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**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)**

2009

Department of the Treasury
Internal Revenue Service

► 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

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A For 2009 calendar year, or tax year beginning OCTOBER 01, 2009, and ending SEPTEMBER 30, 2010		
<input checked="" type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UTAH GEOLOGICAL ASSOCIATION	D Employer identification number 87-0287732
	Number & street (or P O box, if mail is not delivered to street addr) PO BOX 520100	Room/ suite
	City or town, state or country, and ZIP + 4 Salt Lake City UT 84152	E Telephone number (801) 537-3370
	F Group Exemption Number	
	G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	
	H Check ► if organization is not required to attach Sch B (Form 990, 990-EZ or 990-PF)	

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I **Website:** ► N/AJ **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)

		RECEIVED		1	955
		411	DEC 16 2010		
REVENUE	1 Contributions, gifts, grants, and similar amounts received			5a	
	2 Program service revenue including government fees and contracts			5b	
	3 Membership dues and assessments				
	4 Investment income				
	5a Gross amount from sale of assets other than inventory				
	b Less cost or other basis and sales expenses				
	c 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				
	a Gross revenue (not including \$ _____ of contributions reported on line 1)			6a	22,198
b Less direct expenses other than fundraising expenses			6b	10,141	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	12,057	
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 ► See attachment #1)			8	10,538	
9 Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			9	28,475	
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	16,604
	16 Other expenses (describe ► See attachment #2)			16	12,692
	17 Total expenses. Add lines 10 through 16			17	29,296
NET ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-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)			19	176,518
	20 Other changes in net assets or fund balances (attach explanation)			20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20			21	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	23 Land and buildings		
22 Cash, savings, and investments		124,693	22	71,571	
23 Land and buildings			23		
24 Other assets (describe ► See attachment #3)		51,825	24	104,126	
25 Total assets		176,518	25	175,697	
26 Total liabilities (describe ►		0	26	0	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		176,518	27	175,697	

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

Form 990-EZ (2009)

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	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	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?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	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	36	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	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
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 ► <u>NONE</u>		
42a The organization's books are in care of ► <u>See attachment #7</u> Telephone no ► Located at ► 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.? If "Yes," enter the name of the foreign country ►	42c	X
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 Yes No 46 X

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 X

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a X

b If "Yes," was the related organization a section 527 organization? 49b X

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" None

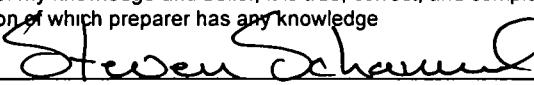
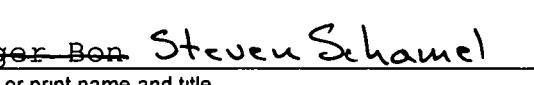
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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" 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  Type or print name and title Treasurer UGA President		
Paid Preparer's Use Only	Preparer's signature ►	Date	Check if self-employed ► <input type="checkbox"/>
	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 ► 801-562-1940 Phone no ►

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

► Yes No

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2009

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization

UTAH GEOLOGICAL ASSOCIATION

Employer identification number
87-0287732

Part I **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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes

No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Yes	No				
Total					

Total

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

REVENUE		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (Add col (a) through col (c))
1	Gross receipts				
2	Less Charitable contributions				
3	Gross income (line 1 minus line 2)				
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

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) thru col (c))
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input 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
13 Indicate the percentage of gaming activity operated in		
a The organization's facility	13a	%
b An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	X
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c If "Yes," enter name and address of the third party		
Name ►		
Address ►		
16 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
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	X
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 ► \$ _____		

SCHEDULE OF OTHER REVENUE

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

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	

SCHEDULE OF OTHER ASSETS

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

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		
Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
HANK GOODE EDUCATIONS FUND	51,825	104,126	
Totals	51,825	104,126	

SCHEDULE OF OTHER EXPENSES

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

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

Description of Other Expenses	Amount
LUNCHEON SPEAKER	1,208
AWARDS	10,100
PO BOX RENTAL	220
MAILINGS	361
WEBSITE	554
BANK FEES	25
BUSINESS LICENSE RENEWAL	224

Total

12,692

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 association 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