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0909

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)

► 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.

OMB No 1545-1150

2008

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For 2008 calendar year, or tax year beginning OCTOBER 01, 2008, and ending SEPTEMBER 30, 2009

<b>B</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	<b>C</b> Name of organization <b>UTAH GEOLOGICAL ASSOCIATION</b> <b>No &amp; street (or P O box, if mail is not delivered to street address)</b> <b>PO BOX 520100</b> <b>Room/ suite</b> <b>City or town, state or country, and ZIP + 4</b> <b>Salt Lake City UT 84152</b>	<b>D</b> Employer identification number <b>87-0287732</b>
		<b>E</b> Telephone number <b>(801) 537-3370</b>
		<b>F</b> Group Exemption Number <b>►</b>

• 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) ►

**H** Check  if organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**K** 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 ► \$ **33,605**

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

<b>REVENUE</b> <b>2011</b>	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; vertical-align: top; padding: 5px;"> <b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .  <b>2</b> Program service revenue including government fees and contracts . . . . .  <b>3</b> Membership dues and assessments . . . . .  <b>4</b> Investment income . . . . .  <b>5a</b> Gross amount from sale of assets other than inventory . . . . .  <b>b</b> Less cost or other basis and sales expenses . . . . .  <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)  <b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from  <b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .  <b>b</b> Less direct expenses other than fundraising expenses . . . . .  <b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .  <b>7a</b> Gross sales of inventory, less returns and allowances . . . . .  <b>b</b> Less cost of goods sold . . . . .  <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .  <b>8</b> Other revenue (describe ► See attachment #1 ) . . . . .  <b>9</b> <b>Total revenue.</b> All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ► <b>1,701</b> </td> <td style="width: 10%; vertical-align: top; padding: 5px;"> <b>1</b> <b>1,701</b>  <b>2</b>  <b>3</b> <b>2,740</b>  <b>4</b> <b>3,896</b>  <b>5c</b>  <b>6c</b> <b>1,768</b>  <b>7c</b>  <b>8</b> <b>6,034</b>  <b>9</b> <b>16,139</b> </td> </tr> </table>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . . <b>2</b> Program service revenue including government fees and contracts . . . . . <b>3</b> Membership dues and assessments . . . . . <b>4</b> Investment income . . . . . <b>5a</b> Gross amount from sale of assets other than inventory . . . . . <b>b</b> Less cost or other basis and sales expenses . . . . . <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) <b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from <b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . . <b>b</b> Less direct expenses other than fundraising expenses . . . . . <b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . . <b>7a</b> Gross sales of inventory, less returns and allowances . . . . . <b>b</b> Less cost of goods sold . . . . . <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . <b>8</b> Other revenue (describe ► See attachment #1 ) . . . . . <b>9</b> <b>Total revenue.</b> All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ► <b>1,701</b>	<b>1</b> <b>1,701</b> <b>2</b> <b>3</b> <b>2,740</b> <b>4</b> <b>3,896</b> <b>5c</b> <b>6c</b> <b>1,768</b> <b>7c</b> <b>8</b> <b>6,034</b> <b>9</b> <b>16,139</b>
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<b>EXPENSES</b>	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; vertical-align: top; padding: 5px;"> <b>10</b> Grants and similar amounts paid (attach schedule) . . . . .  <b>11</b> Benefits paid to or for members . . . . .  <b>12</b> Salaries, other compensation, and employee benefits . . . . .  <b>13</b> Professional fees and other payments to independent contractors . . . . .  <b>14</b> Occupancy, rent, utilities, and maintenance . . . . .  <b>15</b> Printing, publications, postage, and shipping . . . . .  <b>16</b> Other expenses (describe ► See attachment #2 ) . . . . .  <b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . . ► <b>10</b>  <b>11</b>  <b>12</b>  <b>13</b>  <b>14</b>  <b>15</b> <b>6,232</b>  <b>16</b> <b>12,868</b>  <b>17</b> <b>19,100</b>  <b>18</b> <b>-2,961</b>  <b>19</b> <b>179,479</b>  <b>20</b>  <b>21</b> <b>176,518</b> </td> </tr> </table>	<b>10</b> Grants and similar amounts paid (attach schedule) . . . . . <b>11</b> Benefits paid to or for members . . . . . <b>12</b> Salaries, other compensation, and employee benefits . . . . . <b>13</b> Professional fees and other payments to independent contractors . . . . . <b>14</b> Occupancy, rent, utilities, and maintenance . . . . . <b>15</b> Printing, publications, postage, and shipping . . . . . <b>16</b> Other expenses (describe ► See attachment #2 ) . . . . . <b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . . ► <b>10</b> <b>11</b> <b>12</b> <b>13</b> <b>14</b> <b>15</b> <b>6,232</b> <b>16</b> <b>12,868</b> <b>17</b> <b>19,100</b> <b>18</b> <b>-2,961</b> <b>19</b> <b>179,479</b> <b>20</b> <b>21</b> <b>176,518</b>	
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<b>ASSETS</b>	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; vertical-align: top; padding: 5px;"> <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .  <b>19</b> 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) . . . . .  <b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .  <b>21</b> Net assets or fund balances at end of year Combine lines 18 through 20 . . . . . ► <b>21</b> <b>176,518</b> </td> </tr> </table>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . <b>19</b> 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) . . . . . <b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . . <b>21</b> Net assets or fund balances at end of year Combine lines 18 through 20 . . . . . ► <b>21</b> <b>176,518</b>	
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**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

<p style="text-align: center;">(See instructions for Part II.)</p> <b>22</b> Cash, savings, and investments . . . . . <b>23</b> Land and buildings . . . . . <b>24</b> Other assets (describe ► See attachment #3 ) . . . . . <b>25</b> <b>Total assets</b> . . . . . <b>26</b> <b>Total liabilities</b> (describe ► . . . . . <b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	<b>(A) Beginning of year</b>	<b>(B) End of year</b>
	<b>22</b> <b>128,975</b>	<b>22</b> <b>124,693</b>
	<b>23</b>	<b>23</b>
	<b>24</b> <b>50,504</b>	<b>24</b> <b>51,825</b>
	<b>25</b> <b>179,479</b>	<b>25</b> <b>176,518</b>
	<b>26</b> <b>0</b>	<b>26</b> <b>0</b>
	<b>27</b> <b>179,479</b>	<b>27</b> <b>176,518</b>

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

Form 990-EZ (2008)

9-5 16



**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	33	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	34	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?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► <span style="border: 1px solid black; padding: 2px;">37a</span> 0	37b	X
b Did the organization file Form 1120-POL for this year?	38a	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?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations Enter	39b	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	40b	X
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		
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40e	X
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		
41 List the states with which a copy of this return is filed ► <u>NONE</u>		
42a The books are in care of ► <u>See attachment #5</u> Telephone no ► _____ Located at ► _____ 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.	42c	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 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 ► <span style="border: 1px solid black; padding: 2px;">43</span> <input type="checkbox"/>		
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)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

**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? . . . . .

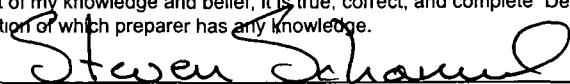
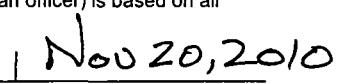
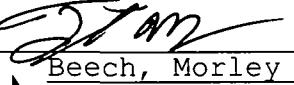
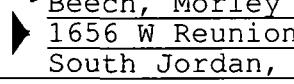
50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		X
47		X
48		X
49a		X
49b		X

(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 ►		

Sign Here	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.		
	 Steven Schamel Signature of officer		
 Nov 20, 2010 Date			
 Steven Schamel UGR President 2010-2011 Type or print name and title.			
Paid Preparer's Use Only	Preparer's signature 	Date 11/18/10	Check if self-employed <input type="checkbox"/> Preparer's Identifying No. (See instr.) EIN ► Phone no. ► 801- 562-1940
	Firm's name (or yours if self-employed), address, and ZIP + 4  Beech, Morley & Berrett, PC 1656 W Reunion Ave Ste 100 South Jordan, UT 84095-		

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No



**Part II** **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
REVENUE	1 Gross receipts .....			
	2 Less Charitable contributions .....			
	3 Gross revenue (line 1 minus line 2). ....			
DIRECT EXPENSES	4 Cash prizes .....			
	5 Non-cash prizes .....			
	6 Rent/facility costs .....			
S	7 Other direct expenses .....			
	8 Direct expense summary Add lines 4 through 7 in column (d) .....			► ( )
	9 Net income summary Combine lines 3 and 8 in column (d) .....			► ( )

**Part III** **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) thru col (c))
REVENUE	1 Gross revenue .....			
	2 Cash prizes .....			
	3 Non-cash prizes .....			
DIRECT EXPENSES	4 Rent/facility costs .....			
	5 Other direct expenses .....			
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d) .....			► ( )
8	Net gaming income summary Combine lines 1 and 7 in column (d) .....			► ( )

9 Enter the state(s) in which the organization operates gaming activities .....

a Is the organization licensed to operate gaming activities in each of these states? .....

b If "No," Explain .....

9a  Yes  No

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....

b If "Yes," Explain .....

10a  Yes  No

11 Does the organization operate gaming activities with nonmembers? .....

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....

11  Yes  No

12  Yes  No

		Yes	No
13	Indicate the percentage of gaming activity operated in	13a	%
a	The organization's facility .....	13b	%
b	An outside facility .....		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....	15a	X
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
16	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....	17a	X
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

**SCHEDULE OF OTHER REVENUE**

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 8

Open to Public Inspection	For calendar year 2008 or tax period beginning	10-01-2008, and ending	09-30-2009.
<b>Name of Organization</b> UTAH GEOLOGICAL ASSOCIATION		<b>Employer Identification Number</b> 87-0287732	
Description of Other Revenue	Amount		
GUIDEBOOK SALES	5,997		
MISCELLANEOUS	37		
	Total	6,034	

## **SCHEDULE OF OTHER EXPENSES**

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

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### Open to Public

#### • Inspection

**For calendar year 2008 or tax period beginning**

10-01-2008, and ending

09-30-2009.

**Employer Identification Number**

**Name of Organization**

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UTAH GEOLOGICAL ASSOCIATION

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87-0287732

87-0287752

## SCHEDULE OF OTHER ASSETS

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 24

Open to Public Inspection	For calendar year 2008 or tax period beginning 10-01-2008, and ending	09-30-2009.
<b>Name of Organization</b> UTAH GEOLOGICAL ASSOCIATION		<b>Employer Identification Number</b> 87-0287732
Description of Other Assets	Beginning of Year	End of Year
HANK GOODE EDUCATION FUNDS	50,504	51,825
<b>Totals</b>	<b>50,504</b>	<b>51,825</b>

## 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 10-01-2008, and ending 09-30-2009.			
Name of Organization UTAH GEOLOGICAL ASSOCIATION		Employer Identification Number 87-0287732		
(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
N. BRETT MUSTOE 756 E WINCHESTORST., SUITE 400 Salt Lake City, UT 84107	PAST PRESIDENT 2.00		0	0
THOMAS B. FADDIES 151 S 1920 W Provo, UT 84601	PRESIDENT 2.00		0	0
MICHAEL D LAINE 240 N REDWOOD ROAD Salt Lake City, UT 84115	PROGRAM CHAIR 2.00		0	0
STEPHANIE CARNEY PO BOX 146100 Salt Lake City, UT 84114	SECRETARY 2.00		0	0
REBECCA A GUSTIN 2410 CALIFORNIA AVE Salt Lake City, UT 84104	TREASURER 2.00		0	0
RANDY G WHITE PO BOX 30825 Salt Lake City, UT 84130	PRESIDENT ELECT 2.00		0	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	10-01-2008, and ending	09-30-2009.
Name of Organization UTAH GEOLOGICAL ASSOCIATION		Employer Identification Number 87-0287732	
Part V - Line 42a			

Individual Name ..... REBECCA A GUSTIN  
or  
Business Name

Street Address ..... CORPORATE ADDRESS

U.S Address

Zip code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
or

Foreign Address

City ..... \_\_\_\_\_

Province or State ..... \_\_\_\_\_

Country ..... \_\_\_\_\_

Postal code ..... \_\_\_\_\_

Phone Number ..... \_\_\_\_\_

Fax Number ..... \_\_\_\_\_