

**Return of Organization Exempt From Income Tax**

**2011**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A For the 2011 calendar year, or tax year beginning NOV 1, 2011 and ending OCT 31, 2012**

|   |   |  |
|---|---|--|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b><br>UTAH HUMANITIES COUNCIL<br>Doing Business As<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>202 WEST 300 NORTH<br>City or town, state or country, and ZIP + 4<br>SALT LAKE CITY, UT 84103-1108<br><b>F Name and address of principal officer:</b> GARY DAYNES<br>SAME AS ENTITY | <b>D Employer identification number</b><br>87-0307076<br><br><b>E Telephone number</b><br>801-359-9670<br><br><b>G Gross receipts \$</b> 1,112,016.<br><b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ |
| <b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |   |  |
| <b>J Website:</b> WWW.UTAHHUMANITIES.ORG  |   |  |
| <b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |   | <b>L Year of formation:</b> 1975 <b>M State of legal domicile:</b> UT  |

| Part I Summary   |   |  |                           |
|--|---|--|---------------------------|
|  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE UTAH HUMANITIES COUNCIL PROMOTES UNDERSTANDING OF DIVERSE TRADITIONS, VALUES, AND IDEAS</b> |  |                           |
|  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |  |                           |
| Activities & Governance  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....  | 3  | 21                        |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....  | 4  | 21                        |
|  | <b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) .....   | 5  | 19                        |
|  | <b>6</b> Total number of volunteers (estimate if necessary) .....   | 6  | 100                       |
|  | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....  | 7a   | 0.                        |
|  | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....   | 7b   | 0.                        |
|  | Revenue   | <b>8</b> Contributions and grants (Part VIII, line 1h) .....                     | Prior Year<br>1,153,383.  |
| <b>9</b> Program service revenue (Part VIII, line 2g) .....  |   | 0.   | 0.                        |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....                      |   | 4,706.   | 1,966.                    |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....           |   | 300.   | 0.                        |
| <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... |   | 1,158,389.   | 1,112,016.                |
| Expenses   |   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... | 60,470.                   |
|  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....   | 0.   | 0.                        |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....   | 502,108.   | 506,624.                  |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....  | 0.   | 0.                        |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 135,482.   |  |                           |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....  | 472,774.   | 457,375.                  |
| Net Assets or Fund Balances  | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....   | 1,035,352.   | 1,010,215.                |
|  | <b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....  | 123,037.   | 101,801.                  |
|  | <b>20</b> Total assets (Part X, line 16) .....  | Beginning of Current Year<br>1,694,878.  | End of Year<br>1,769,401. |
|  | <b>21</b> Total liabilities (Part X, line 26) .....   | 130,909.   | 87,282.                   |
|  | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....  | 1,563,969.   | 1,682,119.                |

**Part II Signature Block**

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

|                               |   |                                |  |
|-------------------------------|---|--------------------------------|--|
| <b>Sign Here</b>              | Signature of officer<br><b>CYNTHIA BUCKINGHAM, EXECUTIVE DIRECTOR</b><br>Type or print name and title | Date                           |  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>DAVID SPERRY</b>   | Preparer's signature           | Date   |
|                               | Firm's name ▶ <b>TANNER LLC</b>   | Firm's EIN ▶ <b>20-2253063</b> | Check <input type="checkbox"/> if self-employed<br>PTIN <b>P00176382</b> |
|                               | Firm's address ▶ <b>36 S STATE STREET, SUITE 600 SALT LAKE CITY, UT 84111</b>                         | Phone no. <b>801-532-7444</b>  |  |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [ ]

1 Briefly describe the organization's mission: THE UTAH HUMANITIES COUNCIL ENRICHES OUR CULTURAL, INTELLECTUAL, AND CIVIC LIFE BY PROVIDING OPPORTUNITIES FOR ALL UTAHNS TO EXPLORE LIFE'S MOST ENGAGING QUESTIONS AND THE WONDERS OF THE HUMAN EXPERIENCE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 690,372. including grants of \$ ) (Revenue \$ 1,966. ) THE UTAH HUMANITIES COUNCIL AWARDS MODEST GRANTS TO NONPROFIT ORGANIZATIONS FOR PUBLIC HUMANITIES PROGRAMS; OFFERS SPEAKERS BUREAUS OF SCHOLARS AND AUTHORS; COLLABORATES WITH LIBRARIES, MUSEUMS, HISTORICAL SOCIETIES, AND CULTURAL AND CIVIC GROUPS; PROVIDES OPPORTUNITIES FOR LIFELONG LEARNING IN THE HUMANITIES; AND PRESENTS SPECIAL EVENTS, INCLUDING AN ANNUAL BOOK FESTIVAL.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 690,372.

**Part IV Checklist of Required Schedules**

|     |  | Yes | No |
|-----|--|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>  | X   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | X   |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   |     | X  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>   |     | X  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  |     | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |     | 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? <i>If "Yes," complete Schedule D, Part IV</i>   |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  | X   |    |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | 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? <i>If "Yes," complete Schedule D, Part VII</i>   | 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 assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>   |     | 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? <i>If "Yes," complete Schedule D, Part IX</i>  |     | X  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | X   |    |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>  |     | X  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>   | X   |    |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>  |     | X  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>   |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> |     | X  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>   |     | X  |
| 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>   |     | X  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>  |     | X  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>  |     | X  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>  |     | X  |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     | X  |

**Part IV Checklist of Required Schedules** (continued)

|  | Yes      | No       |
|--|----------|----------|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   | <b>X</b> |          |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....   |          | <b>X</b> |
| <b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....  |          | <b>X</b> |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....                            |          | <b>X</b> |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....   |          |          |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....  |          |          |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   |          |          |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....   |          | <b>X</b> |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....  |          | <b>X</b> |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....  |          | <b>X</b> |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |          | <b>X</b> |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |          |          |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |          | <b>X</b> |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |          | <b>X</b> |
| <b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....   |          | <b>X</b> |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  |          | <b>X</b> |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  |          | <b>X</b> |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i> .....   |          | <b>X</b> |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....  |          | <b>X</b> |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....  |          | <b>X</b> |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity?<br><i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....  |          | <b>X</b> |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   |          | <b>X</b> |
| <b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |          | <b>X</b> |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |          | <b>X</b> |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....   |          | <b>X</b> |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O .....  | <b>X</b> |          |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |     |    |
| <b>1b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |     |    |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   |     |    |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |     |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   | X   |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |     | X  |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   |     |    |
| <b>4a</b>  | At any time during the calendar 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, securities account, or other financial account)?                                   |     | X  |
| <b>b</b>   | If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X  |
| <b>c</b>   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   |     |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  |     | X  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  |     | X  |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |     |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     | X  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  |     |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     | X  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     | X  |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |     | X  |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |     |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>a</b>   | Did the organization make any taxable distributions under section 4966?  |     |    |
| <b>b</b>   | Did the organization make a distribution to a donor, donor advisor, or related person?   |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   |     |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |
| <b>a</b>   | Gross income from members or shareholders  |     |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   |     |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |     |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |     |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   |     |    |
| <b>b</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  |     |    |
| <b>c</b>   | Enter the amount of reserves on hand   |     |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   |     | X  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  |     |    |

Part VI 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]

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, and governance decisions.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, and compensation processes.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed UT
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CYNTHIA BUCKINGHAM - 801-359-9670

**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

**Section A. 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 organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title            | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) ARCHIE ARCHULETA<br>DIRECTOR | 1.50   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (2) PHILIP L. BARLOW<br>DIRECTOR | 1.50   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (3) NANCY BENTLEY<br>DIRECTOR    | 1.50   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (4) JUDY BILLINGS<br>DIRECTOR    | 1.50   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (5) MARIAH CUCH<br>DIRECTOR      | 1.50   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (6) AMI COMEFORD<br>DIRECTOR     | 1.50   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (7) IRENE S. FISHER<br>DIRECTOR  | 1.50   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (8) LESLIE FRANCIS<br>DIRECTOR   | 1.50   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (9) DAVID GEE<br>DIRECTOR        | 1.50   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (10) JOE HORTON<br>DIRECTOR      | 1.50   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (11) KATHY HURST<br>DIRECTOR     | 1.50   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (12) BOB KING<br>DIRECTOR        | 1.50   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (13) PETER KRAUS<br>DIRECTOR     | 1.50   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (14) SAM PASSEY<br>DIRECTOR      | 1.50   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (15) SYLVIA TORTI<br>DIRECTOR    | 1.50   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (16) FATIMA VERA<br>DIRECTOR     | 1.50   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (17) EARL WUNDERLI<br>DIRECTOR   | 1.50   | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (18) HENRY WURTS<br>DIRECTOR   | 1.50   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (19) GARY DAYNES<br>PAST CHAIR                                       | 1.50   |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (20) MADONNE MINER<br>CHAIR  | 3.00   |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (21) EDWIN ESPINEL<br>FISCAL AGENT                                   | 1.50   |   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Sub-total</b> .....  |  |   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |  |   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>d Total (add lines 1b and 1c)</b> .....                           |  |   |                       |         |              |                              |        | 0.   | 0.  | 0.  |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....                                       |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> ..... |     | X  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....                       |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII** Statement of Revenue

|   |   |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |  |
|---|---|---|----------------------|---|---|--|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>     | <b>1 a</b> Federated campaigns  | <b>1a</b>   |                      |   |   |  |  |
|   | <b>b</b> Membership dues  | <b>1b</b>   |                      |   |   |  |  |
|   | <b>c</b> Fundraising events   | <b>1c</b>   |                      |   |   |  |  |
|   | <b>d</b> Related organizations  | <b>1d</b>   |                      |   |   |  |  |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>   | 895,055.             |   |   |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above   | <b>1f</b>   | 214,995.             |   |   |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$  |   |                      |   |   |  |  |
|   | <b>h Total.</b> Add lines 1a-1f   |   |                      | 1,110,050.                                      |   |  |  |
| <b>Program Service Revenue</b>                                    | <b>2 a</b>  | Business Code   |                      |   |   |  |  |
|   | <b>b</b>  |   |                      |   |   |  |  |
|   | <b>c</b>  |   |                      |   |   |  |  |
|   | <b>d</b>  |   |                      |   |   |  |  |
|   | <b>e</b>  |   |                      |   |   |  |  |
|   | <b>f</b> All other program service revenue  |   |                      |   |   |  |  |
|   | <b>g Total.</b> Add lines 2a-2f   |   |                      |   |   |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   |   | 1,966.               | 1,966.  |   |  |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds   |   |                      |   |   |  |  |
|   | <b>5</b> Royalties  |   |                      |   |   |  |  |
|   | <b>6 a</b> Gross rents  | (i) Real  | (ii) Personal        |   |   |  |  |
|   |   | <b>b</b> Less: rental expenses                        |                      |   |   |  |  |
|   |   | <b>c</b> Rental income or (loss)                      |                      |   |   |  |  |
|   | <b>d</b> Net rental income or (loss)  |   |                      |   |   |  |  |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory   | (i) Securities  | (ii) Other           |   |   |  |  |
|   |   | <b>b</b> Less: cost or other basis and sales expenses |                      |   |   |  |  |
|   |   | <b>c</b> Gain or (loss)                               |                      |   |   |  |  |
|   |   | <b>d</b> Net gain or (loss)                           |                      |   |   |  |  |
|   | <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | <b>a</b>  |                      |   |   |  |  |
|   |   | <b>b</b> Less: direct expenses                        | <b>b</b>             |   |   |  |  |
|   |   | <b>c</b> Net income or (loss) from fundraising events |                      |   |   |  |  |
|   | <b>9 a</b> Gross income from gaming activities. See Part IV, line 19  | <b>a</b>  |                      |   |   |  |  |
|   |   | <b>b</b> Less: direct expenses                        | <b>b</b>             |   |   |  |  |
|   |   | <b>c</b> Net income or (loss) from gaming activities  |                      |   |   |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances | <b>a</b>  |   |                      |   |   |  |  |
|   | <b>b</b> Less: cost of goods sold   | <b>b</b>  |                      |   |   |  |  |
|   | <b>c</b> Net income or (loss) from sales of inventory   |   |                      |   |   |  |  |
| <b>Miscellaneous Revenue</b>                                      |   | <b>Business Code</b>                                  |                      |   |   |  |  |
| <b>11 a</b>   |   |   |                      |   |   |  |  |
| <b>b</b>  |   |   |                      |   |   |  |  |
| <b>c</b>  |   |   |                      |   |   |  |  |
| <b>d</b> All other revenue  |   |   |                      |   |   |  |  |
| <b>e Total.</b> Add lines 11a-11d                                 |   |   |                      |   |   |  |  |
| <b>12 Total revenue.</b> See instructions.                        |   |   | 1,112,016.           | 1,966.  | 0.                                      | 0.   |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21   | 41,515.                      | 41,515.                                |   |                                    |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22   | 4,701.                       | 4,701.                                 |   |                                    |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16  |                              |  |   |                                    |
| 4 Benefits paid to or for members   |                              |  |   |                                    |
| 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  | 342,225.                     | 204,075.                               | 49,750.                                       | 88,400.                            |
| 8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)  |                              |  |   |                                    |
| 9 Other employee benefits   | 130,634.                     | 80,646.                                | 37,254.                                       | 12,734.                            |
| 10 Payroll taxes  | 33,765.                      | 17,065.                                | 4,839.  | 11,861.                            |
| 11 Fees for services (non-employees):   |                              |  |   |                                    |
| a Management  |                              |  |   |                                    |
| b Legal   |                              |  |   |                                    |
| c Accounting  | 25,630.                      | 1,676.                                 | 23,954.                                       |                                    |
| d Lobbying  | 4,340.                       |  | 4,340.  |                                    |
| e Professional fundraising services. See Part IV, line 17   |                              |  |   |                                    |
| f Investment management fees  |                              |  |   |                                    |
| g Other   | 23,749.                      | 19,470.                                | 2,968.  | 1,311.                             |
| 12 Advertising and promotion  |                              |  |   |                                    |
| 13 Office expenses  | 64,901.                      | 49,563.                                | 7,152.  | 8,186.                             |
| 14 Information technology   | 19,827.                      | 11,694.                                | 8,133.  |                                    |
| 15 Royalties  |                              |  |   |                                    |
| 16 Occupancy  | 31,500.                      | 15,750.                                | 11,025.                                       | 4,725.                             |
| 17 Travel   | 36,974.                      | 30,587.                                | 3,685.  | 2,702.                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                              |  |   |                                    |
| 19 Conferences, conventions, and meetings   | 17,524.                      | 8,937.                                 | 8,587.  |                                    |
| 20 Interest   |                              |  |   |                                    |
| 21 Payments to affiliates   |                              |  |   |                                    |
| 22 Depreciation, depletion, and amortization  | 1,289.                       | 322.                                   | 967.  |                                    |
| 23 Insurance  | 2,619.                       |  | 2,619.  |                                    |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                              |  |   |                                    |
| a <b>DIRECT PROGRAM EXPENSE</b>   | 158,982.                     | 158,982.                               | 0.  | 0.                                 |
| b <b>DUES &amp; PUBLICATIONS</b>  | 16,114.                      | 14,379.                                | 759.  | 976.                               |
| c <b>PRINTING</b>   | 13,826.                      | 13,115.                                | 711.  | 0.                                 |
| d <b>SOFTWARE</b>   | 13,502.                      | 4,556.                                 | 5,964.  | 2,982.                             |
| e All other expenses  | 26,598.                      | 13,339.                                | 11,654.                                       | 1,605.                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e  | <b>1,010,215.</b>            | <b>690,372.</b>                        | <b>184,361.</b>                               | <b>135,482.</b>                    |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                              |                              |  |   |                                    |

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

|                                    |   | (A)<br>Beginning of year  |            | (B)<br>End of year |            |
|------------------------------------|---|---|------------|--------------------|------------|
| <b>Assets</b>                      | 1   | Cash - non-interest-bearing .....   | 17,094.    | 1                  | 27,467.    |
|                                    | 2   | Savings and temporary cash investments .....  | 1,038,041. | 2                  | 1,127,370. |
|                                    | 3   | Pledges and grants receivable, net .....  | 426,672.   | 3                  | 401,827.   |
|                                    | 4   | Accounts receivable, net .....  |            | 4                  |            |
|                                    | 5   | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |            | 5                  |            |
|                                    | 6   | 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 employees' beneficiary organizations (see instructions) ..... |            | 6                  |            |
|                                    | 7   | Notes and loans receivable, net .....   |            | 7                  |            |
|                                    | 8   | Inventories for sale or use .....   |            | 8                  |            |
|                                    | 9   | Prepaid expenses and deferred charges .....   |            | 9                  |            |
|                                    | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | 23,196.    |                    |            |
|                                    | 10b   | Less: accumulated depreciation .....  | 18,518.    |                    |            |
|                                    |   |   | 3,868.     | 10c                | 4,678.     |
|                                    | 11  | Investments - publicly traded securities .....  |            | 11                 |            |
|                                    | 12  | Investments - other securities. See Part IV, line 11 .....  | 207,009.   | 12                 | 207,009.   |
|                                    | 13  | Investments - program-related. See Part IV, line 11 .....   |            | 13                 |            |
|                                    | 14  | Intangible assets .....   |            | 14                 |            |
| 15                                 | Other assets. See Part IV, line 11 .....  | 2,194.  | 15         | 1,050.             |            |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....  | 1,694,878.  | 16         | 1,769,401.         |            |
| <b>Liabilities</b>                 | 17  | Accounts payable and accrued expenses .....   | 61,284.    | 17                 | 54,491.    |
|                                    | 18  | Grants payable .....  | 25,950.    | 18                 | 10,771.    |
|                                    | 19  | Deferred revenue .....  |            | 19                 |            |
|                                    | 20  | Tax-exempt bond liabilities .....   |            | 20                 |            |
|                                    | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D .....   |            | 21                 |            |
|                                    | 22  | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....  |            | 22                 |            |
|                                    | 23  | Secured mortgages and notes payable to unrelated third parties .....  |            | 23                 |            |
|                                    | 24  | Unsecured notes and loans payable to unrelated third parties .....  |            | 24                 |            |
|                                    | 25  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....   | 43,675.    | 25                 | 22,020.    |
|                                    | 26  | <b>Total liabilities.</b> Add lines 17 through 25 .....   | 130,909.   | 26                 | 87,282.    |
| <b>Net Assets or Fund Balances</b> | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |   |            |                    |            |
|                                    | 27  | Unrestricted net assets .....   | 878,526.   | 27                 | 1,065,091. |
|                                    | 28  | Temporarily restricted net assets .....   | 478,434.   | 28                 | 410,019.   |
|                                    | 29  | Permanently restricted net assets .....   | 207,009.   | 29                 | 207,009.   |
|                                    | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.                          |   |            |                    |            |
|                                    | 30  | Capital stock or trust principal, or current funds .....  |            | 30                 |            |
|                                    | 31  | Paid-in or capital surplus, or land, building, or equipment fund .....  |            | 31                 |            |
|                                    | 32  | Retained earnings, endowment, accumulated income, or other funds .....  |            | 32                 |            |
| 33                                 | <b>Total net assets or fund balances</b> .....  | 1,563,969.  | 33         | 1,682,119.         |            |
| 34                                 | <b>Total liabilities and net assets/fund balances</b> .....   | 1,694,878.  | 34         | 1,769,401.         |            |

**Part XI Reconciliation of Net Assets**

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

|   |  |   |            |
|---|--|---|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)  | 1 | 1,112,016. |
| 2 | Total expenses (must equal Part IX, column (A), line 25)   | 2 | 1,010,215. |
| 3 | Revenue less expenses. Subtract line 2 from line 1   | 3 | 101,801.   |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 1,563,969. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)   | 5 | 16,349.    |
| 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 | 1,682,119. |

**Part XII Financial Statements and Reporting**

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

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>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  |
| 2b | Were the organization's financial statements audited by an independent accountant?  | X   |    |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X   |    |
| 2d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                  |     |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  | X   |    |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.   | X   |    |

Form 990 (2011)

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  |  |  |
|--|--|--|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>UTAH HUMANITIES COUNCIL</b>                                  | Employer identification number (EIN) or<br><input checked="" type="checkbox"/> <b>87-0307076</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>202 WEST 300 NORTH</b>                              | Social security number (SSN)<br><input type="checkbox"/>   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>SALT LAKE CITY, UT 84103-1108</b> |  |

Enter the Return code for the return that this application is for (file a separate application for each return)

| Application Is For                       | Return Code | Application Is For       | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990                                 | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                              | 02          | Form 1041-A              | 08          |
| Form 990-EZ                              | 01          | Form 4720                | 09          |
| Form 990-PF                              | 04          | Form 5227                | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                | 12          |

**CYNTHIA BUCKINGHAM**

• 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
- 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 EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **JUNE 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **NOV 1, 2011**, and ending **OCT 31, 2012**

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|  |           |    |    |
|--|-----------|----|----|
| <b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.      | <b>3c</b> | \$ | 0. |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.  
 LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev. 1-2012)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II: Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

|   |  |  |
|---|--|--|
| Type or print<br><br>File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions<br><b>UTAH HUMANITIES COUNCIL</b>                                   | Employer identification number (EIN) or<br><input checked="" type="checkbox"/> <b>87-0307076</b> |
|   | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>202 WEST 300 NORTH</b>                              | Social security number (SSN)<br><input type="checkbox"/>   |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>SALT LAKE CITY, UT 84103-1108</b> |  |

Enter the Return code for the return that this application is for (file a separate application for each return)  0  1

| Application Is For                       | Return Code | Application Is For | Return Code |
|--|-------------|--------------------|-------------|
| Form 990                                 | 01          | Form 990           | 01          |
| Form 990-BL                              | 02          | Form 1041-A        | 08          |
| Form 990-EZ                              | 01          | Form 4720          | 09          |
| Form 990-PF                              | 04          | Form 5227          | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069          | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870          | 12          |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**CYNTHIA BUCKINGHAM**

**202 W 300 N - SALT LAKE CITY, UT 84103-1108**

• 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

• 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 EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **SEPTEMBER 15, 2013.**

5 For calendar year , or other tax year beginning **NOV 1, 2011**, and ending **OCT 31, 2012**.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.**

|   |    |    |    |
|---|----|----|----|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | 8a | \$ | 0. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ | 0. |
| c <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  | 8c | \$ | 0. |

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  *Maria Metcal* Title  **CPA**

Date  **6/11/13**

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization **UTAH HUMANITIES COUNCIL** Employer identification number **87-0307076**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

|  | Yes      | No |
|--|----------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... | 11g(i)   |    |
| (ii) A family member of a person described in (i) above? .....   | 11g(ii)  |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....  | 11g(iii) |    |
- h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                         |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

**Part II 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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 1060117. | 1109949. | 1169758. | 1153383. | 1110050. | 5603257.  |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge ...   |          |          |          |          |          |           |
| 4 <b>Total.</b> Add lines 1 through 3 .....   | 1060117. | 1109949. | 1169758. | 1153383. | 1110050. | 5603257.  |
| 5 The portion of total contributions 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) ..... |          |          |          |          |          |           |
| 6 <b>Public support.</b> Subtract line 5 from line 4.   |          |          |          |          |          | 5603257.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total                |
|---|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 .....   | 1060117. | 1109949. | 1169758. | 1153383. | 1110050. | 5603257.                 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...  | 32,162.  | 18,119.  | 13,028.  | 4,706.   | 1,966.   | 69,981.                  |
| 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 assets (Explain in Part IV.) .....  |          |          |          |          |          |                          |
| 11 <b>Total support.</b> Add lines 7 through 10   |          |          |          |          |          | 5673238.                 |
| 12 Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | 12       |                          |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|  |                                     |         |
|--|-------------------------------------|---------|
| 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....  | 14                                  | 98.77 % |
| 15 Public support percentage from 2010 Schedule A, Part II, line 14 .....  | 15                                  | 98.04 % |
| 16a <b>33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....  | <input checked="" type="checkbox"/> |         |
| b <b>33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....   | <input type="checkbox"/>            |         |
| 17a <b>10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    | <input type="checkbox"/>            |         |
| b <b>10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... | <input type="checkbox"/>            |         |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....   | <input type="checkbox"/>            |         |



**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 qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> 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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.)   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2011**

Name of the organization

Employer identification number

**UTAH HUMANITIES COUNCIL**

**87-0307076**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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**

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

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

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) (2011)

|  |   |
|--|---|
| Name of organization<br><b>UTAH HUMANITIES COUNCIL</b> | Employer identification number<br><b>87-0307076</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|---|----------------------------|--|
| 1          | GEORGE S & DOLORES DORE' ECCLES<br>FOUNDATION<br><br>79 SOUTH MAIN STREET, 14TH FLOOR<br><br>SALT LAKE CITY, UT 84101 | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
|            |   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

|  |   |
|--|---|
| Name of organization<br><b>UTAH HUMANITIES COUNCIL</b> | Employer identification number<br><b>87-0307076</b> |
|--|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|------------------------------|--|--|----------------------|
|                              |  | \$ _____                                       | _____                |
|                              |  | \$ _____                                       | _____                |
|                              |  | \$ _____                                       | _____                |
|                              |  | \$ _____                                       | _____                |
|                              |  | \$ _____                                       | _____                |
|                              |  | \$ _____                                       | _____                |
|                              |  | \$ _____                                       | _____                |

|  |   |
|--|---|
| Name of organization<br><b>UTAH HUMANITIES COUNCIL</b> | Employer identification number<br><b>87-0307076</b> |
|--|---|

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2011**

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

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 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **UTAH HUMANITIES COUNCIL** Employer identification number **87-0307076**

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ..... ▶ \$ \_\_\_\_\_  
3 Volunteer hours .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_  
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_  
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No  
4a Was a correction made? .....  Yes  No  
b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_  
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_  
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_  
4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No  
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) 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-. |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)   | (a) Filing organization's totals                   | (b) Affiliated group totals        |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|--|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is:    | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:                 |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000   | 20% of the amount on line 1e.                      |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000.   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000. |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000.  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000  | \$1,000,000.                                       |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....   | <input type="checkbox"/> Yes                       | <input type="checkbox"/> No        |                    |                               |   |  |   |  |  |   |                   |              |  |  |

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period                |          |          |          |          |           |
|---|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

**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)).**

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|  | (a) |    | (b)    |
|--|-----|----|--------|
|  | Yes | No | Amount |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| <b>a</b> Volunteers?   |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  |     |    |        |
| <b>c</b> Media advertisements?   |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public?  |     |    |        |
| <b>e</b> Publications, or published or broadcast statements?   |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes?  | X   |    | 2,923. |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?   | X   |    | 1,417. |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?   |     |    |        |
| <b>i</b> Other activities?   |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i  |     |    | 4,340. |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |     | X  |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912   |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912  |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  |     |    |        |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                      | 1   |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                 | 2   |    |
| <b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3   |    |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

|   |    |  |
|---|----|--|
| <b>1</b> Dues, assessments and similar amounts from members   | 1  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |    |  |
| <b>a</b> Current year   | 2a |  |
| <b>b</b> Carryover from last year   | 2b |  |
| <b>c</b> Total  | 2c |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | 3  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)   | 5  |  |

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

THE UTAH HUMANITIES COUNCIL PAID ANNUAL DUES TO THE FEDERATION OF STATE HUMANITIES COUNCILS AND PAID TRAVEL EXPENSES FOR THE CHAIR OF THE BOARD AND THE DIRECTOR TO VISIT CONGRESSIONAL OFFICES IN WASHINGTON D.C.



**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

UTAH HUMANITIES COUNCIL

Employer identification number

87-0307076

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the

organization answered "Yes" to Form 990, Part IV, line 6.

|  | (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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                         |                              |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |                              |

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified 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 |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic 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 during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (f) 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 207,009.         | 207,009.       | 207,009.           | 130,000.             |                     |
| b Contributions                                  |                  |                |                    | 77,009.              |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 207,009.         | 207,009.       | 207,009.           | 207,009.             |                     |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c Temporarily restricted endowment  %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

|   | Yes | No |
|---|-----|----|
| (i) unrelated organizations   |     | X  |
| (ii) related organizations  |     | X  |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? |     |    |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                  |                                      |                                 |                              |                |
| b Buildings              |                                      |                                 |                              |                |
| c Leasehold improvements |                                      |                                 |                              |                |
| d Equipment              |                                      | 23,196.                         | 18,518.                      | 4,678.         |
| e Other                  |                                      |                                 |                              |                |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  4,678.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives .....   |                |  |
| (2) Closely-held equity interests .....                                 |                |  |
| (3) Other   |                |  |
| (A) SECURITIES AND OTHER  |                |  |
| (B) INVESTMENTS   | 207,009.       | COST   |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| (I)   |                |  |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ | 207,009.       |  |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type                                      | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| (10)  |                |  |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ |                |  |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶ |                |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| (a) Description of liability   | (b) Book value |
|--|----------------|
| 1. (1) Federal income taxes  |                |
| (2) DEFERRED REVENUE   | 22,020.        |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| (11)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ | 22,020.        |

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

| <b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b> |  |            |
|---|--|------------|
| 1   | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | 1,112,016. |
| 2   | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 1,010,215. |
| 3   | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 101,801.   |
| 4   | Net unrealized gains (losses) on investments   | 16,349.    |
| 5   | Donated services and use of facilities   |            |
| 6   | Investment expenses  |            |
| 7   | Prior period adjustments   |            |
| 8   | Other (Describe in Part XIV.)  |            |
| 9   | Total adjustments (net). Add lines 4 through 8   | 16,349.    |
| 10  | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 118,150.   |

| <b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b> |   |            |
|--|---|------------|
| 1  | Total revenue, gains, and other support per audited financial statements        | 1,196,780. |
| 2  | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |            |
| a  | Net unrealized gains on investments   | 16,349.    |
| b  | Donated services and use of facilities  |            |
| c  | Recoveries of prior year grants   |            |
| d  | Other (Describe in Part XIV.)   | 346,534.   |
| e  | Add lines 2a through 2d   | 362,883.   |
| 3  | Subtract line 2e from line 1  | 833,897.   |
| 4  | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |            |
| a  | Investment expenses not included on Form 990, Part VIII, line 7b                |            |
| b  | Other (Describe in Part XIV.)   | 278,119.   |
| c  | Add lines 4a and 4b   | 278,119.   |
| 5  | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 1,112,016. |

| <b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b> |  |            |
|---|--|------------|
| 1   | Total expenses and losses per audited financial statements                       | 1,010,215. |
| 2   | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |            |
| a   | Donated services and use of facilities   |            |
| b   | Prior year adjustments   |            |
| c   | Other losses   |            |
| d   | Other (Describe in Part XIV.)  |            |
| e   | Add lines 2a through 2d  | 0.         |
| 3   | Subtract line 2e from line 1   | 1,010,215. |
| 4   | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |            |
| a   | Investment expenses not included on Form 990, Part VIII, line 7b                 |            |
| b   | Other (Describe in Part XIV.)  |            |
| c   | Add lines 4a and 4b  | 0.         |
| 5   | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 1,010,215. |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

RESTRICTIONS SATISFIED BY PAYMENT 346,534.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

TEMPORARILY RESTRICTED CONTRIBUTIONS 278,119.

PART XII LINE 2D REPRESENTS NET ASSETS RELEASED FROM RESTRICTIONS.

**Part XIV** Supplemental Information *(continued)*

PART XII LINE 4B REPRESENTS TEMPORARILY AND PERMANENTLY RESTRICTED CONTRIBUTIONS.

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

**UTAH HUMANITIES COUNCIL**

Employer identification number  
**87-0307076**

**Part I 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?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II**

**Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶  X

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |
|  |         |                               |                          |                                   |   |  |                                    |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

**Part III** 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.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

GRANTS ARE SET UP AS PAYABLES. ONCE A GRANTEE HAS RETURNED A SIGNED GRANT AGREEMENT, A PAYMENT OF UP TO 90% OF THE GRANT MAY BE REQUESTED. THE FINAL 10% IS RELEASED WHEN FINAL REPORTS ARE RECEIVED FROM THE GRANTEE AND ARE REVIEWED AND ACCEPTED BY THE GRANTS MANAGER. FINAL REPORTS DOCUMENT THAT THE PURPOSES OF THE GRANT HAVE BEEN FULFILLED AND FUNDS HAVE BEEN SPENT AS APPROVED.

**SCHEDULE O**  
(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.

OMB No. 1545-0047

**2011**  
Open to Public  
Inspection

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.

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.

FORM 990, PART VI, SECTION C, LINE 19: ON WEBSITE AND BY REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 16,349.

PART XI, LINE 2C



Name of the organization

UTAH HUMANITIES COUNCIL

Employer identification number

87-0307076

THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION  
PROCESS DURING THE TAX YEAR.

(This area contains multiple horizontal lines for providing additional information.)

**Depreciation and Amortization 990**  
 (Including Information on Listed Property)

**2011**

Attachment  
 Sequence No. 179

▶ See separate instructions. ▶ Attach to your tax return.

|   |  |   |
|---|--|---|
| Name(s) shown on return<br><b>UTAH HUMANITIES COUNCIL</b> | Business or activity to which this form relates<br><b>FORM 990 PAGE 10</b> | Identifying number<br><b>87-0307076</b> |
|---|--|---|

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

|   |                              |                  |
|---|------------------------------|------------------|
| 1 Maximum amount (see instructions) .....   | <b>1</b>                     | 500,000.         |
| 2 Total cost of section 179 property placed in service (see instructions) .....   | <b>2</b>                     |                  |
| 3 Threshold cost of section 179 property before reduction in limitation .....   | <b>3</b>                     | 2,000,000.       |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....  | <b>4</b>                     |                  |
| 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions ..... | <b>5</b>                     |                  |
| <b>6</b>  |                              |                  |
| (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
|   |                              |                  |
|   |                              |                  |
|   |                              |                  |
|   |                              |                  |
| 7 Listed property. Enter the amount from line 29 .....  | <b>7</b>                     |                  |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....  | <b>8</b>                     |                  |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 .....  | <b>9</b>                     |                  |
| 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 .....  | <b>10</b>                    |                  |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....  | <b>11</b>                    |                  |
| 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....  | <b>12</b>                    |                  |
| 13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 .....  | <b>13</b>                    |                  |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

|   |           |        |
|---|-----------|--------|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year ..... | <b>14</b> |        |
| 15 Property subject to section 168(f)(1) election .....   | <b>15</b> |        |
| 16 Other depreciation (including ACRS) .....  | <b>16</b> | 1,289. |

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

|  |                          |  |
|--|--------------------------|--|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2011 .....  | <b>17</b>                |  |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ..... | <input type="checkbox"/> |  |

**Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  | /                                    |  | 27.5 yrs.           | MM             | S/L        |                            |
|                                | /                                    |  | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property | /                                    |  | 39 yrs.             | MM             | S/L        |                            |
|                                | /                                    |  |                     | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 20a Class life                 |                                      |  |                     |                | S/L        |                            |
| b 12-year                      |                                      |  | 12 yrs.             |                | S/L        |                            |
| c 40-year                      | /                                    |  | 40 yrs.             | MM             | S/L        |                            |

**Part IV Summary (See instructions.)**

|  |           |        |
|--|-----------|--------|
| 21 Listed property. Enter amount from line 28 .....  | <b>21</b> |        |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. .... | <b>22</b> | 1,289. |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....   | <b>23</b> |        |

Part V 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.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with columns (a) through (f) Vehicle. Rows 30-36 regarding miles driven and personal use availability.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table with columns Yes No. Rows 37-41 regarding written policies and information retention.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.