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21599 11/11/2010 2 48 PM

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2009

Open to Public Inspection

| | For the 200 | 9 calendar ye | ear, or tax year beginning , and ending | | | |
|-------------------------|-------------------|------------------------------|--|-------------------|----------------------------|--|
| В | Check if applicat | | C Name of organization | | D Employ | er identification number |
| | Address change | use IRS label or | Utah Capital Investment Corp | | | |
| $\overline{\Box}$ | Name change | print or | Doing Business As | | 75- | 3146492 |
| 二 | _ | type. | Number and street (or P O box if mail is not delivered to street address) | oom/suite | E Telepho | ne number |
| 님 | Initial return | See | 310 South Main Street, Suite 1310 | | 801 | -521-3072 |
| \sqcup | Termination | Specific Instruc- | City or town, state or country, and ZIP + 4 | | G Gross recei | ots \$ 728,137 |
| | Amended return | | Salt Lake City UT 84101 | | | |
| $\overline{\sqcap}$ | Application pend | ding F Nami | e and address of principal officer | | H(a) Is this a | group return for |
| ш | . фриосия | | | | affiliates | |
| | | | | ľ | H(b) Are all a included | Yes No |
| | | | | | If "No," | attach a list (see instructions) |
| 1_ | Tax-exempt | status X | 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 | | | |
| J | Website: ▶ | | tahfundoffunds.com | | H(c) Group e | xemption number |
| K | Type of organiz | ation X Co | poration Trust Association Other ▶ L Year | of formation | ! | M State of legal domicile |
| F | art I | Summa | у | | | |
| | 1 Brief | ly describe ti | ne organization's mission or most significant activities | | | |
| • | Se | ee Sche | dule O | | | |
| auc | | | | | | |
| ř | 1 | | <u></u> | | | |
| Š | 2 Chec | ck this box 🕨 | if the organization discontinued its operations or disposed of more than 25% of | its net assets | 1 1 | |
| <u>س</u> ھ | 3 Num | ber of voting | members of the governing body (Part VI, line 1a) | | 3 | 8 |
| Activities & Governance | 4 Num | ber of indep | endent voting members of the governing body (Part VI, line 1b) | | 4 | 8 |
| ΞΞ | 5 Total | I number of e | employees (Part V, line 2a) | | 5 | 3 |
| Act | 6 Total | I number of v | rolunteers (estimate if necessary) | | 6 | 0 |
| - | 7a Total | l gross unrel | ated business revenue from Part VIII, column (C), line 12 | | 7a | |
| | b Net u | unrelated but | siness taxable income from Form 990-T, line 34 | 51 V. | 7b | 0 |
| | l | | | Prior Year | | Current Year |
| 9 | 8 Cont | | I grants (Part VIII, line 1h) | 611 | ,466 | 728,007 |
| Revenue | 9 Prog | | revenue (Part VIII, line 2g) | | , 022 | 130 |
| 8 | 10 Inves | | ne (Part VIII, column (A), lines 3, 4, and 7d) | | _, 022 | |
| - | 11 Otne | • | rart VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 615 | 5,488 | 728,137 |
| | | | add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 041 | 7,400 | 120,131 |
| | 1 | | ar amounts paid (Part IX, column (A), lines 1–3) | - | | |
| | | • | or for members (Part IX, column (A), line 4) | 266 | , 869 | 346,979 |
| es | 1 | | ompensation, employee benefits (Part IX, column (A), lines 5–10) | 200 | ,,,,,, | 340,313 |
| enses | _ | | Iraising fees (Part IX, column (A), line 11e) | | | |
| Exp | b lota | i tundraising | expenses (Part IX, column (D), line 25) | 379 | 3,619 | 382,027 |
| _ | 17 Othe | er expenses | Part IX, column (A), lines 11REC THATED | | ,488 | 729,006 |
| | 18 Tota | expenses . | Add lines 13–17 (must equal Part IX, column (A), line 25 | 04. | 7, 400 | -869 |
| <u> </u> | 19 Reve | enue iess ex | penses Subtract line 18 from line 12 5 2010 0 | Beginning of Curr | ent Year | End of Year |
| Net Assets or | 20 Tota | l assets (Pai | | | 5,767 | 321,098 |
| Ass | 21 Tota | | art X, line 26) OGDEN, UT | | ,624 | 56,824 |
| Š | 22 Net | • | d balances Subtract line 21 from line 20 | | ,143 | 264,274 |
| | Part II | | re Block | | | |
| _ | | Under nenal | ties of periory. I declare that I have examined this return, including accompanying schedules and si | tatements, and t | to the best of | my knowledge |
| 2010 | | and belief, it | is true correct, and complete Declaration of preparer (other than officer) is based on all information | on of which prep | arer has any | knowledge |
| √Sig | an | 4 | Moore | | | |
| ≅He | | Signatu | re of officer | | Date | |
| | | Ma | tt Peterson Vice Pr | residen | t | |
| | | — | print name and title | | | |
| | | Dressede | Date Date | Check | f | Preparer's identifying number (see instructions) |
| Pa | | Preparer's signature | 11-12-10 | self- employe | ed 🕨 🗍 | (see instructions) P00161586 |
| Pr | eparer's | | Wisan Smith Racker & Prescott, I | LLP | EIN ▶ | 87-0517754 |
| Ús | e Only | Firm's name | (or yours | - | Phone | |
| 3C/ | - | if self-emplo address, an | | | | 801-328-2011 |
| CO. | v the IDS d | | turn with the preparer shown above? (see instructions) | | | Yes No |
| | | | rwork Reduction Act Notice, see the separate instructions. | - | | Form 990 (2009) |
| DA | | o. ana rapo | | | 9 | |

| 4d | Other program services (Describe in Schedule O) | | | | | | | | | |
|----|---|------------------------|---------------|--|--|--|--|--|--|--|
| | (Expenses \$ | including grants of \$ |) (Revenue \$ | | | | | | | |
| 4e | Total program service expenses ▶ | 583,204 | | | | | | | | |

Form 990 (2009)

| Pa | rt 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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete | | | |
| | Schedule C, Part II | 4 | | Х |
| 5 | 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 | | |
| 6 | 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 | | <u>X</u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X_ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | Χ_ |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part | | | |
| | X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," | | | |
| | complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or | | | |
| | quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable | 11 | | <u>X</u> |
| | 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 | | 1 | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | | 1 | |
| • | Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets | | 1 | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | | 1 | |
| • | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | - 1 | 1 | |
| • | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | 1 | |
| | 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 | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No | | . 1 | |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X | | - 1 | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | _ <u>X</u> _ |
| 14a | Did the organization maintain an ember of the agents assessed as the acceptance of the agents as the acceptance of | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, | | | |
| | business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | | _X_ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | | | 3, |
| | organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | | | 3.5 |
| | to individuals located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services | | | 7, |
| | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | _17 | | <u> </u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | , . | | 7.7 |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18_ | | <u> </u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | v |
| | If "Yes," complete Schedule G, Part III | 19 | | X |
| 20_ | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | . 990 | (2009) |
| | | rom | コンプリ | (ZUU9) |

| _ <u>P</u> | art IV Checklist of Required Schedules (continued) | | | |
|------------|--|-------------|--|--|
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations | | | v |
| | in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | - | X. |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the | 20 | | _v |
| | United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 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 | | X | |
| | employees? If "Yes," complete Schedule J | 23 | | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | i | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines | 24- | | X |
| | 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | | ^ |
| þ | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 1240 | 1 | |
| | 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 | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | 250 | | x |
| | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | <u> </u> |
| 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 | 255 | | x |
| | 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | 000 | | X |
| | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | |
| 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? | 27 | | x |
| | If "Yes," complete Schedule L, Part III | 21 | | ^ |
| 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) | 28a | • | Х |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 200 | - | 1 |
| þ | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | 206 | | X |
| | Schedule L, Part IV | 28b | | |
| С | 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, | 200 | | X |
| | Part IV | 28c 29 | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | - | <u> </u> |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | 20 | | Х |
| | conservation contributions? If "Yes," complete Schedule M | 30 | ┝ | ^ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | 31 | | Х |
| | Part I | 31 | | A |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 32 | | Х |
| | Schedule N, Part II | 32 | | ^ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 33 | 1 | Х |
| | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | ┼ | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, | 34 | x | |
| | III, IV, and V, line 1 | - 34 | <u> </u> | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete | 35 | | X |
| | Schedule R, Part V, line 2 | 35_ | | <u>^</u> |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related | 36 | 1 | X |
| | organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | \vdash | ^ |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | 37 | | X |
| | Part VI | 37 | 1 | <u>^</u> |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and | 38 | X | 1 |
| | 19? Note. All Form 990 filers are required to complete Schedule O | 1 30 | 122 | 1 |

| | 990 (2009) Utah Capital Investment Corp 75-3146492 | | Р | age 5 |
|-----------|--|------|----------|--|
| <u>Pa</u> | rt V .Statements Regarding Other IRS Filings and Tax Compliance | | | |
| 4. | Fate-the sumber reported in Box 2 of Form 1006. Applied Summers and Transmitted of | F . | 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 1a 0 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | | |
| · | gaming (gambling) winnings to prize winners? | 1c | | Х |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 3 | | | |
| 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 | | | |
| | instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by | | | |
| | this return? | 3a | | Χ_ |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | Ì | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | ļ., | X |
| b | 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 | | | ٠,, |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | <u> </u> | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding | | | |
| _ | Prohibited Tax Shelter Transaction? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | x |
| | organization solicit any contributions that were not tax deductible? | 6a | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | 6ь | • | |
| 7 | gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). | 100 | | |
| 7 | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| а | and services provided to the payor? | 7a | · · | х |
| b | 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 | | | |
| 0 | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal | 1 | | |
| | henefit contract? | 7е | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? N/A | 7f | ļ | |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? N/A | 7g | | <u> </u> |
| 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 | | | 1 |
| | organization, have excess business holdings at any time during the year? | 8 | ļ | ļ |
| 9 | Sponsoring organizations maintaining donor advised funds. N/A | | | Ī |
| а | Did the diganization make any taxable distributions under section 4300. | 9a | | |
| þ | Did the organization make a distribution to a donor, donor advisor, or related persons | 9b | - | |
| 10 | Section 501(c)(7) organizations. Enter | | | 1 |
| a | triitiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | 1 | | 1 |
| ь | Cross recorpts, medical and employed at the passenger of the control of the contr | 1 | | I |
| 11 | Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a | | | I |
| a | | 1 | | 1 |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | I |
| 40- | 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 | 1 | † |
| 12a | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | 1.20 | <u> </u> | <u> </u> |
| <u>b</u> | ii 169, Chief the amount of tax-exempt interest reserves of accross during the year. | For | m 990 | (2009) |

Form 990 (2009) Utah Capital Investment Corp

.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. | | | | |
|----------|--|------------|--------|-----|-----|
| Sec | tion A. Governing Body and Management | | | | |
| | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body | 1a 8 | | | |
| b | Enter the number of voting members that are independent | 1b 8 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | | |
| | any other officer, director, trustee, or key employee? | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | | |
| | supervision of officers, directors or trustees, or key employees to a management company or other person? | | 3 | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed | ? | 4 | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | | 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 more members | | | | |
| | of the governing body? | | _7a | X | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | | |
| | the year by the following | | | | |
| а | The governing body? | | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached | | | | _ |
| | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Int | ernal | | | |
| | renue Code.) | | | | |
| | | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | | 10a | | Х |
| b | If "Yes," does the organization have written policies and procedures governing the activities 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 before filing the | | | | |
| • • | form? | | 11 | | Х |
| 11a | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | | 12a | | X |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give | | | - | |
| | rise to conflicts? | | 12b | | |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | 120 | | |
| · | describe in Schedule O how this is done | | 12c | | |
| 42 | Does the organization have a written whistleblower policy? | | 13 | | X |
| 13 14 | Does the organization have a written document retention and destruction policy? | | 14 | | X |
| | Did the process for determining compensation of the following persons include a review and approval by | | | | |
| 15 | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | į. | | |
| • | | | 15a | х | : |
| d | The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization | | 15a | X | |
| b | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.) | | 135 | | |
| 460 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | | |
| 16a | | | 16a | х | |
| _ | with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate | | 100 | 41 | |
| b | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard | | | | |
| | | | 165 | х | |
| <u></u> | the organization's exempt status with respect to such arrangements? | | 16b | Λ. | |
| | List the states with which a copy of this Form 990 is required to be filed UT | | | | |
| 17 40 | and the states when the state of the state o | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only | y) | | | |
| | available for public inspection. Indicate how you make these available. Check all that apply | | | | |
| | Own website Another's website X Upon request | • | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interes | Į. | | | |
| | policy, and financial statements available to the public | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the | | | | |
| | organization ▶ Matt Peterson 310 S Main St, Ste | | 001 50 | , , | 070 |
| Si | alt Lake City UT 8410 | <i>1</i> 上 | 801-52 | エー3 | 0/2 |

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 | | sate | any d | | | ficer, | dıre | | | |
|------------------------------------|-------------------|--------------------------------|-----------------------|----------|--------------|------------------------------|--------|--|--|--|
| (A) Name and Title | (B) Average | Pos | ition | | | hat ap | ply) | (D) Reportable | (E) Reportable | (F) Estimated |
| | hours per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| Matt Peterson | | | | | | | | | _ | |
| VP | 40.00 | ļ | ļ | | | _ | | 76,700 | 0 | 0 |
| Will West | | | | | | | | | | _ |
| Chairman | 1.00 | ┞ | | | | | | 0 | 0 | 0 |
| Peggy Wallace | | | | | | | | | | _ |
| Board member | 1.00 | \vdash | | | | | | 0 | 0 | 0 |
| Richard Nelson | | | | | | | | | | |
| Board member | 1.00 | ┞ | | | | <u> </u> | | 0 | 0 | 0 |
| Frank Trumbower | | | | | | | | | | • |
| Board /Treasurer | 1.00 | _ | _ | | | ļ | | 0 | 0 | 0 |
| Geoff Woolley | | | | | | | | | | • |
| Board/Co Chair | 1.00 | ⊢ | <u> </u> | _ | | ļ | | 0 | 0 | 0 |
| Ed Alter | | | | | | | | | | ^ |
| Board member | 1.00 | | | | | <u> </u> | | 0 | 0 | 0 |
| Fred Lane | | | | | | | | | | 0 |
| Board member | 1.00 | | | | | | | 0 | 0 | 0 |
| Bret Jepsen | 1 | | | : | | | | | | • |
| Board member | 1.00 | ├ | _ | \vdash | | ┢ | | 0 | 0 | 0 |
| Jeremy Neilson | 40.00 | | | | | | Х | 170 000 | 0 | 0 |
| Manag. Dir. | 40.00 | | | | | | _ | 178,000 | 0 | 0 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

DAA

| Pa | rt VII Section A. Officers | Directors, Trus | tees | , Key | y Em | plo | yees | and | Highest Compensated E | mployees (continued) | | | |
|----------|---|-----------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|-------------------------------|--|-------------|
| | 、(A) Name and Title | (B) Average hours per | | | chec | | hat ap | | (D) Reportable compensation | (E) Reportable compensation | (I Estin amoi | | |
| | • | week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | oti compe fron organ | ner nsation i the ization elated | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | _ | | | | | | | | |
| | _ | | | | | | | | | | | | |
| | | | | | | | | | | | <u> </u> | | |
| | | | | | | | | | | | | | |
| | <u></u> | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | Ļ | | | | | | |
| 1b 2 | Total Total number of individuals (inc | cluding but not lim | ıted | to th | ose | liste | d abo | ve) | 254,700 who received more than \$1 | 00,000 in | | | |
| | reportable compensation from | the organization I | <u> </u> | 1 | | | | | | | | Yes | No |
| 3 | Did the organization list any for employee on line 1a? If "Yes," | | | | | | | loye | e, or highest compensated | | 3 | х | |
| 4 | For any individual listed on line the organization and related or | 1a, is the sum of | repo | ortab | le co | mpe | ensat | | | | | v | |
| 5 | Individual Did any person listed on line 1a services rendered to the organ | | | | | | | | | | 5 | X | Х |
| Sec | tion B. Independent Contracto | ors | | | | | | | | | | | |
| 1 | Complete this table for your five compensation from the organizers | ation | sate | d inc | lepe | nder | nt cor | ntrac | | | | (0) | |
| | Name and | (A) business address | | | | | | | Descrip | (B) tion of services | | (C) Compensat | tion |
| | <u> </u> | | | | | | | ļ | | | | | |
| | - | | | | _ | | | | | <u> </u> | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Total number of independent c | ontractors (includ | ina t | out n | ot lin | nited | to th | ose | listed above) who received | | | | |
| <u> </u> | more than \$100,000 in comper | | - | | | | | | | | | o rm 990 | (2009) |

| Pa | rt V | III .Stater | nent of Reve | nue | | | - | | | |
|--|------|---|--|-----------|-------------|-------------|----------------------|--|---|---|
| | | 4 | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| SS | 1a | Federated can | nnaigns | 1a | | | | | | |
| ant | h | Membership d | · - | 1b | | | 1 | | | |
| i, gr | c | Fundraising ev | | 1c | | | 1 | | | |
| jifts ar a | d | Related organ | | 1d | | | | , | | |
| s, g mik | 9 | Government grants | | 1e | | | | | | |
| ion: r sii | f | All other contribution | | | | | 1 | | | , |
| but | • | | not included above | 1f | | | ‡ | | | |
| d o | | Noncash contributio | ins included in lines 1a- | | | | Ī | | | |
| Co | h | | | " ` | • | ▶ | 1 | | | |
| Program Service Revenue Contributions, gifts, grants and other similar amounts | | TO CALL TO COMMO | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | Busn. Code | | <u> </u> | | |
| enn | 2a | Managem | ent Fee Inco | me | | | 728,007 | 728,007 | | |
| Rev | b | · idiidge | 1 11100 | | | | | ,,, | - | |
| ice | c | | | | | 1 | | | | |
| erv | d | | | | | | | | | |
| m S | | | | | | | - * + | | | |
| gra | f | All other progr | am service rever | nue | | | | | | |
| Pro | g | Total. Add line | | | | | 728,007 | | | |
| | 3 | | come (including d | ividend | s. interes | t. and | | | | |
| | | other similar a | - | | , | ` ▶ | 130 | | | 130 |
| | 4 | | nvestment of tax- | exempt | bond pro | oceeds ► | | | | |
| | 5 | Royalties | | • | • | ▶ [| | | | |
| | | ., | (ı) Real | | (II) F | Personal | | | | |
| | 6a | Gross Rents | | | | | 1 | | | |
| | ь | Less rental exps | | | | | 1 | | | |
| | С | Rental inc or (loss) | | | | | 1 | | | |
| | d | Net rental inco | | | | • | I | 1 | | |
| | 7a | Gross amount from | (i) Securities | s | (11) | Other | | | | |
| | | sales of assets other than inventory | | | | | | 1 | | |
| | ь | Less cost or other | | | | | | İ | | |
| | | basis & sales exps | | | | | 1 | | | |
| | С | Gain or (loss) | | | | | 1 | | | |
| | d | Net gain or (lo | ss) | | | • | | | | |
| | 8a | | om fundraising ever | nts [| - | | | | | |
| nue | | (not including \$ | | | | | 1 | | | |
| 976 | | of contributions i | reported on line 1c) | | | | 1 | | | |
| Other Revenu | | See Part IV, line | 18 | a | | | 1 | | | |
| the | b | Less direct ex | penses | ьį | | | I | | | |
| 0 | С | Net income or | (loss) from fundi | raising g | events | • | | | | |
| | 9a | Gross income fro | om gaming activities | s | | | 1 | · | | |
| | | See Part IV, line | 19 | a | | | I | | | |
| | b | Less direct ex | penses | b | | | | | | |
| | С | Net income or | (loss) from gami | ng activ | vities | > | | , | , | |
| | 10a | Gross sales of | f inventory, less | | | | I | | | |
| | | returns and all | owances | a | | | I | | | |
| | b | Less cost of g | joods sold | ь[| _ | | 1 | | | |
| | C | Net income or | (loss) from sales | of inve | entory | <u> </u> | | | | |
| | | Misc | cellaneous Revenue | , | | Busn. Code | | | | |
| | 11a | | | | | | | | | |
| | b | | | | | <u> </u> | | | | <u> </u> |
| | С | | | | | | | | | |
| | d | All other reven | nue | | | L | | | | |
| | е | Total. Add line | | | | ▶ | | | · <u>-</u> · · | |
| | 12 | Total Revenu | e. See instruction | ns | | ▶ | 728,137 | 728,007 | 0 | 130 |

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).

| | All other organizations must t | omplete column (A) but are | | | |
|----|--|----------------------------|------------------------------|-------------------------------------|--|
| | o 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 | | | 5 | g | |
| , | organizations in the U.S. See Part IV, line 21 | | | 1 | |
| 2 | Grants and other assistance to individuals in | | | | ····································· |
| 2 | | | | | |
| • | the U.S. See Part IV, line 22 Grants and other assistance to governments | | | <u></u> | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | • | | |
| _ | U.S. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | · |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | 1 | | |
| | persons described in section 4958(c)(3)(B) | 000000 | 005 105 | | |
| 7 | Other salaries and wages | 296,858 | 237,486 | 59,372 | " |
| 8 | Pension plan contributions (include section 401(k) | | | | |
| | and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 35,744 | 28,595 | 7,149 | |
| 10 | Payroll taxes | 14,377 | 11,502 | 2,875 | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | 22,941 | 18,353 | 4,588 | |
| c | Accounting | 40,180 | 32,144 | 8,036 | 14-7 |
| d | Lobbying | | | | |
| 9 | . D. ((| | | | |
| f | Investment management fees | | | | |
| g | | 22,795 | 18,236 | 4,559 | |
| 12 | Advertising and promotion | 13,359 | 11,314 | 2,045 | |
| 13 | Office expenses | 30,440 | 24,351 | 6,089 | - |
| 14 | Information technology | 25,995 | 20,796 | 5,199 | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 4,400 | 3,520 | 880 | |
| 17 | Travel | 63,786 | 51,029 | 12,757 | |
| 18 | Payments of travel or entertainment expenses | 33,7,00 | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 41,516 | 33,213 | 8,303 | |
| 20 | Interest | | 33,213 | | |
| | | * | | -+ | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 5,921 | 4,737 | 1,184 | |
| 23 | Insurance | 5,341 | =, /3/ | 1,104 | |
| | Other aurana Hamina aurana ant | | | | |
| 24 | Other expenses Itemize expenses not | | | ` | |
| | covered above (Expenses grouped together | | | 1 | |
| | and labeled miscellaneous may not exceed | | | 1 | |
| | 5% of total expenses shown on line 25 below) | 40 500 | 24 010 | 0 504 | · |
| а | r | 42,522 | 34,018 | 8,504 | |
| b | Contract Labor | 26,252 | 21,002 | 5,250 | |
| С | Meals | 11,910 | 9,528 | 2,382 | |
| d | Telephone | 11,343 | 9,074 | 2,269 | |
| е | Miscellaneous | 9,198 | 6,731 | 2,467 | |
| f | All other expenses | 9,469 | 7,575 | 1,894 | |
| 25 | Total functional expenses. Add lines 1 through 24f | 729,006 | 583,204 | 145,802 | |
| 26 | SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and | | | | |
| | fundraising solicitation | | | | Form 990 (20 |

| - 1 | art) | Balance Sheet | | | (A) | | (B) |
|-----------------------------|-------|---|-------------|-------|-------------------|-----|--|
| | | • | | | Beginning of year | | End of year |
| | 1 | Cash—non-interest bearing | | | | 1 | |
| | 2 | Savings and temporary cash investments | | | 96,056 | 2 | 33,713 |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | 208,830 | 4 | 286,835 |
| | 5 | Receivables from current and former officers, directors, | trustees. | kev | | | ······································ |
| | | employees, and highest compensated employees Comp | | • | | | |
| | | Schedule L | | | | 5 | |
| i | 6 | Receivables from other disqualified persons (as defined | under se | ction | | | |
| | | 4958(f)(1)) and persons described in section 4958(c)(3)(| | | | | |
| | | Part II of Schedule L | • | | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | |
| 28 | 8 | Inventories for sale or use | | | | 8 | |
| Ä | 9 | Prepaid expenses and deferred charges | | | 10,881 | 9 | 550 |
| | 10a | Land, buildings, and equipment cost or | 1 1 | | • | | |
| | | other basis Complete Part VI of Schedule D | 10a | | | | |
| | ь | Less accumulated depreciation | 10b | | | 10c | |
| | 11 | Investments—publicly traded securities | | | 11 | | |
| | 12 | Investments—other securities See Part IV, line 11 | | 12 | | | |
| | 13 | Investments—program-related See Part IV, line 11 | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets See Part IV, line 11 | | 15 | - " - | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34 | 315,767 | 16 | 321,098 | | |
| | 17 | Accounts payable and accrued expenses | 50,624 | 17 | 56,824 | | |
| | 18 | Grants payable | | | | 18 | |
| İ | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| Š | 21 | Escrow or custodial account liability Complete Part IV of | Schedul | e D | * | 21 | |
| ij | 22 | Payables to current and former officers, directors, trustee | | | | | |
| 豆 | | employees, highest compensated employees, and disqu | | | | | |
| Liabilities | | persons Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third | parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third pa | | | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 50,624 | 26 | 56,824 |
| S | | Organizations that follow SFAS 117, check here ▶ | X and | | | | |
| ည | | complete lines 27 through 29, and lines 33 and 34. | | | | | |
| <u>ā</u> | 27 | Unrestricted net assets | | | 265,143 | 27 | 264,274 |
| Ba | 28 | Temporarily restricted net assets | | | | 28 | |
| ਰੂ | 29 | Permanently restricted net assets | | | | 29 | |
| בַּ | | Organizations that do not follow SFAS 117, check he | ore 🕨 🗍 | | | | |
| Ž | | and complete lines 30 through 34. | | | | | |
| Š | 30 | Capital stock or trust principal, or current funds | <u></u> | 30 | · | | |
| set | 31 | Paid-in or capital surplus, or land, building, or equipment | fund | - | | 31 | |
| Ąŝį | 32 | Retained earnings, endowment, accumulated income, or | r other fu | nds | | 32 | |
| Net Assets or Fund Balances | 33 | Total net assets or fund balances | | | 265,143 | 33 | 264,274 |
| ž | 34 | Total liabilities and net assets/fund balances | | | 315,767 | 34 | 321,098 |

Form **990** (2009)

| Form | 990 (2009) Utah Capital Investment Corp 75-3146492 | | Pa | ge 12 |
|------|--|----|-----|--------------|
| Pa | at 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 | | | |
| 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 | X | |
| 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 | Χ | |
| | 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 | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | |
| | the Single Audit Act and OMB Circular A-133? | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | | |

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Utah Capital Investment Corp Employer Identification number 75-3146492

| _ | | | Ut | ah Capital | Investment Co | rp | | | | 75 | -314 | 6492 | |
|-----|--------|-----------------|-----------|-------------------------|--|---------------|------------------------|--------------|---------------------|--|------------|--------------|-------|
| P | ırt I | Reas | on for | Public Charity | Status (All organization | s must c | omplete | this p | art.) S | ee ins | truction | ons. | |
| he | orgar | nization is not | a private | e foundation because | e it is (For lines 1 through 11, c | heck only o | ne box) | | | | | | |
| 1 | | A church, cor | nvention | of churches, or asso | ociation of churches described i | n section 1 | 70(b)(1)(| A)(i). | | | | | |
| 2 | | A school desc | cribed in | section 170(b)(1)(/ | A)(ii). (Attach Schedule E) | | | | | | | | |
| 3 | | A hospital or | а сооре | rative hospital servic | e organization described in sec | tion 170(b |)(1)(A)(iii) | ١. | | | | | |
| 4 | | A medical res | search o | rganization operated | I in conjunction with a hospital o | described in | section 1 | 170(b)(1 |)(A)(iii). | Enter th | e hosp | ıtal's name, | |
| | _ | city, and state | • | | | | | | | | • | | |
| 5 | | An organizati | on opera | ated for the benefit o | f a college or university owned | or operated | by a gove | ernmenta | al unit de | scribed | ın | | |
| | | = | - | (iv). (Complete Part | • | • | | | | | | | |
| 6 | \Box | - | | | overnmental unit described in s | ection 170(| b)(1)(A)(v | /). | | | | | |
| 7 | П | • | | • | substantial part of its support fro | | ,, ,, ,, | • | n the ae | neral pu | blic | | |
| | | • | | 170(b)(1)(A)(vi). (Co | | ŭ | | | J | • | | | |
| 8 | \Box | | | | 70(b)(1)(A)(vi). (Complete Part | II) | | | | | | | |
| 9 | П | • | | |) more than 33 1/3 % of its sup | • | ntribution | s. memb | ership fe | ees, and | i aross | | |
| • | لبا | | | | pt functions—subject to certain | | | | | | | | |
| | | • | | | d unrelated business taxable in | • | | | | | | | |
| | | • • | • | |), 1975 See section 509(a)(2). | - | | | | | | | |
| 10 | | • | • | | exclusively to test for public safe | | | a)(4). | | | | | |
| 11 | X | • | • | • | exclusively for the benefit of, to | • | | | carry ou | t the | | | |
| | _ | = | _ | • | ed organizations described in se | | | | - | | tion | | |
| | | | | | ne type of supporting organization | | | | | | | | |
| | | a X Type | 1 | b Type II | c Type III-Functio | nally integra | ited | d | Тур | e III–Otl | ner | | |
| ө | X | By checking t | hıs box, | I certify that the orga | anization is not controlled direct | ly or indirec | tly by one | or more | dısqualı | fied | | | |
| | | persons other | than fo | undation managers | and other than one or more put | hcly suppor | ted organ | ızatıons | describe | d in sec | tion | | |
| | | 509(a)(1) or s | ection 5 | 509(a)(2) | | | | • | | | | | |
| f | | If the organiza | ation rec | ceived a written deter | rmination from the IRS that it is | a Type I, Ty | pe II, or T | ype III s | upportin | g | | | |
| | | organization, | check th | nis box | | | | | | | | | |
| g | | Since August | 17, 200 | 06, has the organizati | ion accepted any gift or contribu | ution from a | ny of the | | | | | | |
| | | following per | sons? | | | | | | | | | | |
| | | (i) A persor | who di | rectly or indirectly co | ntrols, either alone or together | with person | s describe | ed in (ii) | | | | | es No |
| | | and (III) t | oelow, th | ne governing body of | the supported organization? | | | | | | | 11g(i) | X |
| | | (ii) A family | membe | r of a person describ | ed in (i) above? | | | | | | | 11g(ii) | X |
| | | (iii) A 35% c | ontrolled | d entity of a person d | escribed in (i) or (ii) above? | | | | | | | 11g(iii) | X |
| h | | Provide the f | ollowing | information about th | ne supported organization(s) | | | | | , | | | |
| (i) | | of supported | | (II) EIN | (iii) Type of organization | 1 ' ' | organization | | ou notify | , , | s the | (vii) Amour | |
| | org | anization | | | (described on lines 1–9 above or IRC section | | sted in your document? | | nization in of your | organizat (i) organi | zed in the | support | (|
| | | | | | (see instructions)) | | | | oort? | | S ? | | |
| | | | | | | Yes | No | Yes | No | Yes | No | | |
| St | at | e of Ut | ah, | Governor' | s Office of Eco | l l | el. | | l | | | | |
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) (f) Total (a) 2005 (b) 2006 (d) 2008 (e) 2009 (c) 2007 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 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) Public support. Subtract line 5 from line 4 Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (b) 2006 (c) 2007 (d) 2008 (e) 2009 (a) 2005 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 12 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 % Public support percentage from 2008 Schedule A, Part II, line 14 15 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box 16a and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support test—2008. 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 17a 10%-facts-and-circumstances test—2009. 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 10%-facts-and-circumstances test—2008. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18

Utah Capital Investment Corp 75-3146492 Schedule A (Form 990 or 990-EZ) 2009 Page 3 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 (c) 2007 Calendar year (or fiscal year beginning in) (d) 2008 (f) Total (a) 2005 (b) 2006 (e) 2009 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 5 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 7a received from disqualified persons 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 Add lines 7a and 7b Public support (Subtract line 7c from Section B. Total Support (f) Total (d) 2008 (e) 2009 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 Amounts from line 6 Gross income from interest, dividends, 10a payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carned on Other income Do not include gain or 12 loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, 13 and 12) 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) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage 15 % Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 % Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 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 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

Schedule A (Form 990 or 990-EZ) 2009 Utah Capital Investment Corp

75-3146492

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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

Open to Public Inspection

Name of the organization Employer identification number 75-3146492 Utah Capital Investment Corp Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV. line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

| Sche | dule D (Form 990) 2009 Utah Capit | al Investmen | nt Corp | _75-31 | 46492 | Page 2 |
|--------|--|---------------------------------------|------------------------|--|----------------------|---------------------|
| Pa | rt III Organizations Maintaining C | Collections of Art, | Historical Treas | ures, or Other S | Similar Assets (| continued) |
| 3 | Using the organization's acquisition, accession, a collection items (check all that apply) | and other records, check | any of the following | that are a significant i | use of its | |
| а | Public exhibition | d Loan | or exchange program | ne | | |
| _ | Scholarly research | e Other | | 13 | | |
| b c | Preservation for future generations | € ☐ Culci | | | | |
| | <u> </u> | | | | | |
| 4 | Provide a description of the organization's collect Part XIV | tions and explain how th | ey further the organiz | ation's exempt purpo | se in | |
| 5 | During the year, did the organization solicit or recassets to be sold to raise funds rather than to be | maintained as part of th | e organization's colle | ction? | | Yes No |
| Pa | Escrow and Custodial Arran IV, line 9, or reported an amo | • | _ | ation answered " | Yes" to Form 99 | 90, Part |
| 4- | Is the organization an agent, trustee, custodian of | | | accets not | | |
| та | <u> </u> | or other intermediary for | contributions or other | assets not | | Yes No |
| L | included on Form 990, Part X? | Leemplote the following | tabla | | | 162 NO |
| D | If "Yes," explain the arrangement in Part XIV and | complete the following | lable | | <u> </u> | Amount |
| | Para and halance | | | | 1 | Amount |
| | • | | | | 1c | |
| đ | Additions during the year | | | | 1d | |
| 0 | Distributions during the year | | | | 1e | |
| f | Ending balance | | | | 1f | |
| | Did the organization include an amount on Form | 990, Part X, line 21? | | | | ∐ Yes ∐ No |
| | If "Yes," explain the arrangement in Part XIV | · · · · · · · · · · · · · · · · · · · | 1 427 - 7 1 | - F 000 Dad | N/ E 40 | |
| Pa | ert V Endowment Funds. Complet | | - | | | T (2) 5 |
| | • | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
| 1a | Beginning of year balance | | | | ····· | |
| b | Contributions | | | | | |
| C | Net investment earnings, gains, | | | | | |
| | and losses | | | | | <u> </u> |
| d | Grants or scholarships | | | | | |
| θ | Other expenditures for facilities | | | | | |
| | and programs | <u> </u> | | | | |
| f | Administrative expenses | | | | | |
| g | End of year balance | | | ļ <u></u> | | <u> </u> |
| 2 | Provide the estimated percentage of the year en | d balance held as | | | | |
| а | Board designated or quasi-endowment ▶ | % | | | | |
| b | Permanent endowment ▶ % | | | | | |
| С | Term endowment ▶ % | | | | | |
| | Are there endowment funds not in the possessio | n of the organization tha | it are held and admini | stered for the | | |
| | organization by | - | | | | Yes No |
| | (i) unrelated organizations | | | | | 3a(i) |
| | (ii) related organizations | | | | | 3a(ii) |
| ь | If "Yes" to 3a(ii), are the related organizations list | ted as required on Sche | dule R? | | | 3b |
| 4 | Describe in Part XIV the intended uses of the org | | | | | |
| | ert VI Investments—Land, Buildin | | |). Part X. line 10 | | |
| | Description of investment | (a) Cost or other basis | (b) Cost or ot | | cumulated | (d) Book value |
| | · | (investment) | basis (other |) depr | eciation | |
| 12 | Land | | | | | |
| | Buildings | | | | | |
| | Leasehold improvements | | | | | |
| | Equipment | | | | ··· | |
| | Other | | | | | |
| _ | L Add lines 1a through 1e (Column (d) must equa | I Form 990. Part X. colu | mn (B), line 10(c)) | | • | |

| Schedule D (Form 990) 2009 Utah Capital Investmen | | 75-3146492 | Page 3 |
|--|--|------------------------------|------------|
| Part VII . Investments—Other Securities. See Form 990 |), Part X, line 12. | | |
| (a) Description of security or category | (b) Book value | (c) Method of valuation | |
| (including name of security) | | Cost or end-of-year market v | ralue |
| Financial derivatives | | | |
| Closely-held equity interests | | | • |
| Other | | | |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | | | |
| Part VIII Investments—Program Related. See Form 99 | 0, Part X, line 13. | | |
| (a) Description of investment type | (b) Book value | (c) Method of valuation | |
| | | Cost or end-of-year market v | ralue |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | | | |
| Part IX Other Assets. See Form 990, Part X, line 15. | | | |
| (a) Description | <u>-</u> - | (b | Book value |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25 | 5. | | |
| 1 (a) Description of liability | (b) Amount | | |
| Federal income taxes | | | |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | <u> </u> | | |
| 2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organize | ration's financial statement | s that reports the | |
| organization's liability for uncertain tax positions under FIN 48 | | | |

| sche | dule D (Form 990) 2009 Otali Capital Investment Co | | 1-3146492 | Page 4 |
|-------|--|-----------------------------|-----------------|---------------------------------------|
| Pa | rt XI Reconciliation of Change in Net Assets from Form 99 | 0 to Audited Finan | cial Statements | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | 1 | 728,137 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 2 | 729,006 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | | 3 | <u>-869</u> |
| 4 | Net unrealized gains (losses) on investments | | 4 | |
| 5 | Donated services and use of facilities | | 5 | |
| 6 | Investment expenses | | 6 | <u> </u> |
| 7 | Prior period adjustments | | 7 | |
| 8 | Other (Describe in Part XIV) | | 8 | |
| 9 | Total adjustments (net) Add lines 4 through 8 | | 9 | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 are | | 10 | -869 |
| Pa | rt XII Reconciliation of Revenue per Audited Financial Stat | ements With Rever | ue per Return | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 728,137 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| а | Net unrealized gains on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| ¢ | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIV) | 2d | | |
| е | Add lines 2a through 2d | | 2е | |
| 3 | Subtract line 2e from line 1 | | 3 | 728,137 |
| 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 | | |
| ь | Other (Describe in Part XIV) | 4b | | |
| С | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | 5 | 728,137 |
| Pa | rt XIII Reconciliation of Expenses per Audited Financial Sta | tements With Expe | nses per Return | |
| 1 | Total expenses and losses per audited financial statements | | 1 | 729,006 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| | Other losses | 2c | | |
| d | Other (Describe in Part XIV) | 2d | | |
| 9 | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | 729,006 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| | Other (Describe in Part XIV) | 4b | | |
| | Add lines 4a and 4b | | 4c | |
| | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | 5 | 729,006 |
| | rt XIV Supplemental Information | | | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II | I. lines 1a and 4 Part IV I | ines 1b | · · · · · · · · · · · · · · · · · · · |
| | b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XII | | | |
| | art to provide any additional information | , | | |
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| Schedule D (I | Form 990 | 2009 | <u>U1</u> | <u>tan</u> | Ca | pıt | <u>a⊥</u> | <u>ınv</u> | est | me: | nt | Cor | <u>р</u> | | 75 | <u> </u> | <u> 464</u> | 92 | | | P | age 5 |
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| Part XIV | . Supp | oleme | ntal | Infor | mati | on (c | contin | ued |) | | | | | | | | | | | | | |
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| | | | | | | | | _ | | - | | | _ | | | | | | _ | | | - |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | _ | | - | | | _ | | | | | | _ | _ | | |
| | | | | | | | | | | | | | | | | | | | | | | |

SCHEDULE J

(Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Utah Capital Investment Corp

Employer Identification number 75-3146492

| P | art I Questions Regarding Compensation | | | |
|----|---|-----|-----|----|
| | | | Yes | No |
| | | | | |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form | | | |
| | 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment | | | |
| | or reimbursement or provision of all of the expenses described above? If "No," complete Part III to | ı 1 | | |
| | explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all | | | |
| | officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the organization uses to establish the compensation of the | | | |
| | organization's CEO/Executive Director Check all that apply | | | |
| | X Compensation committee X Written employment contract | | | |
| | Independent compensation consultant Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | X | |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | | | | |
| | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | |
| | compensation contingent on the revenues of | | | |
| а | The organization? | 5a | | X |
| b | Any related organization? | 5b | | Х |
| | If "Yes" to line 5a or 5b, describe in Part III | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | |
| | compensation contingent on the net earnings of | | | |
| а | The organization? | 6a | | X |
| b | Any related organization? | 6b | | Х |
| | If "Yes" to line 6a or 6b, describe in Part III | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed | | | |
| | payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was | | | |
| | subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe | | | |
| | ın Part III | 8 | | X_ |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53 4958-6(c)? | 9 | | |

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Schedule J (Form 990) 2009

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Schedule J (Form 990) 2009

Part II

Utah Capital Investment Corp

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

75-3146492

Note. The sum of columns (B)(I)—(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

| | (B) Breakdov | (B) Breakdown of W-2 and/or 1099-MISC compensation | compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|----------------|--------------------------|--|-------------------------------------|--------------------------------|----------------|----------------------|---|
| (A) Name | (I) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (a)(ı)(a) | reported in prior Form 990 or Form 990-EZ |
| Jeremy Neilson | 135,00 | 43,000 | 0 | 0 | 0 | 178,000 | 0 |
| (1) | | | | | | | |
| (1) | 0.00 | | | | | | • |
| (n) | 6.2 | | | | | | |
| 11) | (1) | | | | | | |
| | (I) | • | | | | | |
| (i) | (p) (i) | | | | | | |
|)) | (II) | | | | | | |
| (0) | (a) | | | | | | |
| D | (II) | | | | | | |
| 10) | (II) | | | | | | • |
|))) | (n) (n) | | | | | | • |
| (i) (i) | (ti) (tii) | | • | | | | |
|)) | (t) | | | | | | |
| 0) | (1) | | | | | | |
|))) | (u) (t) | • | | | | | |
| | | | | | | Schedu | Schedule J (Form 990) 2009 |

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Schedule J (Form 990) 2009

Utah Capital Investment Corp

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Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part

for any additional information

Part I, Line 4 - Severance, Nonqualified, and Equity-Based Payments

Jeremy Neilson

67,500

Severance

0

Nonqualified Equity-based

0

δ

Schedule J (Form 990) 2009

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

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.

2009
Open to Public Inspection

Name of the organization

Utah Capital Investment Corp

Employer identification number 75-3146492

Form 990 - Organization's Mission or Most Significant Activities
To provide economic stimulus for Utah businesses by
organizing and acting as the managing member of the Utah
Fund of Funds, LLC. The Fund is a State of Utah economic
development program aimed at providing access to
alternative or non-traditional capital to Utah
enterpreneurs.

Form 990, Part VI, Line 7a - Election of Members and Their Rights Members of the board elect internally.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Compensation market analyses were conducted and submitted to a board committee which then made salary recommendation to the full board for approval.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Compensation market analyses were conducted and submitted to a board

committee which then made salary recommendation to the full board for

approval.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Schedule O (Form 990) 2009

Page 2

Name of the organization

Utah Capital Investment Corp

Employer identification number

75-3146492

No documents available to the public

| SCHEDULE R | LE R | repro botelog | II bue anditezir | Related Organizations and Unrelated Partnershins | ž hine | | OMB No 1545-0047 |
|---|----------------------|---|--|---|-------------------------|--|---|
| (Form 990) | (0 | Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. | on answered "Yes" to | Form 990, Part IV, line 3: | 3, 34, 35, 36, or 37. | | 2009 |
| Department of the Treasury Internal Revenue Service | the Treasury | ▶ Attach to Form 990. | • | See separate instructions. | ú | | Open to Public Inspection |
| Name of the organization | organization | Utah Capital Investment Corp | | | | Employer identific 75-3146492 | Employer identification number 75-3146492 |
| Parti | Identifica | Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, | ganization answer | ed "Yes" to Form 99 | 00, Part IV, line 33.) | | |
| | ซ | (a) Name, address, and ElN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
| | | | | | | | • |
| | | | | | | | • |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Part II | Identific had one | Identification of Related Tax–Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) | omplete if the orgal the tax year.) | nization answered " | Yes" to Form 990, F | art IV, line 34 beca | iuse it |
| | Na | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity |
| | | | | | | | s |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| For Privacy | / Act and Pape | For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. | 190. | | | Sche | Schedule R (Form 990) 2009 |

| because it had one or more related organizations treated | anizations tre | ated a | is a partnershij | p during the tax | (year.) | as a partnership during the tax year.) | 3 | | = |
|--|--------------------------------|---|---|---|--|--|---------------------------------------|--|--------------------------------|
| (a) Name, address, and EIN of related organization | ctivity | Legal domicile (state or foreign country) | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total income | Share of end-of-year assets | Disproportionate alloc? | Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | General or managing partner? |
| Utah Fund of Funds, LLC 310 S. Main Street, Suite 1310 Salt Lake City UT 84101 11-3775457 | Vent. Cap. | Th | ÖIÖ | Related | 0 | 0 | × | N/A | × |
| | | | | ., | | | | | • |
| | | | | | | | | | <u> </u> |
| | | | | | | | | | |
| Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) | s Taxable as ated organizat | a Cortions tr | poration or Tr | ust (Complete rporation or trus | if the organization st during the tax | n answered "Yes' /ear) | to Form | to Form 990, Part IV, | |
| (a) Name, address, and EIN of related organization | (b) Pnmary activity | | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entry (C corp. S corp. or trust) | (f) Share of total income | (g) Share of end-of-year assets | | (h) Percentage ownership |
| | | | | | | | | | • |
| | | - | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | 1 | | | | | <i>s</i> | Schedule R (Form 990) 2009 | 990) 2009 |

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Schedule R (Form 990) 2009 Utah Capital Investment Corp

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | Ŷes No | 1 |
|---|---------------------------|----------------------------|--------------|----------------|-----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | - | **** | |
| a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | | 1a | | × | - 1 |
| b Giff, grant, or capital contribution to other organization(s) | | 16 | 9 | × | - 1 |
| c Gift, grant, or capital contribution from other organization(s) | | 4 | _ | × | ı |
| d Loans or loan quarantees to or for other organization(s) | | 5 | | × | |
| | | 9 | | × | |
| | | | | > | |
| | | - * | +, | ; > | 1 |
| | | 27 : | <u> </u> | ; - | 1 |
| h Exchange of assets | | = | _ | × | - 1 |
| i Lease of facilities, equipment, or other assets to other organization(s) | | = | | × | - 1 |
| i Lease of facilities, equipment, or other assets from other organization(s) | | <u>.</u> | | × | |
| k Performance of services or membership or fundraising solicitations for other organization(s) | | * | | × | |
| | | = | | × | |
| m Shanng of facilities, equipment, mailing lists, or other assets | | | Ę | × | |
| n Sharing of paid employees | | - | 11 | × | ŀ |
| | | | - | | |
| | | - - | 2 5 | × | 1 |
| p Reinbulserien paid by other organization to expenses | | <u>-</u>] | | : | 1 |
| q Other transfer of cash or property to other organization(s) | | <u>. •</u> | - | × | ı |
| | | 1- | | × | |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | ion thresholds | | | | ı |
| (a) | (p) | (0) | | | |
| Name of other organization | Transaction type (a−r) | Amount involved | involve | • | |
| | | | | | |
| (1) | | | | ' | , I |
| (2) | | | | | - 1 |
| (3) | | | | | l |
| (4) | | | | | 1 |
| (5) | | | | | l |
| (9) | | | | | |
| | | Schedule R (Form 990) 2009 | orm 99 | 90) 2009 | 0 |

Part VI

Page 4

Schedule R (Form 990) 2009 Utah Capital Investment Corp

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

75-3146492

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| 1 | اہ | | ्व | • | | 1 | • [| | I | | 1 | စ္ |
|---|----------|---|--------|-------|------|---|-----|---|---|--|---|----------------------------|
| (h) General or managing partner? | No | | | | | | | | | | | 0) 200 |
| Gen mar par | Yes | | | | | | | | | | | ·га 99 |
| (g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | | | | | | | | | | | | Schedule R (Form 990) 2009 |
| | | | - | | | | | | | | | |
| (f) Disproportionate allocations? | Š | i | | | | | | _ | | | | |
| Disprog alloca | Yes | | | | | | | | i | | | |
| (e) Share of end-of-year assets | , | | | | | | | | | | | |
| irtners n (3) bons? | No | | | | | | | | | | | |
| (d) Are all partners section 501(c)(3) organizations? | Yes | | | | | | - | | | | | |
| (c) Legal domicile (state or foreign country) | 1 | | | | | | | | | | | |
| (b) Primary activity | | | | | | | | | | | | |
| (a) Name, address, and EIN of entity | | | | | | | | | | | | |