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<b>A For the 2009 calendar year, or tax year beginning 09-01-2009 , and ending 08-31-2010</b>				
<b>B</b> Check if applicable	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization UTAH RETIRED SCHOOL EMPLOYEES ASSN		<b>D</b> Employer identification number  87-0538590
<input type="checkbox"/> Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite 1449 N 20 E		<b>E</b> Telephone number  (801) 756-4997
<input type="checkbox"/> Name change		City or town, state or country, and ZIP + 4 AMERICAN FORK, UT 84003		<b>F</b> Group Exemption Number 
<input type="checkbox"/> Initial return				
<input type="checkbox"/> Terminated				
<input type="checkbox"/> Amended return				
<input type="checkbox"/> Application pending				

<b>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b>	<b>G Accounting method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶
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<b>I Website:</b> <input type="checkbox"/> WWW.URSEA.ORG		<b>H Check</b> <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>J Tax-Exempt status</b> (check only one)— <input checked="" type="checkbox"/> 501(c)(4) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

<b>L</b> Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	<b>\$</b>	48,695
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Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I )				
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	48,040
	2	Program service revenue including government fees and contracts . . . . .	2	
	3	Membership dues and assessments . . . . .	3	
	4	Investment income . . . . .	4	655
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	
	b	Less cost or other basis and sales expenses . . . . .	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here  		
	a	Gross revenue (not including \$ _of contributions reported on line 1) . . . . .	6a	
	b	Less direct expenses other than fundraising expenses . . . . .	6b	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	
	7a	Gross sales of inventory, less returns and allowances . . . . .	7a	
b	Less cost of goods sold . . . . .	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c		
8	Other revenue (describe  _____)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . 	9	48,695	
Expenses	10	Grants and similar amounts paid (attach schedule) . . . . .	10	
	11	Benefits paid to or for members . . . . .	11	
	12	Salaries, other compensation, and employee benefits . . . . .	12	
	13	Professional fees and other payments to independent contractors . . . . .	13	
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	
	15	Printing, publications, postage, and shipping . . . . .	15	
	16	Other expenses (describe   _____)	16	35,818
	17	Total expenses. Add lines 10 through 16 . . . . . 	17	35,818
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	12,877
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	43,518
	20	Other changes in net assets or fund balances (attach explanation)  . . . . .	20	14,670
	21	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . . 	21	71,065

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

(See the instructions for Part II )		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	43,518	22 71,065
23	Land and buildings . . . . .		23
24	Other assets (describe _____)		24
25	<b>Total assets</b> . . . . .	43,518	25 71,065
26	<b>Total liabilities</b> (describe _____)		26
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .	43,518	27 71,065

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? <u>REPRESENT AND ADVOCATE FOR THE INTERESTS OF RETIRED PUBLIC EDUCATION EMPLOYEES</u>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
<b>28</b> DISSEMINATE INFORMATION TO AND RECEIVE INPUT FROM THE ASSOCIATION MEMBERSHIP ADVOCATE FOR PUBLIC EDUCATION INTERESTS (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>28a</b>	35,818
<b>29</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>29a</b>	
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>30a</b>	
<b>31</b> Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>		<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . . <input checked="" type="checkbox"/>		<b>32</b>	35,818

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV )				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part VOther Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T . . . . .		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements? . . . . .	35a	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . .	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 . . . . .	39a	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40e	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>ROGER MINER</u> Telephone no ▶ <u>(801) 756-4997</u> 1449 N 20 E Located at ▶ <u>AMERICAN FORK, UT</u> ZIP + 4 ▶ <u>84003</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <u>43</u>		
44	Did the organization maintain any donor advised funds? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	45	No

Part VI

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

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

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(f) Total number of other employees paid over \$100,000 . . . . .

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation











51(d) Total number of other independent contractors each receiving over \$100,000 . . . . .

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	***** Signature of officer		2010-10-15 Date		
	ALLAN NELSON, PRESIDENT Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	JOHN FREI	Date 2010-10-15	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	C KIRK HOLT & ASSOC. CPA'S 14 N MAIN ST SPRINGVILLE, UT 84663			EIN
					Phone no (801) 489-7790
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Additional Data

Software ID:  
Software Version:  
EIN: 87-0538590  
Name: UTAH RETIRED SCHOOL EMPLOYEES ASSN

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ALLAN NELSON  8680 RUSSELL PARK RD SLC,UT 84121	PRESIDENT 0	0		
RUBY HAMMEL  2415 E 6660 S SLC,UT 84121	PRESIDENT EL 0	0		
LARRY BLANCH  4751 W 500 S OGDEN,UT 84404	SECRETARY 0	0		
KAREN LARSEN  991 GROVECREED DR PLEASANT GROVE,UT 84062	BULLETIN EDI 0	0		
CAROL JENSON  4734 REYNOLDS CT SLC,UT 84117	MEMBERSHIP 0	0		
ROBERT BURT  4078 CLIPPER STREET SARATOGA SPRINGS,UT 84045	COMMUNITY PR 0	0		
MAXINE BABLIS  1530 DOWNINGTON AVE SLC,UT 84105	HISTORIAN 0	0		
JOYCE HANSEN  P O BOX 9067 SLC,UT 84109	PAST PRESIDE 0	0		
CLIFF DEGRAW  4950 SOMMET DR HOLLADAY,UT 84117	HEALTH CARE 0	0		
ROGER MINER  1449 N 200 E AMERICAN FORK,UT 84003	EXECUTIVE DI 0	0		

**TY 2009 Compensation Explanation****Name:** UTAH RETIRED SCHOOL EMPLOYEES ASSN**EIN:** 87-0538590

Person Name	Explanation
ALLAN NELSON	
RUBY HAMMEL	
LARRY BLANCH	
KAREN LARSEN	
CAROL JENSON	
ROBERT BURT	
MAXINE BABLIS	
JOYCE HANSEN	
CLIFF DEGRAW	
ROGER MINER	

TY 2009 Other Changes in Net Assets Schedule

**Name:** UTAH RETIRED SCHOOL EMPLOYEES ASSN

**EIN:** 87-0538590

Description	Amount
CERTIFICATE OF DEPOSIT NOT INCLUDED ON PRIOR YEAR	14,670



**TY 2009 Other Expenses Schedule****Name:** UTAH RETIRED SCHOOL EMPLOYEES ASSN**EIN:** 87-0538590

Description	Amount
EXPENSES	
BULLETIN PRINTING	15,892
MILEAGE	1,785
SUPPLIES	1,659
POSTAGE	6,251
MEETING REGISTRATION	3,503
MISCELLANEOUS	288
TELEPHONE	75
BANK CHARGES	15
BOARD ACTIVITY	358
CORPORATE RENEWAL	15
DUES	100
EQUIPMENT	899
TAX PREPARATION	240
GIFTS AND AWARDS	190
MEMBERSHIP PROMOTION	1,881
SOFTWARE	362
UEA HOUSE OF DELEGATES	70
ANNUAL MEETING EXPENSE	1,133
CATERER	546
TRAVEL	556