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Form 990-EZ

Department of the Treasury  
Internal Revenue Service**Short Form**  
**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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

**2009****Open to Public  
Inspection****A For 2009 calendar year, or tax year beginning** OCTOBER 01, 2009, **and ending** SEPTEMBER 30, 2010**B** Check if applicable

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

Please use IRS label or print or type See Specific Instructions

**C Name of organization**

UTAH GEOLOGICAL ASSOCIATION

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

PO BOX 520100

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

Salt Lake City UT 84152

**D Employer identification number**

87-0287732

**E Telephone number**

(801) 537-3370

**F Group Exemption Number** ▶• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).****G Accounting Method** ☒ Cash ☐ Accrual  
Other (specify) ▶**I Website:** ▶ N/A**H Check** ☒ if organization is not required to attach Sch B (Form 990, 990-EZ or 990-PF)**J Tax-exempt status** (check only one) – ☒ 501(c)(6) (insert no) ☐ 4947(a)(1) or ☐ 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.**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ.** ▶ \$ 38,616**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21								
REVENUE	1	Contributions, gifts, grants, and similar amounts received														955																				
	2	Program service revenue including government fees and contracts																																		
	3	Membership dues and assessments														3,060																				
	4	Investment income														1,865																				
	5a	Gross amount from sale of assets other than inventory																																		
	5b	Less cost or other basis and sales expenses																																		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																		
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>																																		
	6a	Gross revenue (not including \$ of contributions reported on line 1)														22,198																				
6b	Less direct expenses other than fundraising expenses														10,141																					
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)														12,057																					
7a	Gross sales of inventory, less returns and allowances																																			
7b	Less cost of goods sold																																			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																			
8	Other revenue (describe ▶ See attachment #1)														10,538																					
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8														28,475																					
EXPENSES	10	Grants and similar amounts paid (attach schedule)																																		
	11	Benefits paid to or for members																																		
	12	Salaries, other compensation, and employee benefits																																		
	13	Professional fees and other payments to independent contractors																																		
	14	Occupancy, rent, utilities, and maintenance																																		
	15	Printing, publications, postage, and shipping														16,604																				
	16	Other expenses (describe ▶ See attachment #2)														12,692																				
	17	Total expenses. Add lines 10 through 16														29,296																				
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														-821																				
	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)														176,518																				
	20	Other changes in net assets or fund balances (attach explanation)																																		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20														175,697																				

**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	124,693	71,571
23	Land and buildings		
24	Other assets (describe ▶ See attachment #3)	51,825	104,126
25	Total assets	176,518	175,697
26	Total liabilities (describe ▶)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	176,518	175,697

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

Form 990-EZ (2009)

SCANNED JAN 07 2011

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<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (See the instructions for Part III )
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## Expenses

What is the organization's primary exempt purpose? See attachment #4

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

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, & other relevant information for each program title.

**28** See attachment #5

**28a**

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

29

29a

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

30

30a

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

31 Other program services (attach schedule)

31a

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

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

32

0

<b>Part IV</b>		<b>List of Officers, Directors, Trustees, and Key Employees.</b>	List each one even if not compensated (See the instr. for Part IV)
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[illegible]

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

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

- 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as 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?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		X
47		X
48		X
49a		X
49b		X

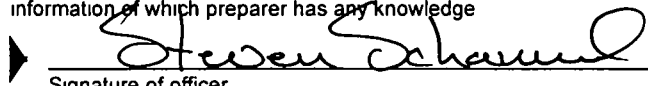
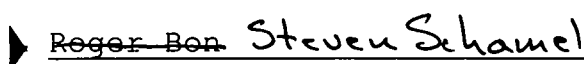
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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

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

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

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Dec 14, 2010 Date	
Paid Preparer's Use Only	 Type or print name and title		Treasurer UGA President	
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying no. (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Morley & Berrett CPA's LLC 1656 W Reunion Ave Ste 100 South Jordan, UT 84095		EIN ▶ Phone no ▶ 801-562-1940	

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

▶ ☒ Yes ☐ No

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

**Open to Public Inspection**

87-0287732

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17  
Form 990-EZ filers are not required to complete this part

- g ☐ Special fundraising events**

- ☐
- Yes
- ☒
- No

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II** Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(Add col (a) through col (c))
R E V E N U E	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)				
D I R E C T  E X P E N S E S	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d)				( )
	11 Net income summary Combine line 3, column (d), and line 10				

**Part III** Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) thru col (c))
R E V E N U E	1 Gross revenue				
D I R E C T  E X P E N S E S	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No _____ %	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No _____ %	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No _____ %	
7 Direct expense summary Add lines 2 through 5 in column (d)				( )	
8 Net gaming income summary Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		X
10a		X
11		X
12		X

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility	<b>13a</b>	%
<b>b</b>	An outside facility	<b>13b</b>	%
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<b>15a</b>	X
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b>	If "Yes," enter name and address of the third party		
Name ► _____			
Address ► _____			
<b>16</b>	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	<b>17a</b>	X
<b>b</b>	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		



Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 8

## Inspection

**For calendar year 2009 or tax period beginning 10-01-2009, and ending 09-30-2010.**

UTAH GEOLOGICAL ASSOCIATION

87-0287732

**Total**

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 24

**For calendar year 2009 or tax period beginning 10-01-2009, and ending 09-30-2010.**

UTAH GEOLOGICAL ASSOCIATION

87-0287732

**Totals**

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

**For calendar year 2009 or tax period beginning 10-01-2009, and ending 09-30-2010.**

UTAH GEOLOGICAL ASSOCIATION

87-0287732

Total	12,692
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## PRIMARY EXEMPT PURPOSE

Attachment 4: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 10-01, and ending 09-30-2010.
Name of Organization UTAH GEOLOGICAL ASSOCIATION	Employer Identification Number 87-0287732

### Primary Purpose

Provide a means whereby members of the assoication and the general public can stay current on geological topics. Publish guidebooks, hold luncheons and publish a newsletter.

## PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 10-01-2009, and ending 09-30-2010.	
Name of Organization UTAH GEOLOGICAL ASSOCIATION		Employer Identification Number 87-0287732
Part III - Statement of Program Service Accomplishments		
Grants and allocations	Amount includes foreign grants	Program service expenses
Exempt Purpose Achievements		

Exempt

# CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 6: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning 10-01-2009, and ending 09-30-2010
Name of Organization UTAH GEOLOGICAL ASSOCIATION	Employer Identification Number 87-0287732

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
STEVEN SCHAMEL 1256 YALE AVE Salt Lake City, UT 84105	PRESIDENT ELECT 2.00	0	0	0
THOMAS B. FADDIES 151 S 1920 W Provo, UT 84601	PAST PRESIDENT 2.00	0	0	0
ROBERT RESSETAR PO BOX 146100 Salt Lake City, UT 84114	PROGRAM CHAIR 2.00	0	0	0
NEIL BURK 3100 W. PINEBROOK RD., STE 1100 Park City, UT 84098	SECRETARY 2.00	0	0	0
ROGER L BON 1934 RUA BRANCO DR. Sandy, UT 84093	TREASURER 2.00	0	0	0
RANDY G WHITE PO BOX 30825 Salt Lake City, UT 84130	PRESIDENT 2.00	0	0	0

**BOOKS ARE IN CARE OF**

Attachment 7 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning 10-01, and ending 09-30-2010.
Name of Organization UTAH GEOLOGICAL ASSOCIATION	Employer Identification Number 87-0287732
Part V - Line 42a	

Individual Name RON L BON  
or  
Business Name

Street Address 1934 Rua Branco Dr

U S Address

Zip code 84093 City Sandy State UT  
or

Foreign Address

City \_\_\_\_\_

Province or State \_\_\_\_\_

Country \_\_\_\_\_

Postal code \_\_\_\_\_

Phone Number (801) 942-0533

Fax Number \_\_\_\_\_