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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2008

Department of the Treasury
Internal Revenue Service

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Open to Public
Inspection

A For 2008 calendar year, or tax year beginning JULY 01, 2008, and ending JUNE 30, 20 09

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions	C Name of organization WASATCH COMMUNITY FOUNDATION		D Employer identification number 87-0650772
		No. & street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number
		PO BOX 399		(435) 654-1550
		City or town, state or country, and ZIP + 4 HEBER CITY UT 84032-0399		F Group Exemption Number ... ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method. ☒ Cash ☐ Accrual
Other (specify) ►

I Website: ► N/A

H Check ☐ if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)J Organization type (check only one) -- ☒ 501(c)(3) (insert no.) 4947(a)(1) or 527K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 225,483

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	216,076
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	109
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ 13,922 of contributions reported on line 1)	6a	9,298
	6b	Less direct expenses other than fundraising expenses	6b	9,298
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ►)	8		
9	Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	216,185	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	230,260
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	12,000
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	2,441
	16	Other expenses (describe ► SEE ATTACHMENT #2)	16	4,169
	17	Total expenses. Add lines 10 through 16	17	248,870
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-32,685
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	205,926
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	173,241

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

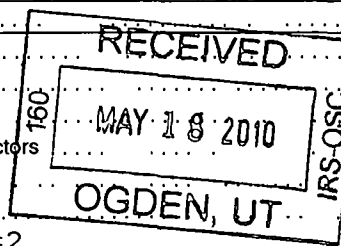
(See instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	205,926	22 173,241
23 Land and buildings		23
24 Other assets (describe ►)		24
25 Total assets	205,926	25 173,241
26 Total liabilities (describe ►)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	205,926	27 173,241

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990.

Form 990-EZ (2008)

SCANNED JUL 15 2010



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Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved.	38b	
39 Section 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:		
section 4911; section 4912; section 4955		
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed	NONE	
42a The books are in care of	SEE ATTACHMENT #5	
Located at		
Telephone no.		
ZIP + 4		
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)?	42b	X
If "Yes," enter the name of the foreign country:		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S?	42c	X
If "Yes," enter the name of the foreign country:		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here		
and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
If "Yes," Form 990 must be completed instead of Form 990-EZ		

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000		

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.

Sign Here

Signature of officer: EZRA SUGURA Date: MAY 14, 2010

Type or print name and title: CHAIR

Paid Preparer's Use Only

Preparer's signature: NONPAID PREPARER Date: 05-14-2010 Check if self-employed: ☐

Firm's name (or yours if self-employed), address, and ZIP + 4: BRIAN L. WINEGAR & CO. EIN:

722 WEST 100 SOUTH SUITE 2 Phone no:

HEBER CITY, UT 84032- 435- 654-3824

May the IRS discuss this return with the preparer shown above? See instructions

Yes ☐ No ☒

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

Name of the organization

WASATCH COMMUNITY FOUNDATION

Employer identification number

87-0650772

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 (Please check only **one** organization.)

- 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).** (Attach Schedule H.)
- 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).** (see instructions)
- 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
11g(I)		
11g(II)		
11g(III)		

h Provide the following information about the organizations the organization supports.

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	26,598	255,560	165,303	322,432	216,076	985,969
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 Total. Add lines 1-3	26,598	255,560	165,303	322,432	216,076	985,969
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 Public support. Subtract line 5 from line 4.						985,969

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	26,598	255,560	165,303	322,432	216,076	985,969
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	252	320	148	272	109	1,101
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 Total support. Add lines 7 through 10						987,070
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.89 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	77.09 %
16a 33 1/3 % support test -- 2008. 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 33 1/3 % support test -- 2007. 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 10%-facts-and-circumstances test -- 2008. 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 10%-facts-and-circumstances test -- 2007. 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 Private foundation. 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"/>		

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

OPEN TO PUBLIC INSPECTION	For Calendar year 2008, or tax year period beginning 07-01-2008	and ending 06-30-2009.
Name of Organization WASATCH COMMUNITY FOUNDATION	Employer Identification Number 87-0650772	

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate		
SEE ATTACHED SUMMARY		230,260			
		230,260			
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
NONE	CASH	230,260			
Total		230,260			

Wasatch Community Foundation
Summary
July 1, 2008 – June 30, 2009

Statement of Program Service Accomplishments

The Wasatch Community Foundation (WCF) is a volunteer, non profit organization committed to enriching lives of Wasatch County residents. The strength of the foundation is the focus on four areas: the arts, education, health and recreation to support a balanced lifestyle.

The three largest program services are described below:

1. Scholarship Program (Amount Expended \$99,500, 130 awards)
The Foundation provided scholarships to 85 graduating Wasatch High School students. Board members gather donations from generous community members and charitable organizations and raise funds at the annual golf tournament. The scholarships range in value from \$500 to \$2,500 and are provided to senior students who apply and who will use the assistance towards post-high school education. In addition, there were 14 students who were Sterling Scholars and 9 students who were Business Students of the Month who each received a \$50 check in recognition of their accomplishments.
2. WCF is continuing to work to help complete a community recreation facility. Plans are being made with the 2002 Olympic venue to provide cross-country skiing instruction to the K-4 school students. (Amount Expended - \$47,875)
3. School Projects (Amount Expended \$42,400– 8 schools served)
The Foundation uses part of the money raised at the golf tournament to fund projects at each of the eight district schools. Teachers prepare requests for such items as a series of books for the library, tutoring programs, special classroom equipment, art supplies, etc. The principals review the requests and submit them to WCF for approval.

Summary of amounts expended for all other program services:

Education	
Career Exploration/ Travel Studies	10,294
Ace Awards Program	8,995
Arts	7,734
Health	5,562
Recreation	
Bib Brothers Big Sisters	10,500
Senior Citizens	<u>100</u>
Total Expended for Other Program Services	<u>48,705</u>
Total Expended for all Program Services	<u>230,260</u>

Wasatch Community Foundation
Schedule of organizations paid in excess of \$5,000
6/30/2009

Name	Address		Date	Amount
JR Smith Elementary	235 East 500 North	Heber City, UT 84032	6/5/2009	8,813.00
Wasatch Hight School	64 East 600 South	Heber City, UT 84032	5/1/2009	9,593.00
Rocky Mountain Middle School	800 West Schoolhouse Way	Heber City, UT 84032	12/1/2008	6,038.00
Old Mill Elementary	1600 East 980 South	Heber City, UT 84032	2/6/2009	6,063.00

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 16

For calendar year 2008 or tax period beginning

07-01-2008, and ending

Name of Organization

Employer Identification Number

87-0650772

Total	2,417
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PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.		
Name of Organization WASATCH COMMUNITY FOUNDATION		Employer Identification Number 87-0650772	
Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	230,260
Exempt Purpose Achievements			

SEE SUMMARY ATTACHED

Wasatch Community Foundation
Summary
July 1, 2008 – June 30, 2009

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Arts	7,734
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Health	5,562
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Recreation

Bib Brothers Big Sisters	10,500
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Senior Citizens	100
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Total Expended for Other Program Services	48,705
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Total Expended for all Program Services	230,260
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CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 4: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC

INSPECTION

For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.

Name of Organization

WASATCH COMMUNITY FOUNDATION

Employer Identification Number

87-0650772

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def Comp.	(E) Expense Account & Other Allowances
DEBORAH VAN LEUWEN 880 E 530 N HEBER CITY, UT 84032	BUSINESS MANAGER 10.00	12,000	0	0

Wasatch Community Foundation
Board Membership List
As of June 2009

Last Name	First Name	Phone	Mailing Address	Committee	Title	Hrs/Wk	Compensation
Adair	Carolyn	435-654-2322	1021 N. Sage Circle, Heber City, UT 84032	Education	Member	2	0
Brown	Jennifer	435-657-0855	1142 W. Countryside Cr., Heber City, UT 84032	Education	Member	1	0
Cates	Todd	435-657-4041	931 S. Ledgestone Ln, Heber City, UT 84032	Recreation	Vice Chair	1	0
Hatch	Ane	435-657-2255	862 E. Dutch Ct., Midway, UT 84032	Arts	Member	1	0
Holmes	Ruth	435-657-2553	3333 N. Hwy 40, Heber City, UT 84032	Education	Member	2	0
Kelson	Valerie	435-654-4082	943 W. Swiss Alpine Rd., Midway, UT 84049	Recreation, Committee Chair	Member	4	0
Lyons	Lenny	435-654-0571	960 N. Sage Circle, Heber City, UT 84032	Executive, Finance	Treasurer	1	0
Moulton	Ann	435-654-2083	690 E. 550 N., Heber City, UT 84032	Arts, Committee Chair	Member	4	0
Powell	Kraig	435-654-0280	943 E. 530 N., Heber City, UT 84032	Executive, Past Chair	Member	2	0
Ritchie	Don	435-654-4940	1765 E. 1350 N., Heber City, UT 84032	Education, Committee Chair	Member	4	0
Segura	Ezra	435-657-2004	308 N. Alpinhof, Midway, UT 84049	Health	Chair	5	0
Shoemaker	Terry	435-657-9979	3115 S. 3400 W., Heber City, UT 84032	Education	Member	1	0
Sorenson	Shad	435-657-9492	195 S. 80 E., Midway, UT 84032	Education	Member	1	0
Van Wagoner	Shauna	435-654-7418	PO Box 283, Midway, UT 84049	Health, Committee Chair	Member	2	0

BOOKS ARE IN CARE OF

ATTACHMENT 5 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION	For calendar year 2008 or tax period beginning 07-01, and ending 06-30-2009.
Name of Organization WASATCH COMMUNITY FOUNDATION	Employer Identification Number 87-0650772
Part V - Line 42a	

Individual Name LENNY LYONS
or
Business Name

Street Address 1485 S US HWY 40

U.S. Address:

Zip code 84032 City HEBER CITY State UT

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (435) 654-2500

Fax Number (801) 654-2576