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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

Department of the Treasury

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

A F	or the	2009 cale		JUN 30, 2010	- mobaction
B C	heck If	Plane	C Name of organization	D Employer identific	ation number
ap	plicable	use IRS			
	Addres change		UTAH SPORTS COMMISSION FOUNDATION	_]	
	Name change	type	Doing Business As	87-06	551075
	]Initial  return	See Specific	Number and street (or P O box if mail is not delivered to street address)   Room/suit		
<u>_</u>	Termin	instruc-	201 SOUTH MAIN STREET 2125	801-3	328-2372
$\vdash$	Amend		City or town, state or country, and ZIP + 4	G Gross receipts \$	1,370,796.
	Application pendin		SALT LAKE CITY, UT 84111	H(a) Is this a group ret	
		F Nam	ne and address of principal officer:JEFF ROBBINS	for affiliates?	Yes X No
			E AS C ABOVE	H(b) Are all affiliates inclu	
			s: X 501(c) (3 ) ◀ (insert no.) 4947(a)(1) or 527 W.UTAHSPORTSCOMMISSION.COM		st. (see instructions)
			<del></del>	H(c) Group exemption	
		Summa		ar of formation 2000 M	State of legal domicile O
			scribe the organization's mission or most significant activities: THE UTAH	SDORTS COMMIS	STON
Activities & Governance			ATION IS A NOT-FOR-PROFIT 501C3 CHARITAB		
nar	-		s box If the organization discontinued its operations or disposed of mo		
Ver	_		f voting members of the governing body (Part VI, line 1a)	3	2 T
ဗ္ဗ			f independent voting members of the governing body (Part VI, line 1b)	4	26
Se			ber of employees (Part V, line 2a) RECEIVED	5	
iţie			her of volunteers (estimate if necessary)	6	
.≩			s unrelated business revenue ကြီး Part VIII, မြောပ်ကျာ (C)) line 12	7a	0.
Ř	ь.	Vet unrela	ted business taxable income from Form 990-T, line 34	7b	0.
		101 0111010	and described to the other type of the other typ	Prior Year	Current Year
	8	Contributio	ons and grants (Part VIII, line In) OGDEN, UT	1,062,769.	1,272,553
nue			ervice revenue (Part VIII, line 2g)	1,304,924.	49,946
Revenue			it income (Part VIII, column (A), lines 3, 4, and 7d)	77,938.	24,580.
œ			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	45,678.	23,717.
			nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,491,309.	1,370,796.
			d similar amounts paid (Part IX, column (A), lines 1-3)		
			ald to or for members (Part IX, column (A), line 4)		
S	15	Salaries, o	ther compensation, employee benefits (Part IX, column (A), lines 5-10)	404,085.	360,194.
ııse	16a l	Profession	nal fundraising fees (Part IX, column (A), line 11e)		
Expenses	b	Total fundi	raising expenses (Part IX, column (D), line 25)		
Ű	17 (	Other expe	enses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,059,061.	2,371,406
ľ	18	Total expe	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,463,146.	2,731,600
	19	Revenue le	ess expenses Subtract line 18 from line 12	<971 <b>,</b> 837 <b>.</b> >	<1,360,804
Ses			<u></u>	Beginning of Current Year	End of Year
aaa	20	Total asset	ts (Part X, line 16)	3,918,470.	2,843,864
Net Assets or Fund Balances			ities (Part X, line 26)	287,794.	573,992
			s or fund balances. Subtract line 21 from line 20	3,630,676.	2,269,872.
Pa	rt II		ure Block	<del></del>	<del></del>
	i	and complet	ties of penury, I declare that I have examined this return, including accompanying schedules and statement e Declaration of preparer (other than officer) is based on all information of which preparer has any knowled;	s, and to the best of my knowledge ge	and belief, it is true, correct,
	1	. /		1 11 / 1	41/2011
Sign	- 1	Sign	ature of officer	Date / /	110011
Here	•		•	Date	• /
			FF ROBBINS, PRESIDENT AND CEO or print name and title		<del> </del>
	<del></del> +			Check If Preparer	's identifying number
Paid		Preparer's signature	Was (11/104/14)	self- (see insti	ructions)
Prep	arer's	Firm's name		employed	
Use (	Only	yours if self-employe	ARTHOR & ADDOCTATED	EIN P	
		address, and	SALT LAKE CITY, UT 84101	Phone no ►80	1 359-0332
	<u>_</u>	ZIP + 4		riione iio   P 00	- T
			s this return with the preparer shown above? (see instructions)  A. For Privacy Act and Paperwork Reduction Act Notice, see the separate in	notruotiono	Yes No Form <b>990</b> (2009
വാവവ	11 02 0	1-10 IH/	A POLETIVACY ACI AND PADERWORK REQUCTION ACI NOTICE. See The Separate If	ISTRUCTIONS.	Form 3990 (200

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<u>4e</u>

2,475,445.

Total program service expenses ▶\$

			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	ľ
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 <sup>9</sup> If "Yes," complete Schedule C, Part I	3		X
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		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	ļ
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,	ĺ		
_	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 separate or consolidated infancial statements for the tax year include a rootnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	40	Х	
12Δ		12	Λ	
`	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No  12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a	_	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		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		Х
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		X
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	10		x

Form **990** (2009)

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

		ł	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		i	1
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated 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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	Ì		
	Schedule K. If "No", go to line 25	24a		X
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		
25a	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		X
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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	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		X
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		<u>X</u>
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	1		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	_	<u> X</u>
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	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<b></b>
••	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?		,	
	Note. All Form 990 filers are required to complete Schedule O	38_	X	
		Form	9 <b>90</b> (2	2009)

Form 990 (2009) UTAH SPORTS COMMISSION FOUNDATION

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 f not applicable	1a (	)		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportable gaming	1		
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1 1			
	filed for the calendar year ending with or within the year covered by this return	2a (	ı <b>l</b>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by this return?	3a		Х
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		X
b	If *Yes,* enter the name of the foreign country: ▶				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank and	}		
	Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	arding Prohibited			
	Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he organization solicit			
	any contributions that were not tax deductible?		_6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or gifts			
7	were not tax deductible?		6b		
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 provided to the payor?	goods and services	~_		Х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a_		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ron roquirod	7b_		
Ŭ	to file Form 8282?	as required	7c		Х
d	If "Yes," Indicate the number of Forms 8282 filed during the year	7d	<b>-</b>		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	L	-		
	benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	7f		
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	ganizations. Did the		, ,,,,	
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess business holdings			
	at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter	1 1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	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 1			
	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
40-	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a		<del></del>
<u>D</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	Fe	<b>990</b> (	2000
			LOUD	33U (	∠UU91

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	7		
b	Enter the number of voting members that are independent  1b 20	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		_X_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
_	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	ļ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
a	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	_8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_X_
<u>3ec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	_		
10a	Does the organization have local chapters, branches, or affiliates?	40	Yes	No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		<u>X</u> _
	and branches to ensure their operations are consistent with those of the organization?	405		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	10b	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11	<u>^.</u>	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	100	х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12a		
_	to conflicts?	12b	Х	
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	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		<u>X</u>
15	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?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
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		X
Ь	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			
8-0	exempt status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 990 is required to be filed NONE			
17				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	tor		
	public inspection. Indicate how you make these available. Check all that apply.  Own website  Another's website  X Upon request			
10	·	- 4 E		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	iiu tina	ncial	
20	statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion -		
	THE ORGANIZATION - 801-328-2372	uon 🕨		
	201 SOUTH MAIN STREET, NO. 2125, SALT LAKE CITY, UT 84111			
	,,,,,,	Form	990 (	2009)

932006

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

### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Name and Title	(A)	(B)			((	C)			(D)	(E)	(F)
Per   Week   Page   P	Name and Title	Average							Reportable	l	· ·
Week   Set   Set			(cl	heck	all	that	арр	ly)	,		
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PRIVATE SECTOR CO CHAIR	J. STEVEN PRICE				Ě	F	<u> </u>	-			
DAVID CLARK		2.00	х		x				0.	0.	0.
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		1.00	ΙΛ.	<u> </u>	<u> </u>	<u> </u>	L	<u></u>	0.		

932007 02-04-10

Jan Section A. Onicers, Directors, Tit		Inpi	уее			nıgı	iest			_		
(A)	(B)	(C)						(D)	(E)	ł	(F)	
Name and title	Average	١,,		Pos			-6.3	Reportable	Reportable	-	Estima	
	hours per	$\vdash$	neci	( aii	tnat	app	DIY)	compensation from	compensation from related	- [	amoun othe	
	week	act o				1		the	organizations	ا ،	ompens	
		9 or d	靐			sated		organization	(W-2/1099-MISC)		from t	
		truste	al trustee		8	E P		(W-2/1099-MISC)		1	organiza	
		individual trustee or director	Institutional	Ħ	Key employee	Highest compensated employee	쿌			Ι,	and rela organiza	
		멸	Ē	Officer	ş	3.2	[ E			`	rigarnza	
GARY R. HERBERT									- ·- ·	1		
TRUSTEE	1.00	X						0.	0			0.
DR CHRIS HILL												
TRUSTEE	1.00	X						0.	0	•		0.
RANDY HORIUCHI												
TRUSTEE	1.00	X				<u> </u>		0.	0	•		0.
DAVID LAYTON	2 22	١										_
TRUSTEE	2.00	X	_					0.	0	•		0.
BILL MALONE TRUSTEE	1 00	<b>.</b>							•			^
JIM SORENSEN	1.00	X				<u> </u>		0.	0	<u>• </u>		0.
TRUSTEE	1.00	X		ŀ				0.	0			^
JOHN VALENTINE	1.00	^	-			┢	╁─	- 0.	0	•	-	0.
TRUSTEE	1.00	X						0.	0			0.
MICHAEL WADDOUPS		<u> </u>					├			+		
TRUSTEE	1.00	x	•					0.	0			0.
DAVID WUNDERLI						$\vdash$	<u> </u>			╁		
TRUSTEE	1.00	X						0.	0			0.
		I								Ť		
					L	<u> </u>		_				
1b Total						<b></b>		187,439.	0	•	32,	176.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d al	oove	e) wł	no re	eceived more than \$100	,000 ın reportable			
compensation from the organization	<del> </del>											<u> 1</u>
											Yes	No
3 Did the organization list any former officer,			, ke	em/	ploy	yee,	or h	nighest compensated en	nployee on			
line 1a? If "Yes," complete Schedule J for si  4 For any individual listed on line 1a, is the su					. 4					3	3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150									ne organization	١.	ı X	1
5 Did any person listed on line 1a receive or a	•		•							+-	ı X	<del> </del>
the organization? If "Yes," complete Schedu				10111	ану	um	elat	ed organization for servi	ces rendered to	١.	5	X
Section B. Independent Contractors	sio o for dacin	00,0	<u> </u>					·		<u> </u>		
Complete this table for your five highest con	mpensated inc	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100.000 of compe	nsatio	on from	
the organization. NONE	<u>.</u>	•							· · · · · · · · · · · · · · · · · · ·			
(A)								(B)		_	(C)	
Name and business	address					_		Description of s	ervices	Com	pensati	on
							$\dashv$					
	<del></del> .						$\dashv$					
							$\dashv$					
							$\dashv$					
									1			
2 Total number of independent contractors (ii	ncluding but n	ot lir	nite	d to	thos	se lis	sted	above) who received m	ore than			•

\$100,000 in compensation from the organization

Form **990** (2009)

and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 711210 23,717. 23,717. 11 a MISCELLANOUS INCOME d All other revenue ≥ 23,717.≥ 1,370,796. Total. Add lines 11a-11d 98,243. 0. 0.

10 a Gross sales of inventory, less returns

Total revenue. See instructions

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

D-	All other organizations must comp	(A)	(B)	(C)	(D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				<del></del>
	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	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	207,415.	128,876.	47,436.	31,103
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	110.005			
7	Other salaries and wages	110,237.	79,297.	11,828.	19,112
8	Pension plan contributions (include section 401(k)	22 104	14 254		
	and section 403(b) employer contributions)	23,184.	14,374.	4,637.	4,173
9	Other employee benefits	10 250	10 000		
10	Payroll taxes	19,358.	12,002.	3,872.	3,484
11	Fees for services (non-employees):	14 000		14 000	
a		14,000.	<del>-</del>	14,000.	<del>-</del>
Ь	_ ~ <del> </del>	6,353.		6,353.	
C	-	24,135.		24,135.	
d					
e					
f	Investment management fees	30 005	20 075	1 100	
9	F	29,995.	28,875.	1,120.	
12	Advertising and promotion	16,752.	16,752.	1 000	
13	Office expenses	18,382.	16,482.	1,000.	900
14	Information technology	7,644.	3,382.	3,280.	982
15 46	Royalties	47,374.	29,372.	0.475	0 5 2 7
16 47	Occupancy	56,165.	53,294.	9,475.	8,527
17 40	Travel	30,103.	33,234.	1,511.	1,360
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials  Conferences, conventions, and meetings				<del></del>
20	Interest			-	
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,569.	12,133.	3,914.	3,522
23	Insurance	36,717.	19,983.	10,932.	5,802
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 )		13,7300	10/332.	37002
а	SPORT SPONSORSHIPS	1,277,426.	1,277,426.		
ь	TOURNAMENT EXPENSES	556,950.	556,950.		
c	PROMOTIONAL EXPENSES	135,447.	135,447.	-	
d	DEVELOPMENT EXPENSES	34,943.	7,761.		27,182
e	PRINTING AND PUBLISHING	11,587.	11,587.		
f	All other expenses	77,967.	71,452.	6,515.	
25	Total functional expenses. Add lines 1 through 24f	2,731,600.	2,475,445.	150,008.	106,147
<u> </u>	Joint costs Check here ▶ ☐ If following			,	<u> </u>
-	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

932010 02-04-10

Form **990** (2009)

Pa	<u>rt X</u>	Balance Sheet				
	<b>, -</b> -			(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		3,434,761.	2	2,597,202
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	į	410,860.	4	190,672
	5	Receivables from current and former officers, directors, t	rustees, key			
	ļ	employees, and highest compensated employees. Comp	lete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as defined u				
		4958(f)(1)) and persons described in section 4958(c)(3)(B	). Complete			
		Part II of Schedule L			6	
ets	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		3,898.	9	4,600
	10a	Land, buildings, and equipment: cost or other	146 677			
		basis. Complete Part VI of Schedule D 10a	146,677. 96,262.	67.076		50 415
	l	Less: accumulated depreciation 10b	96,262.	67,976.	10c	50,415.
	11	Investments - publicly traded securities			11	<del>-</del>
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		975.	14	075
	15 16	Other assets. See Part IV, line 11		3,918,470.	15	975.
	17	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses		287,794.	16	2,843,864. 573,992.
	18	Grants payable		201,194.	17	373,332
	19	Deferred revenue		<del></del>	18 19	
	20	Tax-exempt bond liabilities		<del></del>	20	
S	21	Escrow or custodial account liability Complete Part IV of	Schedule D	<del></del>	21	
iţie	22	Payables to current and former officers, directors, trustee		· <del>-</del> · · · · ·	21	<del></del>
Liabilities		highest compensated employees, and disqualified persor				
Ë		of Schedule L	is complete full in		22	
	23	Secured mortgages and notes payable to unrelated third	parties		23	
	24	Unsecured notes and loans payable to unrelated third pa	· .		24	
	25	Other liabilities. Complete Part X of Schedule D		<del>-</del>	25	
	26	Total liabilities. Add lines 17 through 25		287,794.	26	573,992.
		Organizations that follow SFAS 117, check here	X and complete			
es		lines 27 through 29, and lines 33 and 34.				
anc	27	Unrestricted net assets		3,602,907. 27,769.	27	2,269,872.
3al	28	Temporarily restricted net assets		27,769.	28	0.
힏	29	Permanently restricted net assets			29	
Ē		Organizations that do not follow SFAS 117, check here	e ▶ 🔲 and			
ō		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment	fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or	other funds		32	
~	33	Total net assets or fund balances		3,630,676.	33	2,269,872.
	34	Total liabilities and net assets/fund balances		3,918,470.	34	2,843,864.

Form **990** (2009)

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.

87-065]	1075	Pag	je 12
	_	Yes	No
ıle O.			
	2a		X
	2b	X	
	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 Sched 2a Were the organization's financial statements compiled or reviewed by an independent accountant? b Were the organization's financial statements audited by an independent accountant? c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both X Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? X 3a

Form **990** (2009)

3ь

### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section

OMB No 1545-0047

Inspection

Name of the organization

4947(a)(1) nonexempt charitable trust.

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

**Employer identification number** 

				ORTS COMMISS						8	7-0651	075	
Pε	irt I	Reason	for Public Char	ity Status (All organiz	zations mu	ıst comple	te this par	t ) See ins	tructions.		_		
ſhe	organ	ization is not a	a private foundation	because it is (For lines	1 through	11, check	only one t	oox.)					
1	$\square$	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in <b>s</b> e	ection 170	)(b)(1)(A)(i	).				
2	$\square$	A school des	scribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach Sc	hedule E)								
3				tal service organization									
4	لــا	A medical res	search organization	operated in conjunction	with a hos	spital desc	rıbed ın se	ection 170	)(b)(1)(A)(i	ii). Enter t	the hospita	l's name,	
		city, and stat											
5		An organizati	on operated for the	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental un	ıt describ	ed in		
			(b)(1)(A)(iv). (Comple	•									
6				ent or governmental uni									
7	X	, and the general public december in											
		section 170(b)(1)(A)(vi). (Complete Part II.)											
8	뭐	☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )											
9	ш			elves: (1) more than 33									
				nctions - subject to certa							-		
				axable income (less sec	tion 511 ta	ix) irom bu	isinesses a	acquired b	by the orga	anization	after June (	30, 1975.	
10			509(a)(2). (Complete	•	at far aubl	la andatu. C		F00(-)/	41				
11	Ħ			perated exclusively to te perated exclusively for the						ar out the		of ann au	
••	ш			ations described in secti						-			
				organization and compl				_). Oee <b>se</b> (	ction 309	(a)(o). One	CCK THE DOX	· iiiai	
		a Type I		¬ ·	с 🔲 Тур	•		tegrated		d	Type III - (	Other	
е		By checking	this box, I certify that	at the organization is not			-	-	r more dis	qualified			
				han one or more publicly									
f				ten determination from								, , , ,	
		supporting of	rganization, check th	nis box									
9		Since August	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	from any	of the foll	owing per	sons?			
		(i) A perso	n who directly or ind	lirectly controls, either al	lone or tog	ether with	persons o	described	ın (II) and (	(III) below,	·	Yes No	
		the gove	erning body of the s	upported organization?							11g(i)	<u> </u>	
		•	•	n described in (i) above?							11g(ii)		
			•	person described in (i)	• •						11g(iii)	<u> </u>	
h		Provide the fo	ollowing information	about the supported or	ganization	(s).							
				(iii) Type of	<u> </u>		1		1 ()		_		
(i)		of supported	(II) EIN	organization		organization sted in your			organizati	on in col		mount of	
	orga	inization		(described on lines 1-9		document?		r support?	(i) organiz U S		sup	pport	
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
				(,	1.00			130					
					ļ	<del></del>							
			<del> </del>			<del> </del>							
										<u> </u>			
_													
Tota	1		l	1	1		1	<u> </u>	1	1 1			

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1556210.10206576. 1178200. 1277700. 3882700. 2311766. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 1178200. 1277700. 3882700. 2311766. 1556210.10206576. 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 10206576. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1178200 1277700 3882700. 2311766 1556210. 10206576. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 86,141. 179,078. 53,429. 77,938. 24,580. 421,166. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 45,678. <307,380.≱115,120.⊳227,024. 24,495.**<**125,303.> assets (Explain in Part IV) 10502439. 11 Total support. Add lines 7 through 10 2,399,376. 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 97.18 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 97.40 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and	(4) 2000	(a) 2000	(0) 2001	(4) 2000	(6) 2009	(i) Total
membership fees received. (Do not						
include any "unusual grants.")		ĺ				
2 Gross receipts from admissions,				<del> </del>	<del>-</del>	
merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that					_	
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities	-		-			
furnished by a governmental unit to						
the organization without charge			<del></del>	_		
6 Total. Add lines 1 through 5					<del> </del>	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons					<u> </u>	
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)			.,	., ,		
Section B. Total Support	-	·		<u> </u>		
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	(4) = 44	(4, 2000	(0) 2001	(4) 2000_	10,2000	(i) rotal
10a Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b			<del></del> -			
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital	_	-				
assets (Explain in Part IV.)  13 Total support (Add lines 9, 10c, 11, and 12)	_					
14 First five years. If the Form 990 is for t	ne organization'	s first, second, thin	d, fourth, or fifth te	ax vear as a secti	on 501(c)(3) organiz	ration.
check this box and stop here		, 2000110, 0111	. ,	,	00 1 (0)(0) Organiz	<b>▶</b> □
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2009 (lin			olumn (fl)		15	
16 Public support percentage from 2008 S		=	0.0.1 (1))		16	
Section D. Computation of Invest					110	<u> </u>
17 Investment income percentage for 200			e 13 column (fl)		17	
	•	•	e 13, column (i))		18	
			on line 14 and her	1E in mara th	<del></del>	7 to not
19a 33 1/3% support tests - 2009. If the o						/ IS NOT
more than 33 1/3%, check this box and			· ·			<b>▶</b> L_
<b>b 33 1/3% support tests - 2008.</b> If the o						and
line 18 is not more than 33 1/3%, chec	this box and st	t <b>op nere.</b> The orga	nization qualifies a	s a publicly supp	orted organization	▶∟
20 Private foundation. If the organization			4.0			

## Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

UTAH SPORTS COMMISSION FOUNDATION

Employer identification number 87–0651075

Pa	t I Organizations Maintaining Donor Advise		ds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		·
		(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)	<del></del>	
4	Aggregate value at end of year	==	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's	<del>-</del>	Yes No
6	Did the organization inform all grantees, donors, and donor a	_	be used only
	for charitable purposes and not for the benefit of the donor of		
	Impermissible private benefit?	, , ,	Yes No
Pai		ganization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or p		nistorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form	m of a conservation easement on the last
	day of the tax year		n or a someof various casement on the last
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	` '	2d
3	Number of conservation easements modified, transferred, rel		
_	year ▶	oacea, comingerence, or terrimitated by the	no organization during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		- f
-	violations, and enforcement of the conservation easements if	- · · · - ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	· · · · · · · · · · · · · · · · · · ·	
8	Does each conservation easement reported on line 2(d) above		<del></del>
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expens	
	include, if applicable, the text of the footnote to the organizat	· · · · · · · · · · · · · · · · · · ·	
	conservation easements.		o. ga <u>-</u> a o accesg . <b></b> .
Pa	† Ⅲ Organizations Maintaining Collections of	Art, Historical Treasures, or (	Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	public service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these i		,
ь	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	ance sheet works of art, historical treasures.
	or other similar assets held for public exhibition, education, o	·	•
	these items:		, p
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical treations	asures, or other similar assets for finance	
-	the following amounts required to be reported under SFAS 1		g, p
а	Revenues included in Form 990, Part VIII, line 1	The second secon	<b>▶</b> \$
b	Assets included in Form 990, Part X		► \$ ► \$
			· · ·

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

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.

02-01-10

Schedule D (Form 990) 2009

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

	dule D (Form 990) 2009 UTAH SPORTS COMMISSION FOUN					<u>0651075</u>	Page 4
Pa	AXI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Finan	cial Sta	temen		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		1,370	<u>,796.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		2,731	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3		<1,360	<u>,804.</u> :
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	Investment expenses .			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8			
9	Total adjustments (net). Add lines 4 through 8			9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		_	10		<1,360	,804.
Pa	t XII Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Rever	nue per	Returi		
1	Total revenue, gains, and other support per audited financial statements				1	1,654	,453.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b	28	3,657	-		
¢	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d	<u></u>			2e	283	,657.
3	Subtract line 2e from line 1				3	283 1,370	796.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
ь	Other (Describe in Part XIV.)	4b					
c	Add lines 4a and 4b				4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	1,370	796.
,	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts W	/ith Expe	nses pe		ırn	
1	Total expenses and losses per audited financial statements				1	3,015	.257.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						72016
-	Donated services and use of facilities	2a	28	3,657			
ь	Prior year adjustments	2b		<del></del>	7		
c	Other losses	2c			-		
d	Other (Describe in Part XIV)	2d			$\dashv$		
e	Add lines 2a through 2d	_ Zu			2e	283	657
3	Subtract line 2e from line 1				3	283 2,731	600
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				-3-	2,731	,000.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
	Other (Describe in Part XIV)	4b			-		
b		40			-		0.
_	Add lines 4a and 4b  Total expenses Add lines 2 and 4a (This must expel Form 000, Flort / line 19.)				4c	2,731	,600.
D <sub>20</sub>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  TXIV Supplemental Information				5	2,731	,000.
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, e 2; Part XI, line 8, Part XII, lines 2d and 4b Also complete 2; Part XI, line 8, Part XII, lines 2d and 4b Also complete 2; Part XIII, lines 2d and 4b Also complete 3; Part XIII, lines 2d and 4b Also complete 3; Part XIII, lines 2d and 4b Also complete 3; Part XIII, lines 2d and 4b Also complete 3; Part XIII, lines 2d and 4b Also complete 3; Part XIII, lines 2d and 4b Also complete 3; Part XIII, lines 2d and 4b Also complete 3; Part XIII, lines 2d and 4b Also complete 3; Part XIII, lines 2d and 4b; Part XIII, lines 2d and 4b Also complete 3; Part XIII, lines 2d and 4b Also comple						4; Part
					Sched	dule D (Form 9	90) 2009

### **SCHEDULE J** (Form 990)

Department of the Treasury

**Compensation Information** 

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

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization ► Attach to Form 990. ► See separate instructions.

UTAH SPORTS COMMISSION FOUNDATION

**Employer identification number** 87-0651075

P	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			-
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			ĺ
	First-class or charter travel Housing allowance or residence for personal u	se		ĺ
	Travel for companions Payments for business use of personal resider	nce		ĺ
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	ŀ		l
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	If any of the haves on line to are checked did the arrestment of filling a winter a classical did the arrestment of the contract of the contra			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	4.		1
2	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
_	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, director			ĺ
	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			İ
•	CEO/Executive Director Check all that apply			
	X Compensation committee X Written employment contract			ĺ
	Independent compensation consultant  Compensation survey or study			į
	Form 990 of other organizations  X Approval by the board or compensation comm			
	Approval by the board of compensation commit	iiitee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			ĺ
	organization or a related organization:			ĺ
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			į
	contingent on the revenues of:			
а	The organization?	5a	`	Х
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III		(	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		
LHA	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Form	990)	2009

Part # Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed Schedule J (Form 990) 2009

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 VIII, line 1a

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(0)	(Q)	(E)	(7)
(A) Name		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior
			compensation	compensation				Form 990-EZ
	<u></u>	187,439.	0	0	0	32,176.	219,615.	0
JEFF ROBBINS	(ii)	0	0	• 0	0	0	0	0
	(i)							
	<u>(ii)</u>							
	ε							
	(E)							
	ε							
	<u>(ii)</u>							
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Schedule J (Form 990) 2009

### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

**Employer identification number** 

Schedule M (Form 990) 2009

		COMMIS	SION FOUN	DATION		87-	<u>-0651</u>	<u>075</u>	
Par	t i Types of Property								
		(a) Check if applicable	(b) Number of contributions	(c) Revenues repo Form 990, Part V		Method of	(d) determin enues	ing	•
1	Art · Works of art								
2	Art - Historical treasures		-						
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods		<del>, , , , , , , , , , , , , , , , , , , </del>						
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities · Partnership, LLC, or								
	trust Interests					<del></del>			
12	Securities - Miscellaneous					i			
13	Qualified conservation contribution -								
	Historic structures					1			
14	Qualified conservation contribution - Other		·						
15	Real estate - Residential								
16	Real estate · Commercial		<del>-</del>						
17	Real estate - Other						<del></del>		
18	Collectibles								
19	Food Inventory	X	4	20	800.	ESTIMATED	FAIR	- 17Δ	TJUE
20	Drugs and medical supplies	X	1				FAIR		
21	Taxidermy				000.	DOTTIMIDE	IMIN		шоп
	Historical artifacts	-	-						
22						· · · · · · · · · · · · · · · · · · ·	<del></del>		
23	Scientific specimens Archeological artifacts		_	<del></del>					
24		Х	6	23	775.	ESTIMATED	FAIR	777	TILE
25		X				<del></del>	FAIR		
26	,	X				<del></del>	FAIR		
27	· · · · · · · · · · · · · · · · · · ·			12,	000.	ESTIMATED	TAIR	_VA	пов
28	Other ( )		41 - 4						
29	Number of Forms 8283 received by the organi		•						
	for which the organization completed Form 82	83, Part IV, L	Jonee Acknowled	gment	29				T
					4.00.11		Γ	Yes	No
30a	During the year, did the organization receive b								
	at least three years from the date of the initial	contribution,	and which is not	required to be use	ed for exen	npt purposes for		1	v
	the entire holding period?						30a		X
	If "Yes," describe the arrangement in Part II.							1	v
31	Does the organization have a gift acceptance						31		X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or se	ii noncash				v
	contributions?						32a	ļ	X
b	If "Yes," describe in Part II.								
33	If the organization did not report revenues in c	olumn (c) for	a type of propert	y for which colum	n (a) is che	cked,			
	describe in Part II		_						<u> </u>

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

### SCHEDULE O (Form 990)

**Supplemental Information to Form 990** 

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

UTAH SPORTS COMMISSION FOUNDATION

Employer identification number 87-0651075

07 0031073
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
GOVERNED BY AN ALL-VOLUNTEER BOARD OF TRUSTEES CONSISTING OF STATEWIDE
SPORTS, BUSINESS, COMMUNITY, AND GOVERNMENT LEADERS. THE SPORTS
COMMISSION WAS CREATED TO FOSTER NATIONAL AND INTERNATIONAL AMATEUR
SPORTS COMPETITIONS TO BE HELD IN THE STATE OF UTAH, ACTING AS A
CATALYST IN UNIFYING THE STATES SPORTS COMMUNITY AND STRENGTHENING
UTAH'S PRESENCE IN THE GLOBAL SPORTS MARKETPLACE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INTERNATIONAL AMATEUR SPORTS COMPETITIONS TO BE HELD IN THE STATE OF
UTAH, ACTING AS A CATALYST IN UNIFYING THE STATES SPORTS COMMUNITY AND
STRENGTHENING UTAH'S PRESENCE IN THE GLOBAL SPORTS MARKETPLACE.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
SPORT TOURISM AND MARKETING - THE ORGANIZATION PARTNERS WITH
WORLD-CLASS SPORTS EVENTS TO SHOWCASE THE OUTSTANDING VENUES ACROSS THE
STATE AND LEVERAGE THOSE EVENTS WHERE ADVERTISING AND/OR SPORTS TOURISM
ACTIVITIES CAN BE EXECUTED TO HELP PROMOTE AND BRAND UTAH.
EXPENSES \$ 91090. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11: THE AUDIT COMMITTEE REVIEWS FORM
990 FOR ACCURACY AND COMPLETENESS PRIOR TO ISSUANCE
FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST
STATEMENTS ARE SIGNED BY ALL EMPLOYEES AND EXECUTIVE COMMITTEE MEMBERS AT
THE ANNUAL MEETING

Schedule O (Form 990) 2009

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

## **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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

Attach to Form 990.

2009

Open to Public Inspection

Name of the organization  UTAH SPORTS COMMISSION FOUNDATION	Employer identification number 87-0651075
	0. 0001075
FORM 990, PART VI, SECTION B, LINE 15A: THE CHAIRPERSON O	F THE AUDIT,
FINANCE & GOVERNANCE COMMITTEE DOES INDUSTRY REVIEW STUDY	BOTH IN-STATE OF
COMPARABLE/LIKE ORGANIZATIONS AS WELL AS INDUSTRY LEADING	LIKE
ORGANIZATIONS OUTSIDE THE STATE TO DO A PEER REVIEW IN TE	RMS OF
COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQ	UEST

2009 Open to Public Inspection Employer identification number 87-0651075 OMB No 1545-0047 Direct controlling entity ε End-of-year assets <u>©</u> Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Total Income ਰ ▶ See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) UTAH SPORTS COMMISSION FOUNDATION Primary activity Name, address, and EIN of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) status (if section Public charity 501(c)(3)) Exempt Code section 501(C)(6) ত্ত Legal domicile (state or foreign country) UTAH PROFESSIONAL SPORTING Primary activity PROMOTE AND SPONSOR EVENTS UTAH SPORTS COMMISSION - 87-0650627 Name, address, and EIN of related organization 201 SOUTH MAIN STREET STE 2125 SALT LAKE CITY, UT 84111

Part#

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

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Schedule R (Form 990) 2009

87-0651075

Page 2

Schedule R (Form 990) 2009 UTAH SPORTS COMMISSION FOUNDATION

Identification of Related Organizations Taxable as a Partnership (Complete if 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.) Part #

General or managing partner? Percentage ownership Schedule R (Form 990) 2009 8 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Code V-UBI amount in box 120 of Schedule K-1 (Form 1065) Share of end-of-year assets  $\epsilon$ ate allocations? Disproportion-Yes  $\hat{\boldsymbol{\epsilon}}$ Share of total Income  $\boldsymbol{\varepsilon}$ Share of end-of-year assets Type of entity (C corp, S corp, or trust) Share of total Income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) Direct controlling entity Primary activity ਢ 9 Legal domicile (state or foreign country) Û Primary activity € Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> <u>e</u> 932162 07-21-10 Part IV

87-0651075

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

		]	$\vdash$
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	SS 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?			<u> </u> :
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		19	×
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1b	×
c Gift, grant, or capital contribution from other organization(s)		1c	×
d   pans or loan quarantees to or for other organization(s)		7	×
			: >
e Loans of foat guarantees by other organization(s)		16	4
f Sale of assets to other organization(s)		=	×
g Purchase of assets from other organization(s)		19	×
h Exchange of assets		ŧ	×
i Lease of facilities, equipment, or other assets to other organization(s)		<b>;</b> =	×
			_
j Lease of facilities, equipment, or other assets from other organization(s)		1,	×
k Performance of services or membership or fundraising solicitations for other organization(s)		14	×
l Performance of services or membership or fundraising solicitations by other organization(s)		1	×
m Sharing of facilities, equipment, mailing lists, or other assets		1m X	
n Sharing of paid employees		1n X	
<ul> <li>Reimbursement paid to other organization for expenses</li> </ul>		10	×
p Reimbursement paid by other organization for expenses		1 <sub>p</sub> X	_
q Other transfer of cash or property to other organization(s)		1 <sub>0</sub> X	
r Other transfer of cash or property from other organization(s)		1.	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ansaction thresholds.		
(a) Name of other organization(s)	(b) Transaction	(c) Amount involved	ved
	type (a-r)		
(1) UTAH SPORTS COMMISSION	N	177,952	952.
(2) UTAH SPORTS COMMISSION	ъ	37,	37,060.
(3) UTAH SPORTS COMMISSION	M	20,	20,303.
(4)			
(9)			
334	Sched	Schedule R (Form 990) 2009	0) 2009

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	ip through which the organization organization or for certain investment partners	conducted more than	five percent	of its activities (mea	sured by to	tal assets or gross re	venue)
(e)	(g)	(၁)	9	<b>(e)</b>	€	(6)	Ξ
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
Comp to		country)	Yes No		Yes No		Yes No

Schedule R (Form 990) 2009

<u>Form</u>	8868 (Rev 4-2009)				Page 2
	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and				ightharpoons
	Only complete Part II if you have already been granted an automatic 3-month extension on a p	reviously filed	Form 8	3868.	
	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	- <u>-</u>			
Par	Additional (Not Automatic) 3-Month Extension of Time. Only file the	original (no co	ptes n	eeded).	
Туре	Name of Exempt Organization		Empl	oyer identifi	ication number
print			_		
File by	UTAH SPORTS COMMISSION FOUNDATION		8	7-06510	<u> </u>
extend	Number, street, and room or suite no. If a P.O. box, see instructions  of ARTHUR & ASSOC 175 S WEST TEMPLE STE 30		For IF	RS use only	
return	See City, town or post office, state, and ZIP code. For a foreign address, see instructions.		,		
	k type of return to be filed (File a separate application for each return):  Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form	n 1041·A [ n 4720 [	=	orm 5227 orm 6069	Form 8870
STOR	P! Do not complete Part II if you were not already granted an automatic 3-month extension	on a previous	sly file	d Form 8868	3.
	THE ORGANIZATION - 201 SOUTH MAIN BOOKS are in the care of SALT LAKE CITY, UT 84111		T, 1	NO. 212	25 –
	lephone No. ▶ 801-328-2372 FAX No. ▶ 80132				
	he organization does not have an office or place of business in the United States, check this bo				<b>▶</b> □
• If 1	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	If thi	s is for	the whole g	roup, check this
box		nd EINs of all i	memb	ers the exten	ision is for.
4	I request an additional 3-month extension of time untilMAY 15, 2011				
5		· · ·	JUN	30, 20	<u>)10                                    </u>
6	•	l return	L (	Change in ac	counting period
7	State in detail why you need the extension				
	ORGANIZATION NEEDS MORE TIME TO COMPLETE RELATE		S A	ND GOVE	ERNANCE
	PROCEDURES IN ORDER TO FILE AN ACCURATE FORM 99	1	- 1		
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less	any			
•	nonrefundable credits. See instructions.		8a	\$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and es				
	tax payments made. Include any prior year overpayment allowed as a credit and any amount po	aid			
	previously with Form 8868.		8b	\$	
С	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required,	•			NT / 7
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See	instructions.	8c	\$	N/A

Signature and Verification

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

Signature ► Title ► PRESIDENT AND CEO

Form 8868 (Rev 4-2009)

Date 🕨