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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)

OMB No 1545 0047 2009

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

Open to Public Inspection

	ror tile	2005 Calein	uar year, c	or tax year beginning	, 2009, and endir	<u> </u>		·	
2010 B	Check if a	pplicable		С		D Em	ployer identif	fication Number	
		ess change	Please use IRS label	VALI DIVISION OF WASATCH		9:	5-37239	933	
rU	\vdash	e change	or print	5242 SOUTH COLLEGE DRIVE	#205		phone numb		
	\vdash	-	or type See	MURRAY, UT 84123				97-4000	
-	H	l return	specific instruc-			<u> </u>)UI) 3:	7 4000	
NOV	Term	ination	tions					7 400 400	
Ž	Ame	nded return					ss receipts \$		
وسع	Appl	cation pending	F Name a	and address of principal officer		H(a) Is this a group i		liates? Yes X No	
POSTWARK DATE I	_		SAME A	AS C ABOVE		H(b) Are all affiliates		Yes No	
=	Tax-e	xempt statu			7(a)(1) or 527	If 'No,' attach a	iist (see iiist	(ructions)	
第一	Webs			(6) (6 / / (1100)(110)	(2)(.) 0. 0.2.	H(c) Group exemption	a aumbar 🕨	•	
意一	44602				11 1/ / /	· · · · · · · · · · · · · · · · · · ·	M State of le		
_ેજું દ	Form o	forganization	X Corpora	ation Trust Association Other ►	L Year of Forma	tion 1991	VI State of le	egal domicile U1	
S L	art I	Summ							
	1 B			ganization's mission or most significant ad			<u>EALTH</u> (CARE,	
	_ <u>_ F</u>	<u>'INANCIA</u>	<u> L SECU</u>	<u> </u>	TO ELDERLY IND	<u> IVIDUALS </u>			
and	1 _								
Activities & Governance	l _					 -	_		
š	2 C	heck this bo	ox ►	if the organization discontinued its opera	tions or disposed of mo	re than 25% of its	assets .	_	
9	3 N	umber of vo	oting mem	ibers of the governing body (Part VI, line	1a)		3	2	
S.	4 N	umber of in	dependen	it voting members of the governing body	(Part VI, line 1b)		4	1	
ij				yees (Part V, line 2a)			5	194	
Ę.	6 T	otal numbei	r of volunt	eers (estimate if necessary)			6	0	
ĕ	7a T	otal gross u	inrelated b	ousiness revenue from Part VIII, column ((C), line 12		7a	0.	
	b N	et unrelated	d business	taxable income from Form 990-T, line 34	4		7b	0.	
						Prior Ye	ar I	Current Year	
	8 C	ontributions	and oran	its (Part VIII, line 1h)			,300.	30,196.	
ř						6,095		7,451,217.	
Revenue	10 ir	rogram ser	vice leveli	nue (Part VIII, line 20) EIVED art VIII, columi RAT, Whes 3, 4- and 70)			,559.	7,020.	
æ	11 0	thestrient ii	iculie (i a	III, column (A) lines 5, 6d, 8c, 9c, 10c, (4)	nd 11a)	<u>~</u>	, , , , , , , , , , , , , , , , , , , 		
	11 C	atal savasav	e (Part Vi	nes 8 through 11 (must equal Bart VIII, &	Nump (A) June 12)	6,118	054	7,488,433.	
	12 T	otal revenue	e — add III	nes 8 through 11 thrust equation vin v	otumn (A), line 12)	0,110	,034.	7,400,433.	
				ounts paidor art IX, column (A), lines 1-3	7		\longrightarrow		
				members (Part IX, column (A), line 4)					
Ø	15 S	alaries, oth	er comper	nsation, employee penefits (Part-IX, colui	mn (A), lines 5-10)	2,861	<u>,213.</u>	<u>3,017,185.</u>	
Expenses	16a P	rofessional	fundraisin	ig fees (Part-tX-column (A), line 11e)					
per	_{b.T}	atal fundrau	cina ovnor	nses (Part IX, column (D), line 25) -					
Ä	_ ' ' _					2 707	225	3,933,692.	
		_		X, column (A), lines 11a-11d, 11f-24f)		2,787			
	18 T	otal expens	es. Add lıı	nes 13-17 (must equal Part IX, column (A	N), line 25)	5,648		6,950,877.	
	19 R	evenue less	s expense	s Subtract line 18 from line 12		469	,506.	537,556.	
5						Beginning of	f Year	End of Year	
\$ <u>6</u>	20 ⊤	otal assets	(Part X. lu	ne 16)		3,401		4,203,596.	
A	21 T	otal liabilitie	•	•		1,961		2,225,879.	
Net Assets Fund Rolon			•	•		1,440		1,977,717.	
	1 22 1			ances. Subtract line 21 from line 20		1,440	,100.1	1,311,111.	
	art II		ure Blo						
,		Under penalti	es of perjury,	I declare that I have examined this return, including a Declaration of preparer (other than officer) is based	accompanying schedules and s	tatements, and to the parer has any knowled	best of my kr lae	nowledge and belief, it is	
•			1 (7 -			_		
	gn	- 41		Sant		100-1	5-10		
, Н	ere	Signature	of officer	N V		Date			
i		► EDWA	RD L B	ANGERTER		PRESIDENT	I/SEC		
1			rint name an						
_					Date	Check if	Pre	eparer's identifying number ee instructions)	
D.	aid					self-	_ ☐ (se	ee instructions)	
	e-	Preparer's signature	_/	- Hacich	11/02/	employed	[_] [₽] ′	00074400	
	arer's	Signature	<u></u>		[11/03/]			00074409	
	se	Firm's name yours if self		GERTER, LUND & ASSOCIATES	, INC.		_		
	nly	employed),	► <u>300</u>	SOUTH 200 WEST	EIN ►	EIN ► 84-1378354			
_		address, and ZIP + 4	BOU	NTIFUL, UT 84010-7124	Phone no ► 801-397-1000				
Ma	y the IR	S discuss th	ns return	with the preparer shown above? (see ins	tructions)			X Yes No	

Form' 990' (2009) VALI DIVISION OF WASATCH	95-3723933	Page 2
Part III Statement of Program Service Accomplishments		
1 Briefly describe the organization's mission FURNISH HOUSING, HEALTH CARE, FINANCIAL SECURITY, AND OTHER SERV INDIVIDUALS	ICES TO ELDERLY	
2 Did the organization undertake any significant program services during the year which were not listed of Form 990 or 990-EZ?	on the prior	X No
If 'Yes,' describe these new services on Schedule O		_
3 Did the organization cease conducting, or make significant changes in how it conducts, any program se If 'Yes,' describe these changes on Schedule O	ervices? Yes	X No
Describe the exempt purpose achievements for each of the organization's three largest program service and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a expenses, and revenue, if any, for each program service reported	es by expenses Section and allocations to others,	501(c)(3) the total
4a (Code) (Expenses \$ 4,488,152. including grants of \$) FURNISH HOUSING, HEALTH CARE, FINANCIAL SECURITY, AND OTHER SERVINDIVIDUALS		51,217.)
		
4b (Code) (Expenses \$ including grants of \$)	(Revenue \$)
	-	
4c (Code) (Expenses \$ including grants of \$)	(Revenue \$)
		-
4d Other program services (Describe in Schedule O)		
(Expenses \$ including grants of \$) (Revenue	\$)
4e Total program service expenses ► 4,488,152.		

Part IV Checklist of Required Schedules

1 . 1 .

			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 1	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
	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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Poid the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	A STATE OF	1	
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	`	,*	
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		·	4 X X
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part IX			;
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		X
12 /	Was the organization included in consolidated, independent audited financial statement for the tax Yes No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
t	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 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 on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

VALI DIVISION OF WASATCH Page 4 95-3723933 Form 990 (2009) **Checklist of Required Schedules** Part IV (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II. 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 X Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a X 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a 25 a Х disqualified person during the year? If 'Yes,' complete Schedule L, Part I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Х Schedule L. Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete 27 Х Schedule L, Part III 28 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c 29 X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I

Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V,

Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, 35 Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2

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, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 Note. All Form 990 filers are required to complete Schedule O

X Form 990 (2009)

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Х

			Yes	No
1;	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns. Enter -0- if not applicable 35			
١	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?	1 c	х	
2	a 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 194	•		
21	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
i	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4:	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)?	4a	•	х
ı	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			
5 a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ı	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
•	c 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		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		_X
ı	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			toyeth, a
•	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
ı	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		
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
ç	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ı	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
	a Did the organization make any taxable distributions under section 4966?	9a		
	b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter	36		
	a Initiation fees and capital contributions included on Part VIII, line 12	1		
	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1	l	
	Section 501(c)(12) organizations. Enter	1		
	a Gross income from other members or shareholders			
	b Gross income from other hemoers of shareholders amounts due or paid to other sources against amounts due or received from them.)			
12:	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	140		
	- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

sec	ction A.	Gover	<u>ning l</u>	<u>30dy</u>	and N	/lanag	<u>ement</u>		_		_						
																Yes	No
1	a Enter the	number	of votii	ng mer	nbers c	of the g	overning	g body	•			1a		2			
1	b Enter the	number	of votii	ng mer	mbers t	hat are	ındeper	ndent			•	1 b		1			[
2	Did any o officer, d	officer, dir lirector, tru	ector, ustee c	trustee or key e	e, or key employe	y emplo ee?	yee hav	ve a fa	mily relati	onship or	a business r	elatıor	nship wit	h any other	2		X
3	Did the o	organizatio s, directoi	n dele s or tr	gate co ustees	ontrol o , or key	ver ma emplo	nageme	ent dut a mar	ies custon nagement	narily perfo	ormed by or or other pers	under on? S	the dire	ct supervision H O	3	Х	
4	Did the o	organizatio	n mak	e any s	significa	ant cha	nges to	ıts org	ganization	al docume	nts				4		Х
	since the	prior For	m 990	was fil	led?												
5 6	Did the o Does the						-			rsion of th	e organizatio O	n's as	ssets?		<u>5</u>	Х	X
7	a Does the		tion ha	ve mei	mbers,	stockho	olders, o	or othe	er persons	who may	elect one or	more	member	s of the	7a		Х
ı	b Are any o	decisions	of the	govern	ing boo	dy subje	ect to ap	prova	I by memt	oers, stock	holders, or o	ther p	ersons?		7b		Х
8	Did the o		n cont	empor	aneous	ly docu	ment the	e mee	tings held	or written	actions und	ertake	n during	the year by			
	a The gove	erning bod	y?												8a	Х	
I	b Each con	nmittee w	ith aut	hority t	to act o	n beha	If of the	gover	ning body	7					8b		Х
9	ls there a organizat	any officer tion's mail	, direc	tor or t	trustee, ' <i>If 'Yes</i>	or key s,' <i>provi</i>	employ de the n	ee list names	ted in Part and addre	VII, Secti esses in S	on A, who ca chedule O	nnot EE	be reach SCHEDI	ed at the JLE O	9	х	
Sec	ction B.	Policie	s (This S	Section	n B re	quests	infoi	rmation	about po	olicies not	requ	ired by	the Interna	i	•	
Rev	enue Code)															
																Yes	No
	a Does the	_													10 a		<u>X</u>
	and bran	iches to ei	nsure t	heir op	peration	is are c	onsister	nt with	those of	the organiz			·		10 b		
		_	•							•	erning body				11	X	<u> </u>
				•			-	•	•		this Form 99	0 S	EE SC	HEDULE O		1,,	
	a Does the	•						•	•	•					12a	Х	
	to conflic	cts?						•			ally interests		J		12b	Х	
•	c Does the Schedule	organizal Ohow th	ion req iis is d	jularly one	and co SEI	nsisten E SCE	itly moni IEDULE	itor an E O	id enforce	compliand	e with the po	olicy?	If 'Yes,'	describe in	12 c	Х	
	Does the	•					•	,							13	Х	
	Does the	•													14	Х	
15	Did the p persons,	rocess for comparat	r deter oility da	mınıng ata, an	compe d conte	ensatior emporai	of the f neous si	followi ubstan	ing person itiation of	is include the delibei	a review and ation and de	appro cision	oval by II	ndependent			
	a The orga					•	•	-							15 a	X	
	b Other off					-					-				15 b	X	
				-		•			•	nstruction	•						
16	a Did the o entity dui	rganization ring the year	n inve ear?	st in, c	:ontribu	ite asse	ts to, or	r partic	cipate in a	joint vent	ure or sımılaı	r arrar	ngement	with a taxable	16a		X
1	in joint ve	has the or enture arr ith respect	angem	ients u	inder ap	oplicabl	n policy e federa	or pro al tax l	ocedure re aw, and ta	quiring the aken steps	organization to safeguard	n to e	valuate i organiza	ts participation tion's exempt	16b		
Sec	tion C.	Disclo	sures	,													
17	List the s	states with	which	a cop	y of this	s Form	990 is r	equire	d to be fil	ed NO	VE						
18	inspectio	n Indicati	res an e how	you ma	ake the	se avai	lable Cl	heck a	all that app	oly	able), 990, a	nd 99	90-T (501	(c)(3)s only) a	vailabl	e for	public
	ш	website		ш	Another				<u></u>	request							
														of interest po			ancial
														ords of the org 3 (801) 39			

employees, and former such persons

Form 990 (2009) Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees'
- 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
- 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

|X| Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)			(6	c)			(D)	(E)	(F)
Name and Title	Average hours	Posi	tion (hat app	ly)		Reportable compensation from	Estimated amount of other
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable 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
TROY THOMPSON										
TRUSTEE	0	_X_						0.	0.	0.
JON OWENS										
TRUSTEE	0	Х						0.	0.	0.
EDWARD L BANGERTER										
PRESIDENT/SEC	0	X		Х				0.	0.	0.
KARIN L. HUGHES MEDICAL DIRECTOR	32					Х		104,201.	0.	0.
BRETTON NEWMAN										
MEDICAL DIRECTOR	40					X	L.	242,410.	0.	0.
	-									
	<u>:</u> 									
									<u>.</u>	
								_		
	-									

Part VII Section A. Officers, Directors, Trus	tees, I	Key	Er	npl	oye	ees	, ar	nd Highest Co	mpensated Em	ploye	es (c	ont.)	
(A)	(B)			•	c)			(D)	(E)		(F)		
Name and Title	Average hours			_		_	_	Reportable compensation from	Reportable compensation from		stimate		
	per week		nstitutional trustee	Officer	Key 6	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)		pensat		
		director	ution	4	employee	oyee	ष्			ar	janizatio id relati	ed	
		25.	nal tr		oyee	omp				org	anızatıo	ıns	
		tee	uste		"	ensa							
			в			ed.							
	<u> </u>				-		_						
										ļ		_	
										: :			
		_			\vdash	H	-			 			
		_			L	<u> </u>							
			\vdash	-		⊢				-			
		_				<u> </u>							
1 b Total							•	346,611.	0.			0.	
2 Total number of individuals (including but not limited	to thos	e lıs	ted	abo	ve)	who	rec	eived more than \$	100,000 in reportat	le comp	ensal	lion	
from the organization > 2								_				T	
											Yes	No	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste Idividual	e, k	еу е	empl	oye	e, o	r hig	hest compensate	d employee	3		X	
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th			ipen)? /i	satı f 'Ye	on a	and comp	othe olete	r compensation fr Schedule J for si	om uch		,	Π	
IndividualDid any person listed on line 1a receive or accrue co	mpensa	ation	fro	m aı	nv u	ınrel	lated	d organization for	services	4	Х	 	
rendered to the organization? If 'Yes,' complete Sch	edule J	for :	such	n pe	rśor	1				_ 5	<u> </u>	X	
Section B. Independent Contractors 1 Complete this table for your five highest compensate	ed indep	end	ent	cont	raci	ors	that	received more th	an \$100,000 of				
compensation from the organization.	•							 			_		
(A) Name and business addres	s							(B Description () of Services	Compe	C) ensatio	on	
EMERY COUNTY NURSING 455 W MILL ROAD, P O. B	OX 936	FE	RRO	N, I	UT	845	23	ROOM AND BOAR	D .	1	158,947.		
BCCU, INC - DBA - ROCKY MTN CARE-CLEARFIELD	1450 S	OUT	H 1	500	ΕA	ST	CLE	ROOM AND BOAR	D			<u>110.</u>	
BCVV, INC - DBA - ROCKY MTN CARE-WEST VALLEY	4150	WES'	Ι 3	375	S0	UTH	WE	ROOM AND BOAR	D .	2	21,	089.	
											_		
2 Total number of independent contractors (including	but not !	limite	ed to	o thr)SP	lista	d ah	oove) who receive	d more than				
\$100,000 in compensation from the organization	_		- u	- 411				,	=				

l ai	t viii Statement of Nevenue					
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u>"</u>	1a Federated campaigns. 1a		· -			
ŘΣ	. 5					
& S	b Membership dues 1b					,
S. A	c Fundraising events 1c					1
F	d Related organizations.					ı
S,S	e Government grants (contributions) 1 e					
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 30,	196.				
E 0	g Noncash contribus included in los 1a-1f: \$					
N N	h Total. Add lines 1a-1f	•	30,196.			
-	Business C	ode	30,130.			
₹		-	E 004 460	E 004 460		
2	2a MEDICARE PAYMENTS		5,984,460.	5,984,460.		
ш Ж	b MEDICAID PAYMENTS		1,114,349.	1,114,349.		
Ş∣	c PRIVATE		352,408.	352,408.		
띪	d					
ξ	e					
8	f All other program service revenue					
١٩	g Total. Add lines 2a-2f		7,451,217.			1
-	<u> </u>		7,131,217.			
	3 Investment income (including dividends, interest ar other similar amounts)	na ►	7,020.	•		7,020.
	•		7,020.		-	7,020.
-	4 Income from investment of tax-exempt bond proce-	eus -				
1	5 Royalties		٠, ٠,٠			· 345-1419
	(i) Real (ii) Perso	nal	» · · · ·			* ***
	6a Gross Rents					
l	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	>				
	(i) Securities (ii) Oth	er		i		
	7 a Gross amount from sales of assets other than inventory					
	assets other trial rivertory					
	b Less cost or other basis					
	and sales expenses	_				
	c Gain or (loss)					
	d Net gain or (loss)					·····
J.	8a Gross income from fundraising events (not including \$					
OTHER REVEN	of contributions reported on line 1c)					[
2	See Part IV, line 18					
뜊	b Less direct expenses b		1			
ō	c Net income or (loss) from fundraising events	▶				-
	` '					
	9a Gross income from gaming activities See Part IV, line 19					
	· · · · · · · · · · · · · · · · · · ·		-			
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns					
	10 a Gross sales of inventory, less returns and allowances a]			
	b Less cost of goods sold b		}			
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue Business C	ode	† · · · · · · · · · · · · · · · · · · ·	_		
	11 a		- were received			
	•				 	
	b		+	 		
	c		 	 		
	d All other revenue		<u> </u>			
	e Total. Add lines 11a-11d	•				
	12 Total revenue. See instructions		7,488,433.	7,451,217.	0.	7,020.

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).

	An other organizations must com	piete column (A) but un			
Do . 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				,
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.:	0.	0.
7	Other salaries and wages	2,803,143.	1,815,710.	987,433.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	270007110.	1,013,710.	3077 133.	
9	Other employee benefits	5,656.	1,094.	4,562.	
10	Payroll taxes	208,386.	134,718.	73,668.	
11	Fees for services (non-employees)			,	
á	Management	944,700.		944,700.	
ŀ	Legal	16,151.		16,151.	
(Accounting	5,914.		5,914.	
(Lobbying				
•	Prof fundraising svcs See Part IV, In 17				
1	Investment management fees				
(Other				· · · · · · · · · · · · · · · · ·
	Advertising and promotion	15,150.	15,150.	İ	
13	Office expenses	20,331.		20,331.	
14	Information technology	·		·	
15	Royalties		***		
16	Occupancy	130,212.	130,212.		
17	Travel	12,670.	1,816.	10,854.	· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,			
19	Conferences, conventions, and meetings				
20	Interest	5,685.		5,685.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,597.	12,597.		
	Insurance	183,751.	120,433.	63,318.	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
á	SNF_ROOM_& BOARD	1,167,909.	1,167,909.		
ı	SUPPLIES	661,092.	661,092.		
•	CONTRACT LABOR	420,822.	239,327.	181,495.	
(TRANSPORTATION	189,286.	167,037.	22,249.	
•	TELEPHONE	61,790.		61,790.	
1	All other expenses	85,632.	21,057.	64,575.	
_25	Total functional expenses. Add lines 1 through 24f	6,950,877.	4,488,152.	2,462,725.	0.
26	Joint costs. Check here ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA		L			Form 990 (2009)

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					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net .		Ì	826,820.	4	1,062,987.
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	rs, trus II of S	tees, key employees, chedule L		5	
	6	Receivables from other disqualified persons (as defin	ed und	er section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Com	plete P	art II of Schedule L		6	
A S E T S	7	Notes and loans receivable, net			2,523,323.	7	3,100,286.
E	8	Inventories for sale or use				8	
Š	9	Prepaid expenses and deferred charges		[8.	9	201.
	10 a	Land, buildings, and equipment cost or other basis	10 a	28,533.			
		Complete Part VI of Schedule D					
	b	Less accumulated depreciation.	10 b	12,131.	19,961.	10 c	16,402.
	11	Investments – publicly-traded securities		[11	_
	12	Investments - other securities See Part IV, line 11		Į		12	
	13	Investments - program-related See Part IV, line 11		Į		13	
	14	Intangible assets			31,626.	14	23,720.
- 1	15	Other assets See Part IV, line 11				15	
	16	Total assets Add lines 1 through 15 (must equal line		3,401,738.	16	4,203,596.	
	17	Accounts payable and accrued expenses	375,557.	17	464,128.		
	18	Grants payable			18		
	19	Deferred revenue			900,000.	19	900,000.
+	20	Tax-exempt bond liabilities				20	
A B I	21	Escrow or custodial account liability Complete Part I	IV of S	chedule D		21	
L I T	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified per	stees, rsons	key employees, Complete Part II			
- 1 1		of Schedule L				22	
E S	23	Secured mortgages and notes payable to unrelated the	nird pai	rties.	467,285.	23	615,517.
	24	Unsecured notes and loans payable to unrelated third	l partie	s		24	
	25	Other liabilities Complete Part X of Schedule D			218,736.	25	246,234.
	26	Total liabilities. Add lines 17 through 25			1,961,578.	26	2,225,879.
N E T		Organizations that follow SFAS 117, check here	an	d complete lines			
	_	27 through 29 and lines 33 and 34.			-		ļ
SSET	27	Unrestricted net assets				27	_
	28	Temporarily restricted net assets				28	
Š	29	Permanently restricted net assets		[57]	*	29	
R		Organizations that do not follow SFAS 117, check he	ere 🟲	X and complete			
FUZD		lines 30 through 34.		į			
	30	Capital stock or trust principal, or current funds				30	
B	31	Paid-in or capital surplus, or land, building, and equip			1 440 160	31	1 027 717
Ā	32	Retained earnings, endowment, accumulated income	ner tunds	1,440,160.	32	1,977,717.	
田々 上々 芝 ひ 田 か	33	Total net assets or fund balances			1,440,160.	33	1,977,717.
BA	34	Total liabilities and net assets/fund balances.			3,401,738.	34	4, 203, 596. Form 990 (2009)

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form 990 (2009) VALI DIVISION OF WASATCH	95-3723933	Р	age 12
Part XI Financial Statements and Reporting			
<u>-</u>		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?	2	a	<u> </u>
b Were the organization's financial statements audited by an independent accountant?	2	b	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for ove review, or compilation of its financial statements and selection of an independent accountant?	ersight of the audit, 2	С	
If the organization changed either its oversight process or selection process during the tax year, expin Schedule O	olain		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year consolidated basis, separate basis, or both	were issued on a		
Separate basis Consolidated basis Both consolidated and separate basis	Į		i i
3a As a result of a federal award, was the organization required to undergo an audit or audits as set fo Audit Act and OMB Circular A-133?	orth in the Single	a	X

Form 990 (2009)

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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

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number 95-3723933 VALI DIVISION OF WASATCH

Parl	<u>: </u>	Reason for Pul	blic Charity Statu	s (All organizations	must c	omple	te this	part.)	See II	<u>nstructi</u>	ions	
The c	rga	nization is not a priv	vate foundation becau	se it is (For lines 1 throi	ugh 11,	check o	nly one	box)				
1	П	A church, convention	on of churches or asso	ociation of churches desc	cribed in	section	170(b)	(1)(A)(i)				
2		A school described	in section 170(b)(1)(A	A)(ii). (Attach Schedule E	Ξ)							
3	П	A hospital or coope	rative hospital service	e organization described	ın sectio	on 170(b	χ1χΑχ	iii).				
4	П	A medical research	organization operate	d in conjunction with a h	ospital c	lescribe	d in sec	tion 17	0(b)(1)(A)(iii) En	nter the hos	pıtal's
	_	name, city, and sta	te									
5		An organization opinion 170(b)(1)(A)(iv). (C	erated for the benefit complete Part II)	of a college or university	owned	or opera	ated by	a gover	nmental	unit des	scribed in s	ection
6 7	H	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II)										
8	\sqcup	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)										
9	X	An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)										
10		An organization org	ganized and operated	exclusively to test for pu	ıblıc safe	ety See	section	509(a)	(4).			
11		more publicly supply	orted organizations d	exclusively for the benef lescribed in section 509(a cation and complete lines	a)(1) or :	section	509(a)(2	ctions o ?) See	of, or car section	ry out th 509(a)(3	ne purposes). Check th	of one or ne box that
		a Type I	b Type II	c 🗌 Type III	– Fund	tionally	ıntegrat	ed		d 🗌	Type III—	Other
е	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)											
f			received a written det	ermination from the IRS	that is a	Type I,	Type II	or Typ	e III sup	porting (organızatıor	١, 📗
g		Since August 17, 2	006, has the organiza	tion accepted any gift of	r contrib	ution fro	om any	of the fo	ollowing	persons	;?	
												Yes No
		(i) a person who	directly or indirectly of	controls, either alone or t upported organization?	logether	with pe	rsons d	escribed	d in (ii) a	and (III)	11 g (i)	
			iber of a person desc								11 g (ii)	
			· ·	described in (i) or (ii) al	hove?						11 g (iii)	
h		` '	• •	he supported organization							[3 (/]	
	(1)) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) l organizat (i) listed gove	s the ion in col I in your rning nent?	(v) Did y the organ col (your su	ization in	(vi) l organizati (i) organiz U S	on in col zed in the	(vii) Amouni	t of Support
					Yes	No	Yes	No	Yes	No		
											_	
		····-										
Total		-										

BAA 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

<u> </u>	(Complete only if you check	ed the box on line	e 5, 7, or 8 of Par	tl)					
	tion A. Public Support		r	T	·····				
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	•	(f) Total	
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.								
4	Total. Add lines 1-through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		,						
6	Public support. Subtract line 5 from line 4			٠.,					
Sec	tion B. Total Support	-	, .			,			
	ndar year (or fiscal year nning in) ►	(a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total					(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	vidends, payments received a securities loans, rents, yalties and income form							
9	Net income from unrelated business activities, whether or not the business is regularly carried on	e from unrelated activities, whether or isiness is regularly							
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								
12	Gross receipts from related activ	rities, etc (see in	structions)				12		
13	First five years. If the Form 990 organization, check this box and		ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 5	01(c)	(3)	
Sec	tion C. Computation of Pu	blic Support F	Percentage						
14	Public support percentage for 20	009 (line 6, colum	n (f) divided by lii	ne 11, column (f)			14		
15	Public support percentage from	2008 Schedule A	, Part II, line 14				15	%_	
16 a	16a 33-1/3 support test − 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.								
ł	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								
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-	and-circumstance	s' test, check this	box and stop he	re. Explain ir	ı Part	IV how	
I	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-	and-circumstance	s' test, check this	s box and stop he	re. Explaın ır	n Part	e 15 is 10% IV how the	
18	Private foundation. If the organ	zation did not ch	eck a box on line,	, 13, 16a, 16b, 17	a, or 17b, check t	his box and	see in	structions.	
BAA					Sc	hedule A (Ed	nrm 9	90 or 990-EZ) 2009	

. . .

Schedule A (Form 990 or 990-EZ) 2009 VALI DIVISION OF WASATCH Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of F	art I.)
--	---------

Calendar year (or facal y Reginning an)* 1 Giffs, grants, contributions and minimizerable lies reginated to the minimizerable and activity that its related to the organization is tax exempt and activity that its related to the organization is tax exempt and activity that its related to the organization is tax exempt and activity that its related to the organization is tax exempt and activity that its related to the organization is tax exempt and activity that its related to the organization is tax exempt and activity that its related to the organization is tax exempt and activity that its related to the organization is the property of the property o	Sec	tion A. Public Support						
Section B. Total Support (Subtract line Factors and Support (Subtract line Factors and Support Subtract line Factors and Support (Subtract line Factors and Support Subtract line Factors and Support Subtract line Factors and Support (Subtract line Factors and Support Subtract line Factors and Support (Subtract line Factors and Support Subtract line Factors and Support (Subtract line Factors and Support Subtract line Factors and Support Subtract line Factors and Support (Subtract line Factors and Support Subtract line Factors and Support Subtract line Factors and Support (Subtract line Factors and Support Subtract line Factors and Subtract Subras) Subtract Su			(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
2 Gross recepts from admissions, merchandles sold stacellules furnished in a activity that is related to the organization's tax-exempt that are related to the organization state that are related to the organization of the tax and the tax and that the related that the organization of the tax and tax	1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	22,500.	34,500.	37,854.	14,300.	30,196.	139,350.
3 Gress receipts from activities that are not an unrelated stade or bransis under section \$3. 1 Tax revenued for the section \$3. 1 Tax revenued for the section \$4. 1 Tax revenued for the section \$4. 1 Tax revenued for the section \$4. 1 Tax revenued for section \$4. 1 Tax revenued for the section \$4. 1 Tax revenued for section \$4. 2 Tax revenued \$	2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt						
4 Tax revenues leved for the organization's benefit and either part to or expended on elementary to the part to or expended on elementary to the organization without charge of the part to organization organization without charge of the part to organization	3	Gross receipts from activities that are not an unrelated trade or business	7,277,331.	7,000,730.	10473030.	0,053,155.	7,431,217.	
Captilities furnished by a governmental unit to the organization without charge of Total. Add lines 1 through 5 7,2 Amounts included on lines 1, 2, 3 received from disqualified persons 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	4	organization's benefit and either paid to or expended on						
7a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that 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 yr beginning in) ► 9, 320, 091. 9, 103, 258. 10511712. 6, 109, 495. 7, 481, 413. 42, 525, 969. Section G. Total Support Calendar year (or fiscal yr beginning in) ► 9, 320, 091. 9, 103, 258. 10511712. 6, 109, 495. 7, 481, 413. 42, 525, 969. Section B. Total Support 10a Gross income from interest, on securities boars, received on securities of the received of the received on securities boars, received on securities and received by received on the received by received received by received by received by received by receive	5	facilities furnished by a governmental unit to the						0.
2,3 received from disqualified persons: b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1 % of the greater of 1 %	6	Total. Add lines 1 through 5	9,320,091.	9,103,258.	10511712.	6,109,495.	7,481,413.	42,525,969.
De Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	7 a	2, 3 received from disqualified	0	0	0	0	0	0
Exection B. Total Support Calendar year (or fiscal yr beginning in) Ca) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total	Ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the					0.	
Section B. Total Support Subtract line		•						
Section B. Total Support Galactic Processing Section B. Total Support	_		0.	U.			<u> </u>	<u> </u>
Section B. Total Support Calendar year (or fiscal yr beginning in) Calendar yr beginning in Calendar yr	8	• • •			· · · · · · · · · · · · · · · · · · ·	73.4		40 505 050
Calendar year (or fiscal yr beginning in) Ca) 2005 Cb) 2006 Cc) 2007 Cd) 2008 Ce) 2009 Cf) Total								42,525,969.
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalities and income form similar sources 19, 455. 34, 532. 20, 508. 8, 559. 7, 020. 90, 074. b) Unrelated business at sable 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 and included inline 10b, whether or not the business is regularly carried on explicit assets (Explain In Part IV). Size PART TV Size			ı			T		
10a Gross income from interest, dividends, payments received on securities loans, rents, royalities and income form similar sources. 19,455. 34,532. 20,508. 8,559. 7,020. 90,074. b Unrelated business taxable income (less section 51) taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. 19,455. 34,532. 20,508. 8,559. 7,020. 90,074. 11 Net income from unrelated business a service and included inline 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.) SEE PART IV. 13 Total support, (wide line, 9, 10c. 11, and 12). 5,554. 21,000. 1,007,142. 1,003,696. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth lax year as a section 501(c)(3) 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 97.4 %. 16 Public support percentage for 2008 Schedule A, Part III, line 15 16 97.5 %. Section D. Computation of Investment Income Percentage. 17 Investment income percentage from 2008 Schedule A, Part III, line 15 16 97.5 %. Section D. Computation of Investment Income Percentage. 18 Investment income percentage from 2008 Schedule A, Part III, line 15 16 97.4 %. 19 a 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 nore than 33-1/3%, and line 18 is nore than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization is not more than 33-1/3%, check this box and stop here. The organizati		- · · · · · · · · · · · · · · · · · · ·						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 19, 455. 34,532. 20,508. 8,559. 7,020. 90,074. 11 Net income from unrelated business activities not included inline 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.) SEE PART TV 13 Total support. (add line 9, 10c, 11, and 12) 14 First flive years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2008 Schedule A, Part III, line 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization by and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization by and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization by and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization provided organization provided organization by and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization by and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization by and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a	_	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form						
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Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV 5,554. 21,000. 1,007,142. 1,003,696. 13 Total support. (add lins 9, 10c, 11, and 12) 43, 649,739. 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 Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 97.4 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 97.5 % Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2008 Schedule A, Part III, line 17 18 0.2 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 0.2 % 19 a 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 by a 33-1/3 support tests — 2008. If the organization did not check a box on line 14 or 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 organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	11	activities not included inline 10b, whether or not the business is						0.
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Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		Total support. (add Ins 9, 10c, 11, and 12)						
15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 19a 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 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		organization, check this box and	stop here		nd, third, fourth,	or fifth tax year a	s a section 501(c)	(3) ► <u></u>
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Section D. Computation of Investment Income Percentage		• • • •	•	• • • • • • • • • • • • • • • • • • • •	ne 13, column (f)))	15	
Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage from 2008 Schedule A, Part III, line 17 Investment income percentage for 2008 Schedule A, Part III, line 17 Investment income percentage for 2008 Schedule A, Part III, line 17 Investment income percentage for 2008 Schedule A, Part III, line 17 Investment income percentage for 2008 Schedule A, Part III, line 17 Investment income percentage for 2008 Schedule A, Part III, line 17 Investment income percentage for 2008 Schedule A, Part III, line 17 Investment income percentage for 2008 Schedule A, Part III, line 17 Investment income percentage for 2008 Schedule A, Part III, line 17 Investment income percentage for 2008 Schedule A, Part III, line 17 Investment income percentage for 2008 Schedule A, Part III, line 17 Investment income percentage for 2008 Schedule A, Part III, line 17 Investment income percentage for 2008 Schedule A, Part III, line 17 Investment income percentage for 2008 Schedule A, Part III, line 17 Investment income percentage for 2008 Schedule A, Part III, line 17 Investment income percentage for 2008 Schedule A, Part III, line 17 Investment income percentage for 2008 Schedule A, Part III, line 17 Investment income percentage for 2008 Schedule A, Part III, line 17 Investment income percentage for 2008 Schedule A, Part III, line 17 Investment income percentage for 2008 Schedule A, Part III, line 17 Investment income percentage for 2008 Schedule A, Part III, line 17 Investment income percentage for 2008 Schedule A, Part III, line 17 Investment income percentage for 2008 Schedule A, Part III, line 17 Investment inco							16	97.5%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, the organization did not check a box on line 14 or 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 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	Sec	tion D. Computation of Inv	estment Inco	me Percentage	<u> </u>		1	
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 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	17	Investment income percentage f	for 2009 (line 10c,	column (f) dıvıde	d by line 13, colu	ımn (f)).	17	
more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization • X • 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization • Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	18	Investment income percentage f	from 2008 Schedu	ile A, Part III, line	17		18	0.2%
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		more than 33-1/3%, check this t	oox and stop here	. The organization	n qualifies as a pi	ublicly supported	organization	► <u>X</u>
								%, and line 18
	20	Private foundation. If the organ	ization did not che	eck a box on line	14, 19a, or 19b, o	check this box and	d see instructions	<u> </u>

Schedule A	A (Form 99	0 or 9	90-EZ)	2009	VAI	LI	DIVI	SION	OF	WASATO	CH		95-372393	3 Page 4
Part IV	Supplei	ment	al Info	orma	tion.	Co	mplet	e this	pari	to prov	ıde	the explanations	s required by Part information. See	II, line 10;
	Part II,	line 1	17a or	17b;	and	Pa	rtİII,	line '	12. P	rovide a	ny	other additional	information. See	instructions.
	- -													
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Employer Identification number

VALI DIVISION OF WASATCH

****	of Midnien		95-3723933
Par	t Organizations Maintaining Donor	Advised Funds or Other Similar Fu	
	the organization answered 'Yes' to	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor funds are the organization's property, subject		donor advised Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for	rs, and donor advisors in writing that grant fur the benefit of the donor or donor advisor or fo	nds may be r any other
	purpose conferring impermissible private bene		Yes No
	t II, Conservation Easements Comple		to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., r		of an historically important land area
	Protection of natural habitat	Preservation	of certified historic structure
•	Preservation of open space		Alex forms of a consequence of the
Z	Complete lines 2a through 2d if the organization last day of the tax year	on neid a qualified conservation contribution if	abe.
_	Total number of concernation concernate		11
	Total number of conservation easements	manta	2a 2b
	Total acreage restricted by conservation ease		
	Number of conservation easements on a certif		2c 2d
	Number of conservation easements included i		
3	Number of conservation easements modified,	transferred, released, extinguished, or termina	ated by the organization during the tax
	Number of states where presents subject to se	manustran accompant to located 5	
4	Number of states where property subject to co		_
5	Does the organization have a written policy re and enforcement of the conservation easemer	nt it holds?	Yes No
	Staff and volunteer hours devoted to monitoring the year		
,	Amount of expenses incurred in monitoring, in during the year ▶	ispecting, and enforcing conservation easeme	nts \$
8	Does each conservation easement reported or $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	n line 2(d) above satisfy the requirements of s	ection Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements	to the organization's financial statements that	describes the organization's accounting for
Par	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures, owered 'Yes' to Form 990, Part IV, line	r Other Similar Assets e 8.
1 a	If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statement	lic exhibition, education, or research in further	ment and balance sheet works of art, historical rance of public service, provide, in Part XIV,
b	If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items	r SFAS 116, to report in its revenue statement lic exhibition, education, or research in further	t and balance sheet works of art, historical rance of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	> \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets 116 relating to these items	for financial gain, provide the following
a	Revenues included in Form 990, Part VIII, line		▶\$
	Assets included in Form 990. Part Y		►¢

Schedule D (Form 990) 2009 VALI	DIVISION OF V	WASATCH		95-372	23933		Page 2
Part III Organizations Mainta			l Treasures, or C	ther Similar Ass	sets (co		
3 Using the organization's acquisition items (check all that apply)	ion accession and otl	ner records, check ar	y of the following tha	it are a significant us	se of its o	ollectio	าด
a Public exhibition		d Loan or ex	change programs				
b Scholarly research		e Other		<u> </u>			
c Preservation for future gener							
4 Provide a description of the orga Part XIV	nization's collections	and explain how the	y further the organiza	ition's exempt purpo	se in		
5 During the year, did the organiza assets to be sold to raise funds in	rather than to be mai	ntained as part of the	e organization's collec	ction?	Yes		No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangements unt on Form 990	Complete if orgai , Part X, line 21.	nization answered	I 'Yes' to Form 9	90, Par 	t IV, I	ine ——
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian, or ot	her intermediary for o	contributions or other	assets not	Yes		No
b If 'Yes,' explain the arrangement	in Part XIV and com	plete the following ta	ible				
					Amount		
c Beginning balance				1c			
d Additions during the year				1d			
e Distributions during the year				1e			
f Ending balance				1f			 -
2a Did the organization include an a	amount on Form 990,	Part X, line 21?			Yes	L	_] No
b If 'Yes,' explain the arrangement							
Part V Endowment Funds Co	mplete if organiz	<u>ation answered "</u>	<u>(es' to Form 990,</u>	Part IV, line 10	·		
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) F	our years	back
1a Beginning of year balance							
b Contributions							
c Net Investment earnings, gains, and losses			The state of the s	** /**	*		
d Grants or scholarships			*				
 Other expenditures for facilities and programs 							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage	e of the year end bal	ance held as				-	
a Board designated or quasi-endov	vment ►	ક્ષ					
b Permanent endowment >	- %						
c Term endowment ►	8						
3a Are there endowment funds not	in the possession of	the organization that	are held and adminis	stered for the	_		
organization by	,	3				Yes	No
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)		
b If 'Yes' to 3a(II), are the related of	organizations listed a	s required on Schedi	ıle R?		_3b		
4 Describe in Part XIV the intended							
Part VI Investments—Land, B	uildings, and Eq	uipment. See Fo	rm 990, Part X, Iı	ne 10.			
Description of investment	(a) Cos	t or other basis (t) Cost or other	(c) Accumulated	(d) B	ook Va	lue

Depreciation (investment) basis (other) 1 a Land **b** Buildings c Leasehold improvements 27,401. 12,102. 15,299. **d** Equipment 1,103. e Other 1,132. 29. 16,402.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

BAA

Schedule **D** (Form 990) 2009

	D (Form 990) 2009 VALI DIVISION OF		95-3723933	Page 3
Part VII	Investments-Other Securities See			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market valu	e
	derivatives .			
	eld equity interests		= =	
Other		_		
				
_ _				
-				
		_		
-				
		-	· -	
Total (Colu	umn (b) must equal Form 990 Part X, col (B) line 12)			
	I Investments-Program Related (See	Form 990, Part X, line	13) N/A	
	(a) Description of investment type	(b) Book value	(c) Method of valuation	
			Cost or end-of-year market value	9
				 -
			.,	•
-				
			110 · · · · · · · · · · · · · · · · · ·	

	mn (b) must equal Form 990, Part X, Col (B) line 13)			
Part IX	Other Assets (See Form 990, Part X		· · · · · · · · · · · · · · · · · · ·	
	(a) [Description	(b)	Book value
				
		· ·		
	olumn (b) must equal Form 990, Part X, col (B),		>	
Part X	Other Liabilities (See Form 990, Par			
	(a) Description of Liability	(b) Amount	4	
	ncome Taxes	105 101	4	
	D PAYROLL	185,121.	1	
	HMENTS	78.	4	
	LIABILITY L TAXES PAYABLE	56,384. 4,651.	+	
TATKOL	IL TAMES LATABLE	4,031.	1	
			1	,
			1	
			1	
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Total (Column (b) must equal Form 990, Part X, col (B) line 25)

246,234.

^{2.} FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Schedule D (Form 990) 2009 VALI DIVISION OF WASAICH	95	-3123	933	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to	Financial Statements	N	/A	
1 Total revenue (Form 990, Part VIII, column (A), line 12)		L		
2 Total expenses (Form 990, Part IX, column (A), line 25)		L		
3 Excess or (deficit) for the year. Subtract line 2 from line 1		· L		
4 Net unrealized gains (losses) on investments .		L		
5 Donated services and use of facilities		L		
6 Investment expenses		L		
7 Prior period adjustments		<u> </u>		
8 Other (Describe in Part XIV)		L		
9 Total adjustments (net) Add lines 4 through 8 .		L		
10 Excess or (deficit) for the year per audited financial statements. Combine lines	3 and 9			
Part XII Reconciliation of Revenue per Audited Financial Statement	nts With Revenue per Re	turn	N/A	
1 Total revenue, gains, and other support per audited financial statements		1		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a Net unrealized gains on investments	2a			
b Donated services and use of facilities	2b			
c Recoveries of prior year grants.	2c	i l		
d Other (Describe in Part XIV)	2d			
e Add lines 2a through 2d		2e		
3 Subtract line 2e from line 1		3		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	.		
b Other (Describe in Part XIV)	4b			
c Add lines 4a and 4b		4c		
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	•	5		
Part XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per	Returr	ı N/A	
Total expenses and losses per audited financial statements		1		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		,		
a Donated services and use of facilities	2a			
b Prior year adjustments	2b	-		
c Other losses	2c			
d Other (Describe in Part XIV)	2d	<u> </u>		
e Add lines 2a through 2d		2e		
3 Subtract line 2e from line 1		3		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIV)	4b]		
c Add lines 4a and 4b		4c		
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	-	
Part XIV Supplemental Information				
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Fine 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d information	Part III, lines 1a and 4, Part IV d and 4b Also complete this pa	, lines 1t irt to pro	o and 2b, Pa ovide any ad	art V, Iditional
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Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 VALI DIVISION OF WASATCH	95-3723933	Page 5
Schedule D (Form 990) 2009 VALI DIVISION OF WASATCH Part XIV Supplemental Information (continued)		
		
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SCHEDULE J (Form 990)

Compensation Information

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

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

Name of the organization
VALI DIVISION OF WASATCH

Employer identification number 95-3723933

<u>rai</u>	rt i Questions Regarding Compensation			
_			Yes	No
7 a	a 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)			
	alf any of the bayes on line 1e are absolved, did the arganization follows written native recording anyment or			
•	olf any of the boxes on line 1a are 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 explain	1 b		
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			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee	:		,
		5. 6	K. g. politike to	37700000
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			
á	a Receive a severance payment or change-of-control payment?	4a		Х
ŀ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	_	Х
(Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		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			
á	a The organization?	5a	~	X
ŀ	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			
á	a The organization?	6a		Х
ı	b Any related organization?	6b		Х
	If 'Yes' to line 6a or 6b, describe in Part III			
7	For person 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		Х
	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 in Part III	8		Х
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	9		х

VALI DIVISION OF WASATCH

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

Page 2

95-3723933

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

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

	(B) Breakdown ((B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus and incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)·(D)	reported in prior Form 990 or Form 990-EZ
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j)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	
()	(E)						
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U.S.	(ii)						
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<u>:</u>	(E)						
<u> </u>	(I) 	1 1 1 1 1 1 1	.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	1 1 1 1 1 1 1 1 1
Ü	(i)						
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ВАА			TEEA4102L 02/	02/02/10		Sched	Schedule J (Form 990) 2009

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Schedule J (Form 990) 2009

SCHEDULE L (Form 990 or 990-EZ)

Transactions with Interested Persons

Complete if the organization answered

OMR No. 1545 0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number VALI DIVISION OF WASATCH 95-3723933 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered 'Yes' on Form 990. Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes Nο Enter the amount of tax imposed on the organization managers or disqualified persons during the year under \$ section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a. (f) Approved by board or committee? (b) Loan to or from the organization? (g) Written agreement? (a) Name of interested person and purpose (c) Original (d) Balance due (e) In default? To From Yes No Yes No Yes No **►** \$ Total Grants or Assistance Benefitting Interested Persons. Part III Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (b) Relationship between interested person and (a) Name of interested person (c) Amount and type of assistance the organization **Business Transactions Involving Interested Persons.** Complete if the organization answered'Yes' on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship between interested person and the organization (e) Sharing of organization's revenues? (c) Amount of transaction \$ (d) Description of transaction Yes No SEE STATEMENT NOTE 1 SEE NOTE 1 944,700 MANAGEMENT SERVICES Х

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

Schedule L (Form 990 or 990-EZ) 2009

or 990-EZ.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

VALI DIVISION OF WASATCH

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

Attach to Form 990. See separate instructions.

2009

OMB No 1545 0047

Open to Public Inspection

Employer identification number

95-3723933

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(F)
Direct controlling
entity (F)
Direct controlling
entity Part II Identification of Related Tax-Exempt Organizations (Complete of 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.) N/A N/A N/A (E)
Public charity status (if section 501(c)(3)) (End-of-year assets 11 σ σ (D) Exempt Code section 501 (C) (3) 501 (C) (3) 501 (C) (3) (**D)** Total income (C)
Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) UI UŢ UT PROVIDE HEALTH PROVIDE HEALTH ORGANIZATIONS CARE TO THE CARE TO THE CHARITABLE (B) Primary activity (B) Primary activity ELDERLY ELDERLY SUPPORT (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity DEE R BANGERTER SUPPORT FOUNDATION MURRAY __ UT_84123__________ ROCKY MOUNTAIN CARE - HOLLADAY 5242 SOUTH COLLEGE DRIVE, #205 #205 #202 5242 SOUTH COLLEGE DRIVE, BCVV, INC 5242 SOUTH COLLEGE DRIVE, MURRAY, UT 84123 MURRAY _ UT _84123 87-0511961 31-1489761 87-0468703 Schedule R (Form 990) (2009)

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

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DIVISION	
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990) 2009	
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(Form	
Schedule R-1	

Part II Continuation of Identification of Related Tax-Exempt Organizations

95-3723933

	-				
(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
BCCU, INC					
1 1	PROVIDE HEALTH CARE TO THE ELDERLY	U	501 (C) (3)	o	N/A
ВАА	TEEA5102L 02/02/10	2/02/10		Schedu	Schedule R-1 (Form 990) 2009

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95-3723933

Schedule R (Form 990) 2009 VALI DIVISION OF WASATCH

Parition Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

J	,	50	_	٦						ı			
	5	managing	rtner?	S N						\downarrow			
	6	של ה של		Yes									
	(9)	amount in box	20 of Schedule	(Form 1065)									
	(H)	ate .	tions	Š									
	÷ }	<u> </u>	alloca	Yes		·							
al .)	(9)	Silare of enu-or-year assets											
— Decause It fiad one of fillore related organizations treated as a partitle sind unfilly the tax year.	(F)	Shale of total income Share of end-or-year					:						
eu as a pai illei si il	(E)	income (related,	unrelated, excluded	sections 512-514)									
alitationis nea	(a)	controlling entity	•	country)									
ialeu oi ya	(3)	domicile	(state or	country)									
one of more re	(B)												
Decause II Had	(A)	Name, address, and Elly of related organization						1 1 1 1 1 1 1 1 1 1 1				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Darative Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	Faxable as a Cored organizations	rporation or Tru treated as a co	ust (Complete	if the organizations that	zation answered 'Yoe tax year.)	es' to Form 990, Pa	art IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign of	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(B) (C) (D) Type of entity Activity (State or foreign controlling entity (C corp, S corp. country) (C) (C) (E) (F) (F) (G) (G) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(G) Share of end-of-year assets	(H) Percentage ownership
				:			
! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	_,						
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95-3723933

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tions (Complete if the organization answered 'Ves' to Form 600. Bart IV. line 34, 35 or 36.)	ב נו	
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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes No
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 X
b Gift, grant, or capital contribution to other organization(s)		1 b
c Gift, grant, or capital contribution from other organization(s)		1c X
d Loans or loan guarantees to or for other organization(s)		X X
e Loans or loan guarantees by other organization(s)		1e X
f Sale of assets to other organization(s)		×
g Purchase of assets from other organization(s)		1g ×
h Exchange of assets		1h X
i Lease of facilities, equipment, or other assets to other organization(s)		i-
j Lease of facilities, equipment, or other assets from other organization(s)		1, X
k Performance of services or membership or fundraising solicitations for other organization(s)		1k X
I Performance of services or membership or fundraising solicitations by other organization(s)		× =
m Sharing of facilities, equipment, mailing lists, or other assets		
n Sharing of paid employees		1n X
o Reimbursement paid to other organization for expenses		10 X
p Reimbursement paid by other organization for expenses		
q Other transfer of cash or property to other organization(s)		1q X
r Other transfer of cash or property from other organization(s)		1r X
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.	d transaction threshold	S.
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1) BOCKV MOINTAIN CADE - HOLLADAV	<u></u>	906 91
NOCAL MOUNTAIN CAME	5	. 606 '01
(2) DEE R BANGERTER SUPPORT FOUNDATION	υ	30,000.
AS BEWY THE	F.	20 LCC
(4) BCCU, INC	Ŋ	254,110.
(5)		
(9)		
BAA TEEA5003L 02/05/10	Schedule	Schedule R (Form 990) (2009)

Page 4

Schedule R (Form 990) 2009 VALI DIVISION OF WASATCH

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

(H) General or managing partner? Š 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 asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships Yes Code V-UBI amount in box 20 of Schedule K-1 Form (1065) (F)
Disproportionate
allocations? ž Yes (E) Share of end-of-year assets Are all partners S section 501(c)(3) organizations? Yes No (C) Legal domicile (state or foreign country) (B) Primary activity (A)
Name, address, and EIN of entity 1 111 1 i İ 1 1 1 1 BAA

Schedule R (Form 990) (2009)

TEEA5004L 02/05/10

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990.

VALI DIVISION OF WASATCH	95-3723933
FORM 990, PART VI, LINE 3 - DESCRIPTION OF DELEGATED DUTIES TO MANAGE	EMENT COMPANY
VALI_DIVISION_OF_WASATCH_CONTRACTS_WITH_A_MANAGEMENT_COMPANY,_	ROCKY MOUNTAIN CARE,
LLC FOR MANAGEMENT SERVICES. THE OFFICERS AND TRUSTEES OVERSEE	THE MANAGEMENT
AGREEMENT AND REVIEW FINANCIAL OPERATIONS ON A REGULAR BASIS.	
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHA	REHOLDE
ORGANIZED AS A NOT-FOR-PORFIT CORPORATION 501(C)(3)	
FORM 990, PART VI, LINE 9 - OFFICER, DIRECTOR, TRUSTEE, KEY EMPLOYEE MA	AILING ADDRESS
TROY THOMPSON, 3130 SOUTH STATE STREET, SALT LAKE CITY, UT, 84	115
JON OWENS, 350 EAST 300 SOUTH, SUITE 100, BOUNTIFUL, UT, 84010	
EDWARD L. BANGERTER, 350 EAST 300 SOUTH, SUITE 100, BOUNTIFUL,	UT, 84010
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
THE TRUSTEES HOLD A SPECIAL BOARD MEETING PRIOR TO FILING TO R	EVIEW THE 990.
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEM	MENT OF CONFLICTS
THERE IS ONGOING COMMUNICATION BETWEEN OFFICERS AND TRUSTEES R	EGARDING BUSINESS
TRANSACTIONS.	
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCES	S FOR OFFICERS & KEY EMPLOYEE
THE BOARD MEETS WITH AN INDEPENDENT CONSULTANT TO REVIEW AND A	PPROVE COMPENSATION
WITH COMPARABILITY DATA AND PERFORMANCE MEASURES.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY A	VAILABLE
GOVERNING DOCS, POLICIES AND FINANCIAL STATEMENTS WILL BE MADE	AVAILABLE UPON
REQUEST.	
·	

	Employer identification number
VALI DIVISION OF WASATCH	95-3723933
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
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Schedule O (Form 990) 2009

Page 2

#### 2009

#### FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

#### **VALI DIVISION OF WASATCH**

95-3723933

PART IV - #28 B:

STATEMENT NOTE 1:

ROCKY MOUNTAIN CARE, LLC PROVIDES MANAGEMENT SERVICES FOR VALI DIVISION OF WASATCH, INC,. ROCKY MOUNTAIN CARE, LLC IS A DISREGARDED ENTITY INTO ROCKY MOUNTAIN HOME HEALTH, LLC, IN WHICH DEE BANGERTER IS A 50% OWNER. EDWARD BANGERTER IS THE SON OF DEE BANGERTER.

SHARED PHARMACY SERVICES PROVIDES PHARMACEUTICAL PRODUCTS TO VALI DIVISION OF WASATCH, INC, IN WHICH SHARED PHARMACY IS 50% OWNED BY ROCKY MOUNTAIN HOME HEALTH, LLC.

2009	SCH	IEDUL	E A, F						ΓAL	INF	ORMA [*]	ΓΙΟΝ	PAGE 5
_				VALII	DIVIS	ION OF	WAS	ATCH					95-372393
PART III, L	.INE 12 - O	THER IN	COME										
NATURE A	ND SOURCE	Ε	20	09		2008		2007	<u>'</u>	2	2006		2005
		TOTAL	\$	0.	\$		0. \$	<u>-</u> .	0.	\$	0.	\$	0.

#### Form **8868** (Rev April 2009)

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury

File a separate application for each return.

OMB No. 1545-1709

THE THE TEVELOR OF THE							
If you are filing for an Automatic 3-Month	Extension, complete only Part I and check this box						
If you are filing for an Additional (Not Aut	omatic) 3-Month Extension, complete only Part II (on p						
Do not complete Part II unless you have alrea	ady been granted an automatic 3-month extension on a	previously filed Form 8868.					
Automatic 3-Month Extens	ion of Time. Only submit original (no copies	needed).					
A corporation required to file Form 990-T and	requesting an automatic 6-month extension - check th	is box and complete Part I only					
All other corporations (including 1120-C filers income tax returns.	), partnerships, REMICS, and trusts must use Form 700	4 to request an extension of time to file					
returns noted below (6 months for a corporation the additional (not automatic) 3-month extens	electronically file Form 8868 if you want a 3-month autor on required to file Form 990-T). However, you cannot fil non or (2) you file Forms 990-BL, 6069, or 8870, group by completed and signed page 2 (Part II) of Form 8868. e-file for Charities & Nonprofits.	e Form 8868 electronically if (1) you want returns, or a composite or consolidated					
Name of Exempt Organization		Employer identification number					
Type or							
VALI DIVISION OF WAS	ATCH	95-3723933					
File by the due date for Number, street, and room or suite number	If a P O. box, see instructions						
filing your 5242 SOUTH COLLEGE D	RIVE #205						
instructions City, town or post office, state, and ZIP co	de For a foreign address, see instructions						
MURRAY, UT 84123							
Check type of return to be filed (file a separa	te application for each return).	_					
Form 990 Form 990-T (corporation) Form 4720							
Form 990-BL Form 990-T (section 401(a) or 408(a) trust) Form 5227							
X Form 990-EZ	Form 990-T (trust other than above)	Form 6069					
Form 990-PF	Form 1041-A	Form 8870					
Telephone No. ► (801) 397-4000  If the organization does not have an office  If this is for a Group Return, enter the org check this box ►	e or place of business in the United States, check this be anization's four digit Group Exemption Number (GEN) the group, check this box	ox ▶ ☐ If this is for the whole group, he names and EINs of all members					
· · · · · · · · · · · · · · · · · · ·	hs for a corporation required to file Form 990-T) extens						
	the exempt organization return for the organization nai	ned above.					
The extension is for the organization's r	eturn for·						
► X calendar year 20_09_ or							
tax year beginning	, 20, and ending, 20	. <b>_</b> *					
2 If this tax year is for less than 12 month	s, check reason	Change in accounting period					
3a If this application is for Form 990-BL, 99 nonrefundable credits. See instructions	90-PF, 990-T, 4720, or 6069, enter the tentative tax, less	s any					
b If this application is for Form 990-PF or made. Include any prior year overpayment	990-T, enter any refundable credits and estimated tax pent allowed as a credit	payments 3b \$ 0.					
c Balance Due. Subtract line 3b from line deposit with FTD coupon or, if required, See instructions.	3a. Include your payment with this form, or, if required, by using EFTPS (Electronic Federal Tax Payment Syst	em). 3c \$ 0.					
<b>Caution.</b> If you are going to make an electron payment instructions.	ic fund withdrawal with this Form 8868, see Form 8453	EO and Form 8879-EO for					
<b>BAA For Privacy Act and Paperwork Reduct</b>	ion Act Notice, see instructions.	Form 8868 (Rev. 4-2009)					

Form 8868	(Rev 4-2009)	Page 2
• If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete on	nly Part II and check this box ▶ 🗌
Note. Only	complete Part II if you have already been granted an automatic 3-month ex	xtension on a previously filed Form 8868.
	re filing for an Automatic 3-Month Extension, complete only Part I (on pag	
विद्याला ॥	Additional (Not Automatic) 3-Month Extension of Time. Only	
	Name of Exempt Organization	Employer identification number
Type or		
print	VALI DIVISION OF WASATCH	95-3723933
File by the	Number, street, and room or suite number. If a P.O. box, see instructions.	For IRS use only
File by the extended due date for filing the	BANGERTER, LUND & ASSOCIATES, INC. 300 SOUTH 200 WEST	
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BOUNTIFUL, UT 84010-7124	
Check type	of return to be filed (File a separate application for each return):	
Form 9	00 Form 990-PF	Form 1041-A Form 6069
Form 9	00-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720 Form 8870
X Form 9	Form 990-T (trust other than above)	Form 5227
STOP! Do	ot complete Part II if you were not already granted an automatic 3-month	extension on a previously filed Form 8868.
	ks are in care of . ► ROCKY_MOUNTAIN_CARE	
	ne No. ► <u>(801) 397-4000</u> FAX No. ►	
	ganization does not have an office or place of business in the United State	
	for a Group Return, enter the organization's four digit Group Exemption N	
whole grou	o, check this box $ ightharpoonup$ . If it is for part of the group, check this box $ ightharpoonup$	and attach a list with the names and EINs of all
	ne extension is for.	
	est an additional 3-month extension of time until 11/15 , 20	
	alendar year $\ \underline{2009}$ , or other tax year beginning $\ \phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$	20, and ending, 20
	tax year is for less than 12 months, check reason: Initial return	Final return Change in accounting period
	in detail why you need the extensionTAXPAYER_RESPECTFULL	
GAT	HER INFORMATION NECESSARY TO FILE A COMPLETE AN	ND ACCURATE TAX RETURN.
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the ter fundable credits. See instructions	
paym	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable ents made. Include any prior year overpayment allowed as a credit and any orm 8868.	y amount paid previously
c Balar	ce Due. Subtract line 8b from line 8a. Include your payment with this form, TD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymer	, or, if required, deposit
	Signature and Verification	ion
Under penaltie correct, and co	s of perjury, I declare that I have examined this form, including accompanying schedules and statement mplete, and that I am authorized to prepare this form.	ents, and to the best of my knowledge and belief, it is true,
Signature -	Title ► PRESIDENT/SEC	CPA Date - 8/10/10
BAA	FIFZ0502L 03/11/09	Form <b>8868</b> (Rev 4-2009