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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009**Open to Public Inspection****A For the 2009 calendar year, or tax year beginning , and ending****B Check if applicable**

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**MOUNTAIN TRAILS FOUNDATION, INC**

Number and street (or P O box, if mail is not delivered to street address)

PO BOX 754

Room/suite

City or town, state or country, and ZIP + 4

PARK CITY**UT 84060****D Employer identification number****87-0514223****E Telephone number****435-649-6839****F Group Exemption Number**

Number ►

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

G Accounting method ☒ Cash ☐ Accrual

Other (specify) ►

I Website: ► WWW.MOUNTAINTRAILS.ORG**J Tax-exempt status** (check only one) — ☒ 501(c) (**3**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H Check** ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K Check** ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ** ► \$ **314,388****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

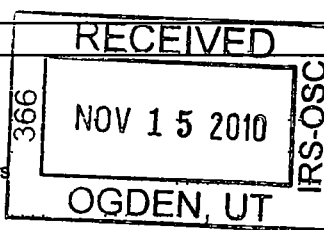
1	Contributions, gifts, grants, and similar amounts received	1	142,505
2	Program service revenue including government fees and contracts	2	157,474
3	Membership dues and assessments	3	
4	Investment income	4	1,809
5a	Gross amount from sale of assets other than inventory	5a	12,600
b	Less: cost or other basis and sales expenses	5b	2,455
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	10,145
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		SEE STMT 1
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ►)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	311,933
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	145,967
13	Professional fees and other payments to independent contractors	13	810
14	Occupancy, rent, utilities, and maintenance	14	10,560
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ► SEE STATEMENT 2)	16	158,203
17	Total expenses. Add lines 10 through 16	17	315,540
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,607
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	248,139
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	244,532

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	218,819	224,987
23 Land and buildings		
24 Other assets (describe ► SEE STATEMENT 3)	29,320	19,545
25 Total assets	248,139	244,532
26 Total liabilities (describe ►)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	248,139	244,532

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

Form **990-EZ** (2009)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

NON-MOTORIZED TRAIL ADVOCACY

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28 SEE STATEMENT 4

(Grants \$) If this amount includes foreign grants, check here

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28a 43,078

29 SEE STATEMENT 5

(Grants \$) If this amount includes foreign grants, check here

29a 131,106

30 SEE STATEMENT 6

(Grants \$) If this amount includes foreign grants, check here

30a 15,406

31 Other program services (attach schedule) SEE STATEMENT 7

(Grants \$) If this amount includes foreign grants, check here

31a 47,790

32 Total program service expenses (add lines 28a through 31a)

32 237,380

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address		(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
CAROL AGLE	PARK CITY	DIRECTOR			
PO BOX 3538	UT 84060	1.00	0	0	0
GREG BALCH	PARK CITY	PRESIDENT			
PO BOX 682140	UT 84068	5.00	0	0	0
SENTA BEYER	PARK CITY	DIRECTOR			
PO BOX 980127	UT 84098	1.00	0	0	0
DON BROWN	PARK CITY	DIRECTOR			
7582 SUSAN'S CIR	UT 84098	1.00	0	0	0
ALISON CHILD	PARK CITY	TREASURER			
3001 MEADOWS DR	UT 84060	1.00	0	0	0
TROY DUFFIN	PARK CITY	DIRECTOR			
PO BOX 2782	UT 84060	1.00	0	0	0
STEVE GRAFF	PARK CITY	DIRECTOR			
4372 WILLOWCREEK	UT 84098	1.00	0	0	0
FRANCIS HIGGINS	PARK CITY	DIRECTOR			
1960 SIDEWINDER DR, SUITE 207	UT 84060	1.00	0	0	0
RYAN MCLAUGHLIN	PARK CITY	DIRECTOR			
PO BOX 2273	UT 84060	1.00	0	0	0
JOHN O'CONNELL	PARK CITY	DIRECTOR			
5263 HEATHER LN	UT 84098	1.00	0	0	0
TOM PEEK	PARK CITY	DIRECTOR			
PO BOX 4167	UT 84060	1.00	0	0	0
PATRICK PUTT	PARK CITY	DIRECTOR			
1151 E FOXCREST DR	UT 84098	1.00	0	0	0
SHAWN STINSON	PARK CITY	DIRECTOR			
7618 SUSAN'S CIR	UT 84098	1.00	0	0	0
CAROL POTTER	PARK CITY	EXECUTIVE DIRECTOR			
PO BOX 341	UT 84060	40.00	49,002	0	0
DAWN BOWLING	PARK CITY	ADMINISTRATOR			
PO BOX 683454	UT 84068	15.00	15,655	0	0
RICHARD FOURNIER	PARK CITY	SUPERVISOR			
PO BOX 982191	UT 84098	25.00	38,140	0	0

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. SEE STATEMENT 8		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 0 ; section 4912 0 , section 4955 0		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed. NONE		
42a The organization's books are in care of DAWN BOWLING Telephone no 435-649-6839 PO BOX 754 Located at PARK CITY, UT ZIP + 4 84060		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
If "Yes," enter the name of the foreign country		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		

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

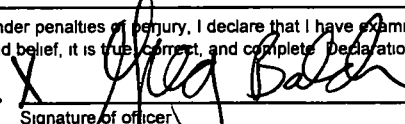

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶

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

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

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer GREG BALCH Type or print name and title		Date 11-11-10 PRESIDENT	
Paid Preparer's Use Only	Preparer's signature	 Date 11-10-10		Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	FRANCIS E HIGGINS, CPA, PC 1960 SIDEWINDER DR STE 207 PARK CITY, UT 84060		Preparer's Identifying Number (See instr.) P00170812
				EIN ▶ 87-0572805 Phone no ▶ 435-649-6090

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

☒ Yes ☐ No

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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.")	135,271	117,466	182,217	161,542	142,505	739,001
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	135,271	117,466	182,217	161,542	142,505	739,001
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						52,132
6 Public support. Subtract line 5 from line 4						686,869

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	135,271	117,466	182,217	161,542	142,505	739,001
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	418	1,606	1,530	2,315	1,809	7,678
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						746,679
12 Gross receipts from related activities, etc. (see instructions)					12	157,474
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	91.99%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	90.80%
16a 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 and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
b 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 ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar 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.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 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	%

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 ☐

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 ☐

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

Part IV

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.

FYE: 12/31/2009

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
	\$ 12,250	\$
	15,000	66
	67,000	52,066
	1,000	
	5,000	
	10,000	
	5,000	
TOTAL	\$ <u>115,250</u>	\$ <u>52,132</u>

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009Attachment
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

MOUNTAIN TRAILS FOUNDATION, INC

Identifying number

87-0514223

Business or activity to which this form relates

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

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	7,320
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	7,320
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?					Yes	No	24b If "Yes," is the evidence written?			Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25			
26 Property used more than 50% in a qualified business use											
		%									
		%									
27 Property used 50% or less in a qualified business use											
		%				S/L-					
		%				S/L-					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1										29	

Section B—Information on Use of Vehicles

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

30 Total business/investment miles driven during the year (do not include commuting miles)	(a)	(b)	(c)	(d)	(e)	(f)
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?	Yes	No	Yes	No	Yes	No
36 Is another vehicle available for personal use?	Yes	No	Yes	No	Yes	No

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

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

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report.					44

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

Description		How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
SALE OF PROPERTY									
PURCHASE				VARIOUS	7/15/09	\$ 3,300	\$ 11,675	\$ 9,220	\$ 845
KUBOTA 2500 TRACTOR				7/10/98	4/22/09	9,300	17,211	17,211	9,300
PURCHASE									
TOTAL						\$ 12,600	\$ 28,886	\$ 26,431	\$ 10,145

FYE: 12/31/2009

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
EXPENSES	\$
ADVERTISING & PROMOTION	4,036
OFFICE	3,946
CONFERENCES	265
INSURANCE	11,235
CHARITABLE CONTRIBUTIONS	100
DUES & SUBSCRIPTIONS	1,082
EDUCATION	349
LICENSES & REGISTRATION	501
MEETINGS	2,213
MEMBERSHIP PREMIUMS	4,932
POSTAGE & DELIVERY	1,116
RENT-EQUIPMENT	7,615
REPAIRS AND MAINTENANCE	10,848
TELEPHONE	4,189
TRAIL CONSTRUCTION	1,149
TRAIL EVENTS	34,679
TRAIL MAINTENANCE	50,732
TRAIL MAP DESIGN & PRINTI	15,406
TRAVEL	1,906
VEHICLE LEASES	1,904
TOTAL	\$ 158,203

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
	\$ 100,000	\$ 71,114
LESS ACCUMULATED DEPRECIATION	70,680	51,569
	29,320	19,545

Statement 4 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

TRAIL CONSTRUCTION: FOUNDATION-EMPLOYED TRAIL CREWS UTILIZE OUR TOOLS AND EQUIPMENT TO CONSTRUCT NEW TRAILS EACH SEASON. FOUNDATION-OWNED EQUIPMENT IS ALSO LEASED OR RENTED TO LOCAL TRAIL CONTRACTORS TO CONSTRUCT ADDITIONAL TRAILS IN THE AREA. NEARLY 30 MILES OF NEW TRAIL IS CONSTRUCTED IN THE PARK CITY AREA EACH SEASON LARGELY DUE TO FOUNDATION EFFORTS.

Statement 5 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments

Description

TRAIL MAINTENANCE: FOUNDATION PERSONNEL WORK FULL-TIME DURING THE SUMMER SEASON MAINTAINING TRAILS IN THE REGION. FOUNDATION-OWNED TOOLS AND EQUIPMENT ARE UTILIZED FOR THIS PURPOSE. THE FOUNDATION ALSO PROVIDES MANAGEMENT AND MAINTENANCE WORK ON THE UNION PACIFIC RAIL TRAIL STATE PARK AS THE MANAGING ENTITY UNDER CONTRACT WITH THE UTAH STATE DIVISION OF STATE PARKS. THE FOUNDATION ALSO COORDINATED AND SUPERVISED SEVERAL HUNDRED HOURS OF VOLUNTEER TRAIL MAINTENANCE ON EXISTING TRAILS.

Statement 6 - Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments

Description

TRAIL MAPPING: THE FOUNDATION PREPARES AN ANNUAL NON-MOTORIZED TRAIL MAP FOR PARK CITY, UTAH AND SURROUNDING AREAS. EACH YEAR AN UPDATED VERSION IS PRODUCED, PRINTED AND DISTRIBUTED FREE OF CHARGE TO LOCAL TOURISM ENTITIES AND BIKE/HIKE SHOPS AS WELL AS TO SELECTED LOCATIONS OUTSIDE THE REGION. APPROXIMATELY 15,000 COPIES OF THE MAP ARE PRINTED EACH YEAR.

**Statement 7 - Form 990-EZ, Part III, Line 31 - Statement of Program Service
Accomplishments**

Description

EDUCATIONAL & INFORMATIONAL PROGRAMS: EDUCATIONAL AND INFORMATIONAL PROGRAMS ARE INTEGRATED INTO SOME OF THE OTHER PROGRAMS SUCH AS SAFETY PROGRAMS AND REPAIR CLINICS. IN ADDITION, THE FOUNDATION PROVIDES PUBLIC SERVICE ANNOUNCEMENTS ON LOCAL RADIO STATIONS CONCERNING TRAIL CONDITIONS, TRAIL USER ETIQUETTE TO AVOID CONFLICTS BETWEEN HIKERS, BIKERS, AND EQUESTRIAN USE ON TRAILS, WILDLIFE CONFLICTS, ETC. THIS ALSO INVOLVES WORKING WITH LOCAL GOVERNMENTAL JURISDICTIONS ON TRAIL DESIGN AND PLANNING AS WELL AS RIGHT OF WAY ACQUISITION. MUCH OF THE EXECUTIVE DIRECTOR'S TIME IS SPENT AT COORDINATING MEETINGS, PLANNING COMMISSION MEETINGS, CITY AND COUNTY COUNCIL HEARINGS, AND WORKING WITH LAND OWNERS ON TRAIL ACCESS. TOTAL PROGRAM SERVICE EXPENSES: \$13,111.

TRAIL EVENTS: THE FOUNDATION SPONSORS AND PROMOTES ANNUAL EVENTS RANGING FROM FREE WEEKLY TRAIL RUNS TO TRAIL RUNNING RACES AND MOUNTAIN BIKE RACES. ALL EVENTS ARE INTENDED TO PROMOTE AWARENESS OF PUBLIC TRAILS AND HELP EDUCATE USERS ON ACCESS AND ETIQUETTE ISSUES. THE EVENTS ATTRACT APPROXIMATELY 600 PARTICIPANTS ANNUALLY. TOTAL PROGRAM SERVICE EXPENSES: \$34,679.

**Statement 8 - Form 990-EZ, Part V, Line 35 - Income From Business Activities not Reported
on Form 990-T**

Description

PROGRAM SERVICES DIRECTLY RELATE TO THE EXEMPT PURPOSE OF THE CORPORATION
AND ARE THE SPECIFIC ACTIVITIES CARRIED ON AS DETAILED ON PAGE 2, PART III.

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:										
1	1999 Dodge 2500 Truck	6/18/99	31,594				31,594	5 HY S/L	31,594	0
2	2000 Polaris 550 Snowmobile	11/26/01	2,300				2,300	5 HY S/L	2,300	0
	Mass Sale: 7/15/09									
3	Weller Snowmobile	1/31/07	9,264				9,264	5 HY S/L	3,551	1,853
4	Jeep Liberty	9/27/07	14,617				14,617	5 HY S/L	3,654	2,923
5	1998 Toyota Truck	5/05/08	7,500				7,500	5 HY S/L	1,000	1,500
6	Hand Tools	7/01/95	2,847				2,847	5 HY S/L	2,847	0
7	Micron Computer	3/02/98	999				999	5 HY S/L	999	0
	Mass Sale: 7/15/09									
8	HP Deskjet Printer	3/02/98	200				200	5 HY S/L	200	0
9	Kubota 2500 Tractor	7/10/98	17,211				17,211	5 HY S/L	17,211	0
	Sold/Scrapped: 4/22/09									
10	Mule Trailer	3/04/98	906				906	5 HY S/L	906	0
11	Mower Attachment	3/30/01	748				748	5 HY S/L	748	0
	Mass Sale: 7/15/09									
12	Dell computer, HP Printer	7/28/03	1,378				1,378	5 HY S/L	1,378	0
	Mass Sale: 7/15/09									
13	Compaction Drag	2/22/05	1,205				1,205	7 HY S/L	659	172
14	Kubota	4/12/05	6,250				6,250	7 HY S/L	3,349	446
	Mass Sale: 7/15/09									
15	Pull Behind Brush Mower	5/01/08	2,981				2,981	7 HY S/L	284	426
			<u>100,000</u>				<u>100,000</u>		<u>70,680</u>	<u>7,320</u>
Grand Totals			100,000				100,000		70,680	7,320
Less: Dispositions and Transfers			28,886				28,886		25,985	446
Less: Start-up/Org Expense			0				0		0	0
Net Grand Totals			<u>71,114</u>				<u>71,114</u>		<u>44,695</u>	<u>6,874</u>

Depreciation Adjustment Report
All Business Activities

Form Unit Asset

Description

Tax

AMT

AMT
Adjustments/
Preferences

There are no assets that meet the criteria of this report

Form **8868**

(Rev. April 2009)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

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

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

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

Part I only ☐

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization MOUNTAIN TRAILS FOUNDATION, INC.	Employer identification number 87-0514223
	Number, street, and room or suite no. If a P.O. box, see instructions. P O BOX 754	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PARK CITY UT 84060	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ DAWN BOWLINGTelephone No. ▶ 435-649-6839 - FAX No. ▶ NA

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15/10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ ☒ calendar year 2009 or
- ▶ ☐ tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

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Page 2

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

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

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

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

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	MOUNTAIN TRAILS FOUNDATION, INC.	87-0514223
	Number, street, and room or suite no. If a P.O. box, see instructions. P O BOX 754	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PARK CITY UT 84060	

Check type of return to be filed (File a separate application for each return):

- | | | | |
|--|---|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

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

- The books are in the care of ☐ Telephone No. ☐ FAX No. ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **11/15/10**.

5 For calendar year **2009**, or other tax year beginning

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

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

Signature and Verification

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

Signature ☐

Title ☐

Date ☐

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