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## Form 990

## **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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

		Fo	r the 2009 caler	ndar year,	or tax year begi	nning 2/0	1 ,:	2009, and endi	ng 1/	/31	, 201	.0	
	В	Che	eck if applicable	,	С					D Employ	er Identification l	Number	
		Γ	Address change	Please use IRS label	UTAH PAIN	T HORSE C	LUB			87-	0480734		
		F	Name change	or print or type	751 WEST					E Telepho	one number		
		H	Initial return	See specific	WEST BOUN	TIFUL, UT	84087						
		$\vdash$	-{	Instruc-									_
		$\vdash$	Termination	tions.						G		202,903	
		-	Amended return	<u> </u>	<u> </u>				H(a) le thu	G Gross	rn for affiliates?	132	
		L	Application pending	'	and address of princip	pai officer				di affiliates incl		Yes X N	
2					AS C ABOVE		10.17( ) (1)				(see instructions	) [ ] 'es [ [ "	
2010	<u> </u>		Tax-exempt stat		1(c) (5 )	(insert no.)	4947(a)(1)	or 527	-		_		
-	<u>J</u>			/A	<del></del> -	<del></del>	<del></del>	1.		p exemption n		TIM	_
04	K		orm of organization	X Corpoi	ration Trust	Association	Other ►	L Year of Forma	ation 19	/6   M s	State of legal dom	ncile UT	_
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	ام ا	<del></del>						iii les 5-10)					_
	<u>.</u>				ng fees (Part IX,						<del>-</del>		
	Expe	-	<b>b</b> Total fundra	ising expe	enses (Part IX, c	olumn (D), line	25) ►		_				
		¹   1	7 Other exper	nses (Part	IX, column (A),	lınes 11a-11d,	11f-24f) .			167,0		219,206	
		1	8 Total expen	ses Add I	ines 13-17 (mus	t equal Part IX	, column (A), line 2	25)		167,0	306.	219,206	i .
		1	9 Revenue les	ss expense	es Subtract line	18 from line 1	2			11,4	456.	-16,303	٠.
	<b>b</b>	9	<del></del>						Bed	ginning of \	∕ear E	nd of Year	
			20 Total assets	(Part X. I	ine 16)				<b>-</b>	141,		106,778	Ι.
	¥.		21 Total liabilit							37,		19,468	
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			ZIP + 4	<u>SA</u> .		TY, UT 84				Phone no		31-9100	
							e? (see instructions					Yes No	_
		A A	For Privacy Ac	t and Pane	erwork Reduction	n Act Notice.	see the separate ins	structions.		TEEA0113	BL 12/29/09	Form 990 (200	)9

	1 990 (2009) UTAH PAINT HORSE CLUB	87-048	0/34		Page 2
Par	t III Statement of Program Service Accomplishments				
1	Briefly describe the organization's mission				
	PROMOTE AMERICAN PAINT HORSES				
2	Did the organization undertake any significant program services during the year which were not listed on the pr	ior			
_	Form 990 or 990-EZ?	•	Yes	X	No
	If 'Yes,' describe these new services on Schedule O.			ر الت	
3	•		Yes	X	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		res	• 🔼	No
	If 'Yes,' describe these changes on Schedule O		-t F01	· (2)	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by ex and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations.	oenses Se ations to ot	ners the	c)(3) total	
	expenses, and revenue, if any, for each program service reported		,		
	·	_			
	175 500				
4 a		venue \$_			<del></del> )
	SHOW EXPENSES: TO PROMOTE, ENCOURAGE, AND IMPROVE BREEDING, RACING	<i>1</i>			
	EXHIBITION, AND UTILIZATION OF THE AMERICAN PAINT HORSE.			. <del></del>	
				. <b>-</b>	
		<del></del>			<b>-</b>
41	O(Code) (Expenses \$25,890. including grants of \$) (Re AWARDS AND BANQUETS: SOCIAL AND RECOGNITION ACTIVITY HELD AT END OF YEAR TO AWARD FIRST AND SECOND PLACE OVERALL WINNERS FOR CLASS.	EACH F	VENT	DR	
4	(Code	TION ON	OTHE		)
		<del>-</del>			
		<del></del> -		<b>-</b>	<b></b>
4	d Other program services. (Describe in Schedule O)				
<u></u> -	(Expenses \$ including grants of \$ ) (Revenue \$			)	
4	e Total program service expenses ► 211,117.				

Page 3

Part IV

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and 5 Х reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 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, 6 Х Part I. 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 Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III Χ 8 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 9 Х Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V X 10 11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, IX, or X 11 X as applicable Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI • Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII • Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 487 If Yes, 'complete Schedule D, Part X 12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII Х 12 12A Was the organization included in consolidated, independent audited financial statement for the tax Yes No X year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I 14b 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 Х 16 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 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 X 18 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 X 19 Х Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H. 20

Form 990 (2009) UTAH PAINT HORSE CLUB

Part IV | Checklist of Required Schedules (continued)

		1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	_	<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23_		_X
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	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 Schedule L, Part III	27		Х
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)			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
ь	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
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		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	·	_X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		X
36	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	36_		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37_		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		<u>X</u>
ВАА		Forn	n <b>990</b> (	(2009)

Form 990 (2009) UTAH PAINT HORSE CLUB 87-0480734	1	Р	age 5
Part V Statements Regarding Other IRS Filings and Tax Compliance			
		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S Information Returns. Enter -0- if not applicable       1a       23			
<b>b</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
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a 0			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
<b>b</b> If 'Yes,' enter the name of the foreign country: ▶	7.1	· ······	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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?	5с		
6a 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		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	7a		
provided to the payor? <b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		ļ
c Did the organization riotiny the donor of the value of the goods of services provided:	7.5		<del> </del>
Form 8282?	7 <u>c</u>	ļ	
d If 'Yes,' indicate the number of Forms 8282 filed during the year  e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		:	
benefit contract?	7 e	<b> </b>	ļ
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		<u> </u>
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		Ī
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11 Section 501(c)(12) organizations. Enter:			1
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		•	

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.

Section A. Governing Body and Management								
		Yes	No					
1a Enter the number of voting members of the governing body     1a     16								
<b>b</b> Enter the number of voting members that are independent								
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		Х					
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х					
4 Did the organization make any significant changes to its organizational documents	4	-	X					
since the prior Form 990 was filed?								
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5		X					
6 Does the organization have members or stockholders?								
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		X					
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
a The governing body?	8a	İ	X					
<b>b</b> Each committee with authority to act on behalf of the governing body?	8Ь		X					
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		X					
Section B. Policies (This Section B requests information about policies not required by the Interna	•		Λ					
Revenue Code )	•							
		Yes	No					
10a Does the organization have local chapters, branches, or affiliates?	10 a		X					
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10 b							
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		Х					
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	**************************************							
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X					
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c							
13 Does the organization have a written whistleblower policy?	13		X					
14 Does the organization have a written document retention and destruction policy?	14		X					
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
a The organization's CEO, Executive Director, or top management official	15a		X					
<b>b</b> Other officers of key employees of the organization .	15b		X					
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		#						
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х					
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	_						
Section C. Disclosures								
17 List the states with which a copy of this Form 990 is required to be filed - UT	- <b></b>							
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) avainspection. Indicate how you make these available. Check all that apply.	ılable	for pu	blic					
Own website								
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and fi statements available to the public								
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organi   JAMES CHRISTOPHERSON 751 WEST 1400 NORTH WEST BOUNTIFUL UT 84087 801-295-75		: 						

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the 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 related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)	(c)					(D)	(E)	(F)	
Name and Title	Average hours per week		$\overline{}$	$\overline{}$	_	hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	pel week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)	compensation from the organization and related organizations
CAROL_CAMPBELL										<del>, , , , , , , , , , , , , , , , , , , </del>
PRESIDENT	2						ļ	0.	0.	0.
SANDI MORGAN										
VICE PRESIDENT	2						ļ	0.	0.	0.
DEANNA_BIERMAN									_	
SECRETARY	2		ļ				ļ	0.	0.	0.
JAMES_CHRISTOPHERSON										
TREASURER	2				<u> </u>		<u> </u>	0.	0.	0.
SYDNEY ELFERVIG										
DIRECTOR	2						<u> </u>	0.	0.	0.
BONNIE CHRISTENSEN						,				
DIRECTOR	2					<u> </u>		0.	0.	0.
BRAD JONES										
DIRECTOR	2				ļ			0.	0.	0.
JERM CHRISTENSEN										_
DIRECTOR	2							0.	0.	0.
SANDEE SHOCK						}				
DIRECTOR	2				<u> </u>	ļ		0.	0.	0.
MARTY SIMPER		]			Ì					_
DIRECTOR	2							0.	0.	<u> </u>
PEG MARTY										_
DIRECTOR	2							0.	0.	0.
MARLA FADEL										
DIRECTOR	2				ļ			0.	0.	<u> </u>
HEATHER FOWLER										
DIRECTOR	2							0.	0.	0.
ALISHA SMITH	_									
DIRECTOR	2							0.	0.	0.
MOLLIE ADAMS						1			_	_
DIRECTOR	2	ļ			<u> </u>			0.	0.	0.
NANCY_JENSEN		1							_	
DIRECTOR	2		_				<b> </b>	0.	0.	0.
								1		

Part VII   Section A. Officers, Directors, Trus	itees,	Key	<u>/ E</u>	mp	loy	ees	s, a			mployees(cont.)
(A)		) (c)						(D)	(E)	(F)
Name and Title			Position (check all the Key employment)  Institute  Officer  Individual				Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	organization	
	hours per week	al trustee tor	Institutional trustee		employee	Highest compensated employee				and related organizations
					٠					
				,						
1 b Total							<b></b>	0.	0	. 0.
2 Total number of individuals (including but not limited from the organization ► 0	to thos	e lıs	ted	abo	ve)	who	rec	eived more than \$	5100,000 in reporta	able compensation
									· -	Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	dıvıdual	'	•	•	•	·	_		, ,	3 X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the individual	nan \$150	0,000	1)? <i>I</i> :	f 'Ye	es' c	om)	olete	Schedule J for su	om uch · ·	4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompensa nedule J	ation for s	froi such	m ai <i>pei</i>	ny u rsor	inrel	ated	l organization for	services	5 X
Section B. Independent Contractors							L		- ¢100 000 -£	····
Complete this table for your five highest compensate compensation from the organization	ea inaep	ena	ent (	CON	raci	.015	uiai	received more una		
(A) Name and business addres	s							Description		(C) Compensation
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		ımıte	ed to	o the	ose	liste	ed ab	oove) who receive	d more than	

[Pai	t VIII Statement of Revenue	<del></del>	<del></del>		
	•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S .0	1a Federated campaigns 1a				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b Membership dues . 1b				
A O	c Fundraising events . 1c	1			
R A	d Related organizations . 1d	1			
₽₹	e Government grants (contributions) 1 e	-			
SIR		-			
FR	f All other contributions, gifts, grants, and similar amounts not included above				]
E E					
N O	g Noncash contributes included in lins 1a-1f \$	<u> </u>			
3 7	h Total. Add lines 1a-1f		 	<del> </del>	·
N	Business Code	100 110	106 110		ŀ
EVE	2a SHOW INCOME & FEES	196,110.	196,110.		1055
a R	b MEMBERSHIP DUES & ASSESSMENTS	4,066.			4,066.
	c		· · · · · · · · · · · · · · · · · · ·		
SEI	d	<u> </u>	ļ. <del></del>	! 	
Σ	e	ļ			
50	f All other program service revenue				
-R	g Total. Add lines 2a-2f	200,176.			
	3 Investment income (including dividends, interest and	1 515		•	
ĺ	other similar amounts)	1,515.			1,515.
ı	4 Income from investment of tax-exempt bond proceeds				
- 1	5 Royalties	<u> </u>			
	(i) Real (ii) Personal	4			<b>E</b>
]	6a Gross Rents	_[			
	b Less: rental expenses.	4			
İ	c Rental income or (loss)	_			<b>.</b>
	d Net rental income or (loss)	<u> </u>			
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other	<u> </u>			
	b Less cost or other basis and sales expenses				
- {	c Gain or (loss)	1			-
	· · · · · · · · · · · · · · · · · · ·	·	1		Ì
필	8a Gross income from fundraising events (not including \$				
EN.	of contributions reported on line 1c).				
OTHER REVENUE	See Part IV, line 18 a				
皇	b Less: direct expenses b				<b>.</b>
5	c Net income or (loss) from fundraising events	<u>-</u>	1		ĺ
	9a Gross income from gaming activities. See Part IV, line 19			· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,
	b Less: direct expenses b	7			
	c Net income or (loss) from gaming activities	<b>-</b>	1		ĺ
	10a Gross sales of inventory, less returns and allowances			~	
	b Less: cost of goods sold b	1			
	c Net income or (loss) from sales of inventory	<b>Ĭ</b>			
	Miscellaneous Revenue Business Code				
ĺ	11a YOUTH ACTIVITIES	1,212.	1,212.		
1	b			<del></del> -	
ł	c		<del> </del>		
	d All other revenue	<u> </u>		<del></del>	<del>                                     </del>
)		1,212.			
	12 Total revenue. See instructions	202,903.	_ 197,322.	0.	5,581.
		=,		<u> </u>	9,001.

Page 10

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
Grants and other assistance to governme and organizations in the U.S. See Part IV line 21.				
2 Grants and other assistance to individuals the U.S. See Part IV, line 22	s in			
3 Grants and other assistance to governme organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	nts,			
4 Benefits paid to or for members				
5 Compensation of current officers, director 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 section 4958(c)(3)(B)	ın 0.	0.	0.	0.
7 Other salaries and wages				
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	on .			
9 Other employee benefits				
10 Payroll taxes				· · · · · · · · · · · · · · · · · · ·
11 Fees for services (non-employees)				
a Management .				
<b>b</b> Legal				
c Accounting	1,615.		1,615.	
<b>d</b> Lobbying				
e Prof fundraising svcs. See Part IV, In 17				
f Investment management fees				
<b>g</b> Other				
12 Advertising and promotion				·
13 Office expenses	. 4,622.	350.	4,272.	
14 Information technology				
15 Royalties				10-14-
16 Occupancy				
17 Travel				
Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	,			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,913.	2,913.		
24 Other expenses Itemize expenses not covered above. (Expenses grouped toget and labeled miscellaneous may not exce 5% of total expenses shown on line 25 below)	her ed			
a SHOW EXPENSES	175,508.	175,508.		
b AWARDS & BANQUETS	25,890.	25,890.		
c PRINTING AND PUBLICATION	S 4,620.	4,620.		
d BANK CHARGES	2,202.		2,202.	
e YOUTH ACTIVITIES	1,806.	1,806.		
f All other expenses	30.	30.		
25 Total functional expenses Add lines 1 through 24f	219,206.	211,117.	8,089.	0.
26 Joint costs. Check here ☐ If follow SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	ing			<del></del>
campaign and fundraising solicitation			1	Form <b>990</b> (2009)

**Balance Sheet** 

Part X

BAA

(A) Beginning of year (B) End of year  $6,\overline{216}$ 1 616. Cash - non-interest-bearing 97,153. 122,457. 2 Savings and temporary cash investments. 2 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. 10 a 8,009. Complete Part VI of Schedule D 10 b 8,009. 8,009. 10 c b Less: accumulated depreciation. 11 Investments - publicly-traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 4,634 15 1,000. 15 Total assets. Add lines 1 through 15 (must equal line 34) 141,316. 106,778. 16 16 37,703. 19,467. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities, Complete Part X of Schedule D 37,703 Total liabilities. Add lines 17 through 25 26 19,468. Organizations that follow SFAS 117, check here ► and complete lines 27 through 29 and lines 33 and 34. ASSETS 27 Unrestricted net assets. Temporarily restricted net assets 28 29 Permanently restricted net assets R X and complete Organizations that do not follow SFAS 117, check here F U B lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, and equipment fund 31 31 103,613. 32 87,310. 32 Retained earnings, endowment, accumulated income, or other funds 103,613. 33 87,310. 33 Total net assets or fund balances. 141,316. 34 106,778. Total liabilities and net assets/fund balances. Form 990 (2009)

Form 990 (2009) UTAH PAINT HORSE CLUB	87-0480734	Pa	ge <b>12</b>
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990: $\overline{ extbf{X}}$ Cash $\overline{ extbf{L}}$ Accrual $\overline{ extbf{L}}$ Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	!	<u>X</u>
b Were the organization's financial statements audited by an independent accountant?	2b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversing review, or compilation of its financial statements and selection of an independent accountant?	ght of the audit,		
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	n		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we consolidated basis, separate basis, or both	re issued on a		
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth	in the Single		x

**b** If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2009)

BAA

# 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

2009

Open to Public Inspection Employer Identification number

UTA	AH PAINT HORSE CLUB				87-0480734	
Par	t I Organizations Maintaining Dono	or Advised Funds or Ot	har Similar Fund			to if
1 41	the organization answered 'Yes'	to Form 990. Part IV. In	ne 6.	15 OI ACC	ounts comple	te ii
	tile organization and a second	(a) Donor advised		<b>(b)</b> Fu	nds and other acc	ounts
1	Total number at end of year	(4) 501101 4411054	Turius	(2) ( 2	THE DATE OF GOOD	ourito.
2	Aggregate contributions to (during year)					
2	Aggregate contributions to (during year)			-		
4	Aggregate value at end of year					
_	55 5					<del></del> -
5	Did the organization inform all donors and dor funds are the organization's property, subject			advised	Yes	☐ No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or don	ng that grant funds m or advisor or for any	ay be other	Yes	☐ No
Pai	t II Conservation Easements Comp	lete if the organization a	inswered 'Yes' to	Form 99	00, Part IV, line	e 7.
1	Purpose(s) of conservation easements held by	the organization (check all th	at apply)			
	Preservation of land for public use (e.g., r	ecreation or pleasure)	Preservation of a	n historical	ly important land a	area
	Protection of natural habitat		Preservation of c	ertified hist	oric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organizations to day of the tax year.	on held a qualified conservation	n contribution in the	form of a co	onservation easem	nent on the
					Held at the End of	the Year
ā	Total number of conservation easements			2a		
ŀ	Total acreage restricted by conservation ease	ments		2b		
	: Number of conservation easements on a certi		ın (a)	2 c		
	l Number of conservation easements included i			2 d		
3	Number of conservation easements modified,	transferred, released, extingui	shed, or terminated l	by the organ	nization during the	tax
	year ►					
4	Number of states where property subject to co	inservation easement is locate	d <b>-</b>			
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitorin at it holds?	g, inspection, handlir	ng of violation	ons, Yes	No
6	Staff and volunteer hours devoted to monitoring the year -			nts 		
7	Amount of expenses incurred in monitoring, in during the year ▶	nspecting, and enforcing conse	rvation easements	\$		<u>-</u>
8	Does each conservation easement reported or	n line 2(d) above satisfy the re	quirements of section	1	[]	
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?				∐ Yes	∐ No
	In Part XIV, describe how the organization re- include, if applicable, the text of the footnote conservation easements.	to the organization's financial	statements that descr	ibes the org	ganization's accou	nting for
Pa	rt III Organizations Maintaining Coll Complete if the organization an	lections of Art, Historic swered 'Yes' to Form 99	al Treasures, or 0, Part IV, line 8	Other Si	milar Assets	
1 a	a If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial stateme	lic exhibition, education, or re-	search in furtherance	and balance of public se	sheet works of arervice, provide, in	t, historical Part XIV,
I	b If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items:	lic exhibition, education, or re	venue statement and search in furtherance	balance she of public se	ervice, 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	art, historical treasures, or othe 116 relating to these items:	er similar assets for fi	nancial gair	n, provide the follo	wing
	a Revenues included in Form 990, Part VIII, lin	e 1			<b>►</b> \$	
1	<b>b</b> Assets included in Form 990, Part X				<b>►</b> \$	

Page 2

Part III   Organizations Mainta	ining Collecti	ons of Art, Hist	orical Treasures, c	or Other Similar A	ssets(contin	<u>ued)</u>
3 Using the organization's acquisition items (check all that apply):	on accession and			at are a significant use	of its collection	
a Public exhibition		d Loan o	or exchange programs			
<b>b</b> Scholarly research		e U Other				
c Preservation for future genera						
4 Provide a description of the organ Part XIV					: IN	
5 During the year, did the organizat assets to be sold to raise funds ra	ither than to be m	iaintained as part of	the organization's colle	ction?	Yes	No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangemer unt on Form 9	nts Complete if one of the North Nor	organization answe 21.	red 'Yes' to Form	990, Part IV,	line
1 a Is the organization an agent, trust included on Form 990, Part X?	ee, custodian, or	other intermediary t	for contributions or other	assets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and co	omplete the followin	g table			
					Amount	
c Beginning balance		•		1c		
<b>d</b> Additions during the year				1 d		
<ul> <li>Distributions during the year</li> </ul>				1 e		
f Ending balance				1f		
2a Did the organization include an ar		90, Part X, line 21?			Yes	No
<b>b</b> If 'Yes,' explain the arrangement		<del></del> -		00 0 11/		
Part V Endowment Funds Co	mplete if orga			l l		
į	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years	s back
1 a Beginning of year balance						
<b>b</b> Contributions						<del></del>
c Net Investment earnings, gains, and losses				-ii-i-i-i-i-i-i-i-i-i-i-i-i-i-i-i-i-i		.,
<b>d</b> Grants or scholarships						
<ul> <li>Other expenditures for facilities and programs.</li> </ul>						
<b>f</b> Administrative expenses						······································
<b>g</b> End of year balance						
<ol><li>Provide the estimated percentage</li></ol>		palance held as:				
a Board designated or quasi-endow	ment 🟲	8				
<b>b</b> Permanent endowment ►	%					
c Term endowment ►	%					
3a Are there endowment funds not in organization by:	n the possession	of the organization t	hat are held and admini	stered for the	Yes	No
(i) unrelated organizations					3a(i)	,
(ii) related organizations					3a(ii)	
<b>b</b> If 'Yes' to 3a(II), are the related of	rganizations liste	d as required on Scl	nedule R?		3b	
4 Describe in Part XIV the intended						
Part VI Investments-Land, E				(, line 10.		
Description of investment		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Va	alue
1a Land				,		
<b>b</b> Buildings .						
c Leasehold improvements						
<b>d</b> Equipment			8,009.		8,	,009.
e Other .						
Total. Add lines 1a through 1e (Columi	n (d) must equal l	orm 990, Part X, co	olumn (B), line 10(c) )	<u> </u>	8,	,009.
BAA				Sche	edule <b>D</b> (Form 99	30) 2009

	7-048		Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	<u>;                                    </u>	N/A	-
1 Total revenue (Form 990, Part VIII, column (A), line 12)			
2 Total expenses (Form 990, Part IX, column (A), line 25)	- 1		_
3 Excess or (deficit) for the year. Subtract line 2 from line 1	ļ		_
4 Net unrealized gains (losses) on investments	ļ		
5 Donated services and use of facilities	L		
6 Investment expenses	Į		
7 Prior period adjustments .	. [		
8 Other (Describe in Part XIV)	L		
9 Total adjustments (net). Add lines 4 through 8	Į		
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retur	nN/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			
b Donated services and use of facilities 2b	7		
c Recoveries of prior year grants	7 1		
d Other (Describe in Part XIV)			
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			
b Other (Describe in Part XIV)  4b	7		
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 Statements With Expenses per Re	turn	N/A	
1 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			
b Prior year adjustments.	7		
c Other losses . 2c	7 1		
d Other (Describe in Part XIV)	7		
e Add lines 2a through 2d			
3 Subtract line 2e from line 1	3		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1		
a Investments expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIV)	1		
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; Part III, lines 1a and 4; Part IV line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this p information.	', lines 11 art to pro	o and 2b; Pari	t V, tional
			- <b>-</b>

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Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 UTAH PAINT HORSE CLUB  Part XIV   Supplemental Information (continued)	87-0480734	Page <b>5</b>
Part XIV   Supplemental Information (continued)		
		- <b></b> -
	·	
	<b></b>	
	·	
	·	
		·
		· <b></b>
	- <b></b>	
	<b></b>	

#### SCHEDULE O (Form 990)

Department of the Treasury

## **Supplemental Information to Form 990**

OMB No 1545 0047

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

Open to Public Inspection

Name of the organization	Employer identification number
	87-0480734
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
NO REVIEW WAS OR WILL BE CONDUCTED.	
	·

Name of	the organization		Employer identification number
UTAH	PAINT HORSE	CLUB	87-0480734
	- <i></i>		
		- <b> </b>	
- <b></b> -			. <b></b>
	<del></del>		
			·
		- <b></b>	
	<b></b>		<del></del>

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

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

► File a separate application for each return.

If you are	filing for an Automatic 3-Month	Extension, compl	ete only Part I and ch	eck this box			. ► X	
• If you are	filing for an Additional (Not Au	tomatic) 3-Month E	xtension, complete o	only Part II (on p	age 2 of this f	form).		
Do not comp	<i>lete Part II unless</i> you have alre	ady been granted a	in automatic 3-month	extension on a	previously file	d Form 8868.		
Part I	Automatic 3-Month Exter	sion of Time.	Only submit origi	nal (no copie	es needed)			
			•		•			
	required to file Form 990-T and					•	·	
All other corp income tax re	porations (including 1120-C filers eturns	s), partnerships, RE	EMICS, and trusts mu	st use Form 700	14 to request a	an extension of t	me to file	
returns noted the additional Form 990-T	ling (e-file). Generally, you can enter the line (for a corporate of the line (for a corporate of the line at the line the line the form of the line o	ion required to file sion or (2) you file l lly completed and s	Form 990-T) Howeve Forms 990-BL, 6069, signed page 2 (Part II	er, you cannot fill or 8870, group	e Form 8868 returns, or a c	electronically if ( composite or con	(1) you want solidated	
-	Name of Exempt Organization					Employer identification	tion number	
Type or								
print	UTAH PAINT HORSE CL	UB				87-0480734	1	
File by the due date for	Number, street, and room or suite numb		ructions					
filing your	751 WEST 1400 NORTH							
return See instructions	City, town or post office, state, and ZIP		ss, see instructions		<del></del>	· · · · · · · · · · · · · · · · · · ·		
	WEST BOUNTIFUL, UT	84087						
Check type o	of return to be filed (file a separa		each return)					
X Form 990		Form 990-T (co			Form 472	20		
Form 990		<b>⊢</b> ⊣ `	ection 401(a) or 408(a	a) trust)	Form 522			
Form 990		<b>⊢</b> ⊸ `	ust other than above)		Form 606			
Form 990		Form 1041-A	ust outer train above)		Form 887	· -		
Telephone If the orga If this is f check this the exten	s are in the care of JAMES  No. > 801-295-7581  anization does not have an office for a Group Return, enter the organism box  If it is for part of ission will cover	e or place of busing ganization's four dig the group, check t	FAX No ►ess in the United States git Group Exemption I his box ► □ and	Number (GEN) attach a list with	If the names ar			
•	st an automatic 3-month (6 mon							
	9/15, 20 10_, to file		nization return for the	organization na	med above.			
	tension is for the organization's							
▶	calendar year 20 or tax year beginning 2/01_		- 10					
► <u>[X]</u>	tax year beginning $2/01$	,20 <u>09</u> _,	and ending $-1/3$	<u>1, 20                                    </u>	L <u>O</u>			
	ax year is for less than 12 mont					Change in accour	nting period	
	application is for Form 990-BL, 9 andable credits See instructions		), or 6069, enter the	tentative tax, les	s any	3a \$	0.	
<b>b</b> If this a made. I	application is for Form 990-PF of Include any prior year overpaym	990-T, enter any r ent allowed as a cr	efundable credits and edit	i estimated tax i	payments	зь \$	0.	
deposit	e Due. Subtract line 3b from line with FTD coupon or, if required structions					3c \$	0.	
Caution. If you payment inst	ou are going to make an electron ructions	nic fund withdrawal	with this Form 8868,	see Form 8453	EO and Form	8879-EO for		
BAA For Pri	vacy Act and Paperwork Reduc	tion Act Notice, se	e instructions.			Form 886	8 (Rev. 4-2009)	