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Form 990

Return of Organization Exempt From Income Tax

0MB No 1545-0047 20**09**

Open to Public

Form 990 (2009)

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)

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

and ending For the 2009 calendar year, or tax year beginning Please D Employer identification number Check if applicable C Name of organization 100% FOR KIDS. UT CREDIT FOUNDATION use IRS Address change Doing Business As 42-1562278 label or print or Name change E Telephone number Number and street (or P O box if mail is not delivered to street address) type. Initial return 1805 SOUTH REDWOOD ROAD 801-887-2332 Specific Terminated City or town, state or country, and ZIP + 4 Instruc-UT 84104 G Gross receipts \$ 206 324 SALT LAKE CITY Amended return tions. Application pending Name and address of principal officer Yes X H(a) Is this a group return for affiliates? Scott Simpson 1805 South Redwood Road, Salt Lake City, UT 84104 H(b) Are all affiliates included? If "No." attach a list (see instructions) X 501(c) (4947(a)(1) or Tax-exempt status 3) **◄** (insert no) Website: ► N/A H(c) Group exemption number ▶ K Form of organization X Corporation Trust Association Other > L Year of formation 2002 M State of legal domicile UT Summary Part I Briefly describe the organization's mission or most significant activities: The organization provided funding for classroom and school level education programs including supplies and capital needs, academic programs, and classroom or school projects. if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box ▶ 3 Number of voting members of the governing body (Part VI, line 1a) . . . 3 10 0 Number of independent voting members of the governing body (Part VI, line 1b) Total number of employees (Part V, line 2a) . . 5 6 Total number of volunteers (estimate if necessary) 0 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. Net unrelated business taxable income from Form 990-T, line 34. **Current Year** 487,067 192,746 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 29) Investment income (Part VIII, con Table 1) 9 10 24.086 13,578 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9a, 10c, and 11e) 11 n Total revenue—add lines 8 through 11 (mustige qual Part VIII, Column (A), line 12)
Grants and similar amounts add (Part IX, column (A) rines 1–3) 511.153 206.324 12 13 603.119 222.124 Benefits paid to or for members (Part IX; column (A), line 4) 14 0 Salaries, other compensation, entitioned benefits (Part IX) column (A), lines 5-10) 15 53.252 43,572 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 44,218 47.083 17 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 700,589 312,779 18 -189,436 -106,455 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 20 723.641 617,186 Total assets (Part X, line 16) . . . n 21 Total liabilities (Part X, line 26) 617,186 Net assets or fund balances Subtract line 21 from line 20 723,641 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 Sign Date Here Impsont CHAIRMAN Type or print name and title Check if Preparer's identifying number Preparer's (see instructions) signature self-Paid employed P00182254 9/23/2010 Preparer's Firm's name or yours EIN Andersen Strong, LLC **Use Only** if self-employed) 684 East Vine Street, Suite 3, Salt Lake City, UT 84107 Phone no ▶ (801) 253-4422 address, and ZIP + 4 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

	the prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services 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 \$ 222,124 including grants of \$ 222,124) (Revenue \$ 206,324) The organization provided funding for school level education programs including supplies and capital needs, academic programs, and classroom or school projects
	•
	•
46	(Code) (Forestee C) including growth of C) (Poyonyo C)
4D	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
	•
	••••••
4c	(Code.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4d	Other program services. (Describe in Schedule O)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
<u>4e</u>	Total program service expenses ► 222,124
	Form 990 (2009)

Part IV

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)? If "Yes,"			
	complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
	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	3		x
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		Х
	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		 ^
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		i i	
	complete Schedule D, Part III	8_	-	X
	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
	Did the organization, directly or through a related organization, hold assets in term, permanent, or	-		<u> </u>
	quasi-endowments? If "Yes," complete Schedule D, Part V.	10		x
	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			$\stackrel{\sim}{}$
• •	VII, VIII, IX, or X as applicable	11		Х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
_	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
	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? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	Х	
	Was the organization included in consolidated, independent audited financial statements for the tax Yes No			
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	42		~
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14a		┝
D	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I.	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	175		 ^
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			<u> </u>
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		x
	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? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Ves " complete Schedule H	20		X

Part IV	Checklist of	Required	Schedules	(continued)	١
					•

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	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? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23_		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	24a		Х
h	24b through 24d and complete Schedule K. If "No," go to line 25	24a		_^_
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes," complete Schedule L, Part I	25b		X
26	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? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х
28	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).			90
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M.	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,	"		
J.	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	 		.,
	III, IV, and V, line 1	34_		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	25		х
26	Schedule R, Part V, line 2	35		
36	organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	130		
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	
		Form	990	(2009)

Par	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S Information Returns. Enter -0- if not applicable			l
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	<u></u> -	\vdash	<u> </u>
	gaming (gambling) winnings to prize winners?	1c		<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			Í
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 1	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			ĺ
_	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	-		Х
	this return?	3a 3b		- ^-
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30	\vdash	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			İ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		х
	account)?	4a	-	-^- -
b	If "Yes," enter the name of the foreign country:			l
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			l
F -	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
_	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	"		<u> </u>
С	Prohibited Tax Shelter Transaction?	5c		l
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
va	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		
	gifts were not tax deductible?	6b		l
7	Organizations that may receive deductible contributions under section 170(c).			
a	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?	7a		Х
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	- <u>-</u>		
а	Did the organization make any taxable distributions under section 4966?	9a	ļl	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	 -	X
10	Section 501(c)(7) organizations. Enter.			1
a	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	1		1
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	ĺ		
þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	ļ		
12-	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a	If "Yes." enter the amount of tax-exempt interest received or accrued during the year	120	 	\vdash
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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.

<u>Sect</u>	ion A. Governing Body and Management						
	· ·	ı	l .	_—	Yes	No	
1a	Enter the number of voting members of the governing body	1a	1	7	4	, "	
þ	Enter the number of voting members that are independent	1b	L	익			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ations	hip with		<u> </u>	 	
	any other officer, director, trustee, or key employee?			2	Ļ _	X	
3	Did the organization delegate control over management duties customarily performed by or u						
	supervision of officers, directors or trustees, or key employees to a management company or			3	<u> </u>	X_	
4	Did the organization make any significant changes to its organizational documents since the prior Form 9			4		X	
5	Did the organization become aware during the year of a material diversion of the organization	n's ass	ets?	5		X	
6	Does the organization have members or stockholders?			6		X	
7a	Does the organization have members, stockholders, or other persons who may elect one or r	nore r	nembers				
	of the governing body?			7a	<u> </u>	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or ot	her pe	rsons?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions under	rtaker	during	100	10 cls 'm'		
	the year by the following:			2.7			
а	The governing body?			8a	X		
b	Each committee with authority to act on behalf of the governing body?			8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	t be re	eached				
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedul			9a		Х	
Sect	ion B. Policies (This Section B requests information about policies not required by th						
	enue Code.)						
					Yes	No	
10a	Does the organization have local chapters, branches, or affiliates?			10a		X	
b	If "Yes," does the organization have written policies and procedures governing the activities of	of such	chapters.				
	affiliates, and branches to ensure their operations are consistent with those of the organization			10b			
11	Has the organization provided a copy of this Form 990 to all members of its governing body by		filing the			1	
	form?			11	x		
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990	l		J _p	3		
12a	• • • • • • • • • • • • • • • • • • • •			12a		X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests	that co	ould give				
	rise to conflicts?			12b		X	
С	Does the organization regularly and consistently monitor and enforce compliance with the po	licy? /	"Yes."				
	describe in Schedule O how this is done			12c	İ	х	
13	Does the organization have a written whistleblower policy?			13		Х	
14	Does the organization have a written document retention and destruction policy?			14		X	
15	Did the process for determining compensation of the following persons include a review and	approv	al by		15		
	independent persons, comparability data, and contemporaneous substantiation of the deliber			الادراد. المراجع الحي	*	1: 1	
а	The organization's CEO, Executive Director, or top management official.			15a	3.3	X	
b	Other officers or key employees of the organization	• •		15b	†	X	
•	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)	•		- XS			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a		ement	2.89	· 🕸 🔾		
	with a taxable entity during the year?			16a	3	X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization	to ev	aluate	7 4	£ " "	Pier or a	
	its participation in joint venture arrangements under applicable federal tax law, and taken ste			4. 3.	1 1 1		
	the organization's exempt status with respect to such arrangements?	po to c	alogualu	16b	1	' ا	
Sect	ion C. Disclosure			1 .05			
17	List the states with which a copy of this Form 990 is required to be filed						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	nd QQ()_T (501(c)(3)e	only)			
10	available for public inspection. Indicate how you make these available. Check all that apply	u 33(/- 1 (00 1(0)(0)S	V(11 y)			
40	Own website Another's website X Upon request	manta	conflict of into	root			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest						
00	policy, and financial statements available to the public.		and coccade =£	tha			
20	State the name, physical address, and telephone number of the person who possesses the b	OOKS					
	organization: ► Elizabeth White		801-972-34	<u> </u>			
	1805 South Redwood Road, Salt Lake City, UT 84104						

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compe		ent of	fice		_	ctor, o	r tr		T	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director		Officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Scott Simpson President	0.	х		х				0	0	0
Lynn Kuehne Vice-President	0.	х		х				0	0	0
John Lund Secretary	0.	Х		х				0	0	0
Elizabeth White Foundation Coordinator	40	х			x	х		43,572	0	0
					_					

	990 (2009) 100% FOR KIDS, UTAH CREDIT F										62278		. 8
Pa	t VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	ees,	and	l Hiç	ghest	Co		ployees (cor	<u>rtinue</u>	d)	_
	(A) (B) (C) (D) Name and title Average Position (check all that apply) Reportable						(E)		(F)				
Name and title		Average hours per week	or director		(c) Officer	al Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensatio from related organizations (W-2/1099-MIS	s SC)	Estimated amount of other compensation from the organization and related organizations	
							ļ						
							ļ				_		
						_					+		
											\perp		_
			-				-				\perp		
1b	Total				<u>.</u>			. •	43,572		0		_(
2	Total number of individuals (including but no reportable compensation from the organization)		se list	ted a	bove	e) wl	ho re	ceiv	ed more than \$1	00,000 in			
3	Did the organization list any former officer, employee on line 1a? If "Yes," complete Sci	director or trust				yee	, or h	ighe	st compensated		3	Yes No	_
4	For any individual listed on line 1a, is the su the organization and related organizations g individual	•									4	х	
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Y									•	5	X	
Sec	tion B. Independent Contractors												_
1	Complete this table for your five highest corcompensation from the organization.	npensated inde	pend	ent d	contr	acto	ors tha	at re	ceived more tha	n \$100,000 (of 		
	(A) Name and business a	ddress							(B) Description of serv	vices	Comp	(C) ensation	_
								<u> </u>					<u>.</u>
		· · · · · · · · · · · · · · · · · · ·						-					-
											-		7
											- 		(
2	Total number of independent contractors (in more than \$100,000 in compensation from the contractors)			ed to	thos	se lis	sted a		e) who received				

Par	i VIII	Statement of Revenue				L	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
र्घ य	1a	Federated campaigns	1a 0				
Tan Tan	ь	. •	1b 0				
B E	C	· · · · · · · · · · · · · · · · · · ·	1c 0				
ifts F	d		1d 0				
י, פייה	e	<u> </u>	1e 0				
Sin	_	All other contributions, gifts, grants, and	16 0				
Contributions, gifts, grants and other similar amounts			1f 192,746				
를 등		similar amounts not included above .					
o p	g	Noncash contributions included in lines 1a-1f: \$	0	400.740			
	h	Total. Add lines 1a–1f		192,746			
Program Service Revenue	_		Business Code				
٧ <u>٠</u>	2a			0			
Š.	b			0			
Ϋ́	C			0			
Ser	d			0			
E E	е			0			
'ogr	f	All other program service revenue		0			
<u>.</u>	g	Total. Add lines 2a–2f		0			
	3	Investment income (including dividends, interest	, and				
		other similar amounts)	•	13,578		1	
	4	Income from investment of tax-exempt bond produced		0			
	5	Royalties	•	0			
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	C	Rental income or (loss)	0 0				
	d	Net rental income or (loss)		0			L
	7a	Gross amount from sales of (i) Securities		<u> </u>			
		assets other than inventory	0 0				
	b	Less: cost or other basis	4				
		and sales expenses	o o				
		Gain or (loss)	0 0				
	6	Not soin or (loss)		0			
	d 8a	- · · · · · · · · · · · · · · · · · · ·		<u> </u>			
မ္	oa	Gross income from fundraising	İ				
ū		events (not including \$ 0					
Š		of contributions reported on line 1c)	_				
2		See Part IV, line 18	a 0				
Other Revenue	1	Less: direct expenses	D				
ō		Net income or (loss) from fundraising events .		0			
	уа	Gross income from gaming activities.					
		See Part IV, line 19					
		Less direct expenses	b0			 	· -
		` , 5	. <u></u>	0			_
	10a	Gross sales of inventory, less	_				
	_		a 0				
		Less: cost of goods sold	b0				
	С	Net income or (loss) from sales of inventory .		0			
		Miscellaneous Revenue	Business Code				
	11a			0			
	b			0			
	С			0			
	d	All other revenue		0			
	e	Total. Add lines 11a–11d	▶	0			
	12	Total revenue. See instructions	▶	206 324	0	0	1

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).									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the U.S. See Part IV, line 21	222,124	222,124							
2	Grants and other assistance to individuals in									
	the U.S See Part IV, line 22	o								
3	Grants and other assistance to governments,									
	organizations, and individuals outside the		ļ							
	U.S See Part IV, lines 15 and 16	ol								
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors,									
	trustees, and key employees	0								
6	Compensation not included above, to disqualified	<u>-</u>								
·	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	o								
7	Other salaries and wages	43,572		43,572						
8	Pension plan contributions (include section 401(k)	40,012		10,012						
·	and section 403(b) employer contributions)	o								
9	Other employee benefits	0								
10	Payroll taxes	0								
11	Fees for services (non-employees):		· · · - - · ·							
	Management	o								
a	Legal	0								
b	-	0	 -							
C	Accounting	0								
đ	Lobbying	0								
e	Professional fundraising services. See Part IV, line 17	0								
Ţ	Investment management fees									
g	Other	0		20.070	 					
12	Advertising and promotion	38,970		38,970						
13	Office expenses	0								
14	Information technology	0								
15	Royalties	0								
16	Occupancy	0								
17	Travel	0								
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	0								
19	Conferences, conventions, and meetings	0								
20	Interest	0								
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization	0	0	0	0					
23	Insurance	0								
24	Other expenses. Itemize expenses not									
	covered above. (Expenses grouped together									
	and labeled miscellaneous may not exceed									
	5% of total expenses shown on line 25 below.)									
а		0								
b		0								
C		0								
d		0								
е		0								
f	All other expenses	8,113		8,113						
25	Total functional expenses. Add lines 1 through 24f	312,779	222,124	90,655						
26	Joint costs. Check here ▶ if following	- :-,: . •			<u>.</u>					
20	SOP 98-2 Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising									
	solicitation		l							

Part X **Balance Sheet** (A) (B) Beginning of year End of year 723,641 1 617,186 Cash—non-interest-bearing 2 2 Savings and temporary cash investments 3 0 3 Pledges and grants receivable, net 0 Accounts receivable, net ol 4 4 0 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of ol 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 0 6 ol Assets 7 7 Inventories for sale or use . 8 9 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment cost or 10a other basis. Complete Part VI of Schedule D Less: accumulated depreciation . . . 10b 10c 0 ol 11 0 Investments—publicly traded securities . 11 0 ol 12 Investments—other securities. See Part IV, line 11 12 ol 13 0 Investments—program-related. See Part IV, line 11. 13 0 14 Ol 14 ol 15 0 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 723,641 16 617,186 17 17 18 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities . . . 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified ol 22 23 Secured mortgages and notes payable to unrelated third parties . . . 0 23 0 ol 24 0 24 Unsecured notes and loans payable to unrelated third parties . . 25 Other liabilities Complete Part X of Schedule D Ol 25 0 ol 0 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ► X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets 723,641 617,186 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117, check here▶ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 723,641 33 617,186 Total liabilities and net assets/fund balances . 723,641 34 617,186

Form 990 (2009)

Par	XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.	İ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	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?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.	-		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
2-				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	3a		Х
	the Single Audit Act and OMB Circular A-133?	Ja		^
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	26	v	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Fo	m 990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

OMB No 1545-0047

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

See separate instructions.

Open to Public Inspection

▶ Attach to Form 990 or Form 990-EZ. Internal Revenue Service **Employer identification number** Name of the organization 42-1562278 100% FOR KIDS, UTAH CREDIT FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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). 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 9 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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. c Type III-Functionally integrated Type III-Other 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? 11g(i) 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) Provide the following information about the supported organization(s) h (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (ii) EIN (i) Name of supported (described on lines 1-9 in col (i) listed in your the organization in organization in col support organization above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes No Yes No Yes No

Pan	(Complete only if you checked t				1)(A)(IV) and	1/U(D)(1)(A)(VI)
Sect	ion A. Public Support	IIIO DOX OII IIII	, , , o. <u>o. o.</u>				
	ndar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0				0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	. 0				0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
4 5	Total. Add lines 1 through 3. 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).	0	0	0	0	0	0
6	Public support. Subtract line 5 from line 4						0
	ion B. Total Support	(-) 0005	(F) 0000	(-) 0007	(4) 2000	(=) 0000 I	(D. T-4-1
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
9 10	Net income from unrelated business activities, whether or not the business is regularly carried on . Other income Do not include gain or	U					0
	loss from the sale of capital assets (Explain in Part IV.)	0	0				0
11	Total support. Add lines 7 through 10.						0
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here	·		d, fourth, or fift	-		▶ □
	ion C. Computation of Public Support Public support percentage for 2009 (line 6, c		- d b l o . 4.4	(A)		44	0.00%
		• • •	-	***	l l	14	0.00%
15 16a	Public support percentage from 2008 Sched 33 1/3% support test–2009. If the organization qualifies as	tion did not che	ck the box on		•		0.00% ck this box
b 17a	box and stop here. The organization qualifies as a publicly supported organization						
b	or more, and if the organization meets the "f the organization meets the "facts-and-circum 10%-facts-and-circumstances test-2008. or more, and if the organization meets the "f the organization meets the "facts-and-circum	nstances" test. If the organizat facts-and-circur	The organizati ion did not che nstances" test	on qualifies as eck a box on lin , check this bo	a publicly sup ie 13, 16a, 16b x and stop her	ported organiza , or 17a, and li re. Explain in P	ntion. ▶ ☐ ne 15 is 10% rart IV how
18	Private foundation. If the organization did not ch	eck a box on line	13, 16a, 16b, 1	7a ,or 17b, checl	this box and se	e instructions	▶ □

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (d) 2008 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not 1.459.375 487.067 192,746 include any "unusual grants") 886,398 834,197 3,859,783 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 0 0 organization's tax-exempt purpose Gross receipts from activities that are not an 0 unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 n The value of services or facilities furnished by a governmental unit to the organization without charge. 886,398 1,459,375 487,067 192,746 3,859,783 834,197 Total. Add lines 1 through 5. . . 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 . . . 0 Add lines 7a and 7b 0 0 8 Public support (Subtract line 7c from 3,859,783 Section B. Total Support (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 834,197 487,067 192,746 886,398 1,459,375 3,859,783 Amounts from line 6. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 2,472 5,754 9,363 24.086 13.578 55.253 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 9.363 55.253 2.472 5.754 24.086 13,578 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carned on 0 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 0 0 Total support. (Add lines 9, 10c, 11, 13 888,870 839,951 1,468,738 206.324 3.915.036 511,153 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 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 98.59% 15 Public support percentage from 2008 Schedule A, Part III, line 15 99.14% 16 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . 17 1.41% 17 0.86% Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33 1/3% support tests-2009. 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 X b 33 1/3% support tests-2008. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Schedule A (Form	990 or 990-	EZ) 2009	100% F	OR KIDS,	UTAH CF	REDIT FOUN	IDATION		42	2-1562278	Page 4
Part IV	Supple	emental	Informat	ion. Cor	nplete this	s part to pro	ovide the ex	planations r	equired by	Part II, line 1	0;
	Part II,	line 17a	or 17b, a	ind Part	III, line 12	Provide a	ny other add	ditional infor	mation Se	e instructions	3.
											
								• • • • • • • • • • • • • • • • • • • •			
											
				 -							 -
											
											
		-			-						
			- - 								
											
											
											
											

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047
2009

Open to Public Inspection

Name of the organization

Employer identification number

100%	FOR KIDS, UTAH CREDIT FOUNDATION				42-1562278
Par	Organizations Maintaining Don	or Advised Funds or Othe	er Similar F	unds or Ac	counts. Complete if
	the organization answered "Yes" t	o Form 990, Part IV, line 6			
	<u> </u>	(a) Donor advised fund	s	(b) Fu	unds 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 d	lonor advisors in writing that the	ha accate hal	d in donor ad	lvised
•	funds are the organization's property, subje				
6	Did the organization inform all grantees, do	_	-		
6	-				
	used only for charitable purposes and not for				
_	purpose conferring impermissible private be				
Par	Conservation Easements. Comp	olete if the organization ans	wered "Yes	to Form 99	90, Part IV, line /
1	Purpose(s) of conservation easements held	by the organization (check al	I that apply)		
	Preservation of land for public use (e.g.			n of an histori	cally important land area
	Protection of natural habitat				d historic structure
			Freservation	i oi a cerunec	Thistoric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organiza	ation held a qualified conserva	ation contribu	ition in the for	rm of a conservation
	easement on the last day of the tax year.			,,	
					Held at the End of the Tax Year
а	Total number of conservation easements .			. 2a	
b	Total acreage restricted by conservation ea	sements		. 2b	
C	Number of conservation easements on a ce	rtified historic structure includ	led in (a) .	. 2c	
d	Number of conservation easements include	d in (c) acquired after 8/17/06		2d	
3	Number of conservation easements modifie	d, transferred, released, extin	guished, or te	erminated by	the organization
	during the tax year		_	•	•
4	Number of states where property subject to	conservation easement is loc	ated •		
5	Does the organization have a written policy		• •	on, handling	of
	violations, and enforcement of the conserva				
6	Staff and volunteer hours devoted to monitor		a conservation	on easements	during the year
	>	3 , ,,			,
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing cor	nservation ea	sements duri	ing the year
•	► \$	moposting, and omeroing co.		.comonto dan	ing and your
8	Does each conservation easement reported	on line 2(d) above satisfy the	requirement	e of section	
٠	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		•	13 01 30011011	Tyes No
٥	In Part XIV, describe how the organization r			· · ·	
9					
	balance sheet, and include, if applicable, the organization's accounting for conservati		ganizations i	inanciai state	ements that describes
Par			reas or Othe	e Similar Ace	noto
ган	Complete if the organization answere			i Sililiai As	sets.
			•		
1a	If the organization elected, as permitted und				
	art, historical treasures, or other similar ass				
	service, provide, in Part XIV, the text of the				
b	If the organization elected, as permitted und				
	historical treasures, or other similar assets I		ation, or rese	earch in iurth	erance of public
	service, provide the following amounts relat	_			
	(i) Revenues included in Form 990, Part VI	ii, line 1	•		► \$ ► \$
	(ii) Assets included in Form 990, Part X.				▶ \$
2	If the organization received or held works of			ssets for finar	ncial gain, provide the
	following amounts required to be reported u	_			
а	Revenues included in Form 990, Part VIII, I				► \$
b	Assets included in Form 990, Part X				▶ \$

Page 2

Part	t III Organizations Maintaining	g Collections of	Art, His	torical 1	reasures,	or Oth	<u>er Similar A</u>	ssets (c	<u>ontınu</u>	<u>ıed)</u>
3	Using the organization's acquisition use of its collection items (check all		ther reco	rds, chec	ck any of the	e followi	ng that are a s	significan	1	
а	Public exhibition		d 🗍	Loan	or exchange	e progra	ms			
b	Scholarly research		e □	Other	_					
	= '	-A	ــا •	0.1101						
С	Preservation for future genera									
4	Provide a description of the organization Part XIV.				-				ose in	
5	During the year, did the organization assets to be sold to raise funds rath	er than to be main	tained as	s part of t	he organiza	ation's co	ollection?	Y(es 🔙	No
Part	IV, line 9, or reported an ar	mount on Form 9	90, Part	X, line 2	21.), Parl	t
1a									es 🔲	No
b	If "Yes," explain the arrangement in	Part XIV and com	piete tne	TOROWING	table.		T	Amount		
_	Paganing balance					. 1c	 	Amount		0
C	Beginning balance						 			
d	Additions during the year Distributions during the year					—				
e	Ending balance									0
_ '							·			
2a	Did the organization include an amo		Part X, II	ne 21?.				¥•	es X	No
b	If "Yes," explain the arrangement in				d "Voo" to 1	Form O	00 Dod IV I	ino 10		
Part	V Endowment Funds. Com				(c) Two year		(d) Three years ba		our years	hack
	D	(a) Current year	(b) Pro	or year	(c) Two year	s back	(d) Three years be	ick (e) re	ur years	Dack
1a	Beginning of year balance	0				-		-		
b	Contributions							-		
С	Net investment earnings, gains,									-
	and losses					- +		_		
d	Grants or scholarships .									
е	Other expenditures for facilities									
_	and programs .									\dashv
f	Administrative expenses				ļ					
9	End of year balance	0		. 0	<u> </u>					
2	Provide the estimated percentage of			as:						
a	Board designated or quasi-endowm		<u>%</u>							
b	Permanent endowment	<u>%</u> -								
C	Term endowment	_%_	•							
3a	Are there endowment funds not in the	ne possession of t	ne organ	ization th	at are neid	and adr	ninistered for	ine	Voc	No
	organization by:							20(3)	Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations									-
b	If "Yes" to 3a(ii), are the related organization							_3b_		
4	Describe in Part XIV the intended u					rt V lin	0.10			
Part								(4) 5		
	Description of investment	(a) Cost or oth	ent)	٠,,	st or other s (other)		ccumulated preciation	(a) B	ook value	
1a	Land		0		0	-				0
b	Buildings		0		0		0			0
C	Leasehold improvements		0		0		0			0
d	Equipment		0		. 0		0			0
<u> e </u>	Other	<u> </u>	0	<u> </u>	0		0	<u>. </u>		0
Tota	I. Add lines 1a through 1e (Column (d) must equal For	m 990, P	art X, col	lumn (B), lin	e 10(c))▶			0

	_
D	-

Part VII Investments—Other Securitie	es. See Form 990, Part X,	line 12.	rage o
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	
Financial derivatives	0		
Closely-held equity interests	0		
Other	0		
	0		
	0		
	0		
	0	- '-"	
	0		
	0	- "	
	0		
	0 0		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Relat			
(a) Description of investment type	(b) Book value	(c) Method of value Cost or end-of-year ma	
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0		
Part IX Other Assets. See Form 990,			
	(a) Description		(b) Book value
			<u></u>
			C
			C
			C
			C
			(
			C
Total. (Column (b) must equal Form 990, Part X, Part X Other Liabilities. See Form 99			
1. (a) Description of liability	(b) Amount		,
Federal income taxes	(a)	<u></u>	
1 ederal moome taxes		0	
		0	
		0	
		0	
		o o	
		0	
		O	
		0	
		0	
		0	
Total (Column (b) must equal Form 990, Part X, col (B) line 25)		0	
2. FIN 48 Footnote In Part XIV, provide the text		ation's financial statements that i	reports the
organization's liability for uncertain tax positions	under FIN 48		

. . . .

Sched	dule D (Form 990) 2009			Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to Audited Financia	al Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		206,324
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		312,779
3	Excess or (deficit) for the year Subtract line 2 from line 1	3		-106,455
4	Net unrealized gains (losses) on investments	4		<u>.</u>
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		
9	Total adjustments (net). Add lines 4 through 8	9		0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9.	10		-106,455
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	e per	Return	
1	Total revenue, gains, and other support per audited financial statements	L	1	206,324
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
đ	Other (Describe in Part XIV)			
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1	.	3	206,324
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a .			
b	Other (Describe in Part XIV.)			
С	Add lines 4a and 4b		<u> </u>	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	206,324
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense			040 770
1	Total expenses and losses per audited financial statements	• ⊢	1	312,779
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ŀ		
a	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
đ	Other (Describe in Part XIV.)		_	•
e	Add lines 2a through 2d		2e	312,779
3	Subtract line 2e from line 1	-	3	312,779
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 . 4a Other (Describe in Part XIV.)			
b			40	0
C	Add lines 4a and 4b		1c 5	<u>0</u> 312,779
5 Par	t XIV Supplemental Information		<u> </u>	312,779
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an 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 part to provide any additional information			
			·	
				· • • • • • • • • • • • • • • • • • • •
	·			

42-1562278 100% FOR KIDS, UTAH CREDIT FOUNDATION Schedule D (Form 990) 2009 Part XIV Supplemental Information (continued)

SCHEDULE (Form 990)

Department of the Treasury

Name of the organization

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

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

Open to Public OMB No 1545-0047

Inspection

Employer identification number

N N (h) Purpose of grant or assistance 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. Use X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 42-1562278 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) . . . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed. General Information on Grants and Assistance the selection criteria used to award the grants or assistance? (c) IRC section ıf applicable 100% FOR KIDS, UTAH CREDIT FOUNDATION (p) EIN 1 (a) Name and address of organization or government Partl Part II

Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations. For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009 Part III

(f) Description of non-cash assistance								tional information.							
(e) Method of valuation (book, FMV, appraisal, other)								e 2, and any other additional information.							
(d) Amount of non-cash assistance	0	0	0	0	0	0	0	equired in Part I, lin				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(c) Amount of cash grant	0	0	0	0	0	0	0	ide the information r		. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		, 0 6 8 8 8 8 8 8 9 9 9 9 1 1 8 8 8 9 8 9 8 9	. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(b) Number of recipients	0	0	0	0	0	0	0	ete this part to prov	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , ,	, 5 5 6 6 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	1 1 1 1 1 1 1 1 1 1 1 1 1	
(a) Type of grant or assistance								Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2,		i					

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

• Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 42-1562278 100% FOR KIDS, UTAH CREDIT FOUNDATION Form 990 Form 990

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
100% FOR KIDS, UTAH CREDIT FOUNDATION	42-1562278
•••••	

Form 8868

g () u

(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

• If y	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of the	nis form).	► <u> </u>
Do no	t complete Part II unless you have already been granted an automatic 3-month extension of Automatic 3-Month Extension of Time. Only submit original (no copies need)		filed Form 886	8
	oration required to file Form 990-T and requesting an automatic 6-month extension—check t	*	mplete	▶ □
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 70 file income tax returns.	004 to request	an extension o	f
Electron of the electron returns	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month are turns noted below (6 months for a corporation required to file Form 990-T). However, you conically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms is, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed as 868. For more details on the electronic filing of this form, visit www.irs gov/efile and click on	annot file Form 990-BL, 6069, and signed pag	n 8868 or 8870, group je 2 (Part II) of	
Type	Name of Exempt Organization	Employer ide	ntification num	ber
print	100% FOR KIDS, UTAH CREDIT FOUNDATION	42-1562278		
File by th				
filing you	1005 300 TH NEW YORK AND THE STATE OF THE ST			
return Se		UT	84104	
		<u> </u>	0+10+	•
	type of return to be filed (file a separate application for each return)			20
=	rm 990 Form 990-T (corporation)		Form 472	
∐ F	rm 990-BL Form 990-T (sec. 401(a) or 408(a) trust)		Form 522	27
F∈	rm 990-EZ Form 990-T (trust other than above)		Form 606	39
☐ F	rm 990-PF		Form 887	70
Tel If the lifth is for the second se	books are in the care of ► Elizabeth White 1805 South Redwood Road Salt Lake City UT ephone No. ► 801-972-3400 FAX No ► e organization does not have an office or place of business in the United States, check this list is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) he whole group, check this box . ► If it is for part of the group, check this both the names and EINs of all members the extension will cover.			► D
	request an automatic 3-month (6 months for a corporation required to file Form 990-T) exteruntil 8/15/2010 , to file the exempt organization return for the organization s for the organization's return for: X calendar year 2009 or , and ending , and ending	on named abov	·	
	f this tax year is for less than 12 months, check reason: Initial return Final return	Change	in accounting	period
	f this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		a.	
	ess any nonrefundable credits. See instructions.		3a \$	
	f this application is for Form 990-PF or 990-T, enter any refundable credits and estimated ta		a. ¢	
	payments made. Include any prior year overpayment allowed as a credit.		3b \$	
	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if require	su,		
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment		20 6	•
	System). See instructions on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 845		3c \$	0
	m. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 848 ment instructions	os-eu and Fon	II 00/9-EU	