructions. Attach to your tax return

Attach to your tax return.

990

Attachment Sequence No. **67**

OMB No. 1545-0172

Business or activity to which this form relates Name(s) shown on return

Identifying number 07 0207076

UTA	AH HUMANITIES COUNC	!IL		RM 990 P.			87-030/0/6
Par	till Election To Expense Certain Prop						ou complete Part I.
1 N	Maximum amount (see instructions)			, . ,		1	500,000.
2 T	otal cost of section 179 property pla	ced in service (see ir	structions)		********	2	
3 T	hreshold cost of section 179 proper	y before reduction in	limitation		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3	2,000,000.
-4 F	Reduction in limitation. Subtract line 3	3 from line 2. If zero o	or less, enter -0		,,,	4	
5 D	ollar limitation for tax year. Subtract line 4 from li	ne 1. Il zero or less, enter -0	If married filing separately, se	e instructions		5	AN TAKE A PROPERTY OF MAJORITHE CO.
6	(a) Description of		(b) Cost (busi	ness use only)	(c) Elected	cost	
-							
7 L	isted property. Enter the amount fro	m line 29		., 7		- ,	ATANY for Electricity
вт	otal elected cost of section 179 prop	perty. Add amounts i	n column (c), lines 6 and	‡7		8	
9 T	entative deduction. Enter the smalls	er of line 5 or line 8 $_{\odot}$				9	
10 0	Carryover of disallowed deduction fro	m line 13 of your 200	09 Form 4562			10	
11 E	Business income limitation. Enter the	smalier of business i	ncome (not less than ze	ero) or line 5		11	
12 5	Section 179 expense deduction. Add	lines 9 and 10, but o	do not enter more than I	ine 11		12	Children College Street Street St. Sec.
13 (Carryover of disallowed deduction to	2011. Add lines 9 an	d 10, less line 12	🕨 13			
Note	: Do not use Part II or Part III below t	or listed property. In:	stead, use Part V.				
Pai	Special Depreciation Allow	ance and Other De	preciation (Do not incl	ide listed prope	erty.)		<u> </u>
14 8	special depreciation allowance for qu	alified property (othe	er than listed property) p	laced in service	e during		

15 F	Property subject to section 168(f)(1)					15	1,481.
16 0	Other depreciation (including ACRS)					16	1,401.
Pai	MACRS Depreciation (Do r	ot include listed pro		<u>)</u>			
			Section A		 .		T
17 N	MACRS deductions for assets placed	l in service in tax yea	rs beginning before 20°	10	.	17 1 50000	
1 8 II	you are electing to group any assets placed in s	ervice during the tax year in	to one or more general asset ac	counts, check here	Pannada		Service Service Service and Ballion Service Se
	Section B - Asset	s Placed in Service	During 2010 Tax Year (c) Basis for depreciation	Using the den	erai Deprecia	ition ayai	em
	(a) Classification of property	(b) Month and year placed in service	(business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
С	7-year property						
d	10-year property			ļ			
-e	15-year property	_l, de l					
f	20-year property			<u></u>		0.11	
g	25-year property			25 yrs.		S/L	
	Residential rental property	/		27.5 yrs.	MM	S/L	
h	Residential ferital property	/		27.5 yrs.	MM	S/L	
	Nonresidential real property	/		39 yrs.	MM	S/L	
	•				MM	S/L	
	Section C - Assets	Placed in Service I	During 2010 Tax Year I	Jsing the Alter	native Depred		Steni
20a	Class life					S/L	
b	12-year			12 yrs.	1,53.4	S/L	
С	40-year	/		40 yrs.	MM	S/L	
	Summary (See instructions.					T 5.	
21 l	isted property. Enter amount from li	ne 28			.,	21	
	Jisteu property, cirter amount norm						
22 7	Fotal. Add amounts from line 12, line	s 14 through 17, line	s 19 and 20 in column (g), and line 21.			1 /1 21
	Fotal. Add amounts from line 12, line Enter here and on the appropriate lin	s 14 through 17, line es of your return. Pa	rtnerships and S corpor	g), and line 21. ations - see ins	tr	22	1,481.
23 F	Fotal. Add amounts from line 12, line	s 14 through 17, line es of your return. Pa in service during the	rtnerships and S corpor current year, enter the	ations - see inst	tr	22	1,481.

18-88881

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Part V

	Section A	- Depreciati	on and Other	Informa	ation (Ca	ution: 5	See the I	instruc	tions for t	imits for p	asseng	er auton	nobiles.)		
24a	Do you have evidence to s						es L		24b If "\					J Yes L	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percenta	o.t	(d) Cost or ther basis		(e) Basis for depreciation (business/investment use only)		Recovery Met				h) eciation uction	ation Electe	
25	Special depreciation alle	owance for c	ualified listed	property	y placed	in servic	ce durin	g the t	ax year ar	nd					
	used more than 50% in					,	·····		·······		25	<u> </u>		ALC:	3412
26	Property used more that	n 50% in a c	qualified busin	ess use:					,			,		,	
		<u>:</u> :	9	6											
			9	%					<u> </u>	ļ .					
		1	<u> </u>	%					<u></u>						
27	7 Property used 50% or less in a qualified business use:												la la distribu		
		1 1	ç	%						S/L					
			9	%						S/L·				tiga ar 30 George esta	
		<u> </u>	<u> </u>	%					<u> </u>	S/L					
28	Add amounts in column	(h), lines 25	through 27. E	nter her	e and on	line 21	, page 1				28	ļ		Complete Company	34.S.C. 1
29	Add amounts in column	(i), line 26. E	nter here and	on line	7, page 1								. 29	<u>l</u>	
					B - Infor										
If yo	nplete this section for ve ou provided vehicles to y se vehicles.	ehicles used our employe	by a sole prop ees, first answ	orietor, p er the qu	artner, o uestions	r other ' in Secti	more tr on C to	see if	you meet	an excep	tion to	ı. completi	ing this	3	
				1	a)		b)	l .	(c)	(c	-	1	e)	(f)	
30	Total business/investment	miles driven d	luring the	Vel	nicle	Vel	nicle	<u> </u>	/ehicle	Vehi	icte	Ver	nicle	Veh	icle
	year (do not include com	nuting miles)						ļ		 		ļ			
	Total commuting miles											 		ļ	
32	Total other personal (no	ncommuting	g) miles									}			
	driven													ļ	
	Total miles driven during	-													
	Add lines 30 through 32				Na	Van	No	Yes	No	Yes	No	Yes	No	Yes	No
	Was the vehicle availab	•		Yes	No	Yes	NO	168	NU	168	INO	165	140	103	140
	during off-duty hours?				-		·		 	+					
	Was the vehicle used p														
	than 5% owner or relate	-					 		-			 	 		
	Is another vehicle availa	•													
	use?	04 0	- Questions 1	L. Carri	Lovers M	the Bro	uida Val	hiolos	for Heat	v Their F	mnlow	300	٠.	.l	
	wer these questions to	Section C	- Questions 1	voortion	to comi	nletina (viue vei Section	R for v	rebicies u	sed by en	nlovee	s who a	re not n	ore than	1.5%
		nerentime ii j	you meet an e	voebuoi	i to com	pretting (Occion	D 10, 1	01110100 0	Jua 5, 01.	ع د ر دامار				
	ners or related persons. Do you maintain a writte	n policy stat	tomont that ru	ohibite s	ali nersor	al use o	of vehicl	es inc	ludina co	mmuting.	pv von	r		Yes	No
											~, ,			111	1
00	employees? Do you maintain a writte	n policy stat	tomont that or	ohibite r	narsonal	use of v	ehicles.	excer	ot commu	tina. by v	our	,,,,,,,,,,,,			1
30	employees? See the ins	structions for	wahirlas usar Tement triat pr	thy carr	orate of	ficers, d	directors	. or 1%	6 or more	owners					
	Do you treat all use of v														
40	Do you provide more th	an five vehic	les to vour em	nlovees	obtain i	nformat	tion from	n Vour	emplovee	s about			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1
	the use of the vehicles,													.	
44	Do you meet the require	amonte cara	erning gualifie	d autom	obile dei	monstra	ation use	?							1
41	Note: If your answer to	37 38 39 4	0. or 41 is "Ye	s." do no	ot compl	ete Sec	tion B fo	or the d	covered v	ehicles.					
	art VI Amortization	37,00,00,1	0, 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,				•			,					
عاجرا الم	(a)		(b) (c)				(d)		(e)			(f)	,		
Description of costs Date			amortization Amortization begins amount			lizable		Code section pe		Amortization period or percentage		A)	Ameriization for this year		
42	Amortization of costs th	at begins du			ar:										
<u> </u>		<u> </u>		: :											
				1 1											
43	Amortization of costs th	at began be	fore your 2016		ar							43			
	Total. Add amounts in o											44			
	52 12-21-10												F	orm 456 2	2 (2010)