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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

2009

Open to Public  
Inspection

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

A For the 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 CERTIFIED DEVELOPMENT COMPANY Doing Business As Number and street (or P.O. box if mail is not delivered to street address) 5333 S ADAMS AVE SUITE #B City or town, state or country, and ZIP + 4 OGDEN UT 84405	D Employer identification number 87-0477091
			E Telephone number (801) 627-1333
			F Gross receipts \$ 1,827,428

I Tax-exempt status:  501(c)(6) (insert no.)  4947(a)(1) or  527

J Website: ► N/A

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1979 M State of legal domicile UT

## Part I Summary

1 Briefly describe the organization's mission or most significant activities:  
SEE ATTACHMENT #1

A C T I V I T E S & G O V E R N A N C E	2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of employees (Part V, line 2a)	5	
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
R E V E N U E	8 Contributions and grants (Part VIII, line 1h)	Prior Year	
	9 Program service revenue (Part VIII, line 2g)	1,816,459	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,563	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,820,022	
	12 Total revenue -- add lines 8 through 11 (must equal Part VI, column (A), line 12)		
E X P E N S E S	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,000	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,040,440	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)	673,131	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,738,571	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	81,451	
	19 Revenue less expenses. Subtract line 18 from line 12		
N O R A L A S S E T S D U R I N G	20 Total assets (Part X, line 16)	Beginning of Current Year	
	21 Total liabilities (Part X, line 26)	End of Year	
	22 Net assets or fund balances. Subtract line 21 from line 20	1,612,980	1,653,636
		200,712	159,917
	1,412,268	1,493,719	

## Part II Signature Block

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

Sign  
Here

  
Signature of officer  
ROBERT D. RICHARDS, PRESIDENT

11/20/2010  
Date

Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► BRENT E LITZ CPA	Date 11/11/10	Check if self- employed ►	Preparer's identifying number (see instr.) EIN 87 ► 0493070
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► 5145 S AIRPORT RD STE 100 ROY, UT 84067			Phone no. ► (801) 825-4100

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

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

Form 990 (2009)

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**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

SEE ATTACHMENT #2

\_\_\_\_\_

\_\_\_\_\_

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? .....  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? .....  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4b (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4c (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4d Other program services. (Describe in Schedule O.)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ► \$

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .		X
2 Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .		X
3 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 . . . . .		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .		N/A
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .		
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 . . . . .		X
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 . . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		X
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 . . . . .		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 . . . . .		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .		
● Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
● Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
● Did the organization report an amount for investments -- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
● Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 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.	12	X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional . . . . .	12A	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	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	X
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	X
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	X
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	X
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 . . . . .	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	20	X

## Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	21 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 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 N/A	
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 N/A	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d N/A	
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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 X	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .	26 X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection 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):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28a X	
b	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 X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31 X	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32 X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	33 X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	34 X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35 X	
36	<b>Section 501(c)(3) organizations.</b> 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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	37 X	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O . . . . .

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable . . . . .	1a	1
1b		1b	0
1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
2b			
3a	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		
3b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	X	
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)? . . . . .	N/A	
4b	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? . . . . .	X	
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	X	
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	N/A	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .	X	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	N/A	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	N/A	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	X	
7d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	X	
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	X	
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	X	
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	X	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b>		
8	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	X	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
9a	Did the organization make any taxable distributions under section 4966? . . . . .	X	
9b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	X	
10	<b>Section 501(c)(7) organizations.</b> Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
11a	Gross income from members or shareholders . . . . .		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .		X

**Part VI**

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body.....	1a	9
b	Enter the number of voting members that are independent .....	1b	9
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	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
b	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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....	9a	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?.....	10a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .....	10b	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? .....	11	X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12b	X
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	X
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:		
a	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
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? .....	16b	N/A

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**

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 for public inspection. Indicate how you make these available. Check all that apply

Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **SEE ATTACHMENT #3**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the 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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		I N D I R E C T O R A L	T R U S T U T E R O R A L	O F F I C E R E E C E R	K E M P Y E E E Y E	H C E I O M G P L H E E O S T S E E A E				
ROBERT D RICHARDS										
PRESIDENT/CEO	50.00				X	X	X	257,370	0	0
TONY REYNOLDS										
PAST BOARD CHAIRMAN	2.00	X			X			0	0	0
DAN MUSGRAVE										
BOARD CHAIR	2.00	X			X			0	0	0
TOM CHRISTOPOLIS										
SECRETARY/TREASURER	2.00	X			X			0	0	0
KERRY WAHLEN										
BOARD MEMBER	2.00	X						0	0	0
NORM ASHTON										
BOARD MEMBER	2.00	X						0	0	0
BRUCE ASHCROFT										
BOARD MEMBER	2.00	X						0	0	0
ERICH SONTAG										
VICE PRESIDENT	2.00	X			X			0	0	0
BRUCE DAVIS										
BOARD MEMBER	2.00	X						0	0	0
CARYL ERIKSSON	40.00						X	106,000	0	0

**Part VII. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....	3	X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person .....	5	X

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**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

Compensation from the organization	(A)	(B)	(C)
	Name and business address	Description of services	Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than		
	\$100,000 in compensation from the organization ►		

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>G O T O F H N T S R R G I R M B A N U T T S R O A A N M S D T S</b>	1a Federated campaigns .....	1a				
	b Membership dues .....	1b				
	c Fundraising events .....	1c				
	d Related organizations .....	1d				
	e Government grants (contributions) .....	1e				
	f All other contributions, gifts, grants, & similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f	\$				
	<b>h Total. Add lines 1a-1f</b>	►				
<b>P R O G E R R A V E M I V C E E N U E</b>	<b>Business Code</b>					
	2a SERVICING FEES		993876	993876		
	b ORIGINATION FEES		475164	475164		
	c CLOSING FEES		317789	317789		
	d PORTFOLIO INCOME		29630	29630		
	e					
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>	►	1816459			
<b>O T H E R R E V E N U E</b>	3 Investment income (including dividends, interest, and other similar amounts) .....	►	2969	2969		
	4 Income from investment of tax-exempt bond proceeds .....	►				
	5 Royalties .....	►				
	6a Gross Rents .....	(i) Real	(ii) Personal			
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) .....	►				
	7a Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses .....		8000				
c Gain or (loss) .....		7406				
d Net gain or (loss) .....	►	594	594	594		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 .....	a					
b Less: direct expenses .....	b					
c Net income or (loss) from fundraising events .....	►					
9a Gross income from gaming activities See Part IV, line 19 .....	a					
b Less: direct expenses .....	b					
c Net income or (loss) from gaming activities .....	►					
10a Gross sales of inventory, less returns and allowances .....	a					
b Less: cost of goods sold .....	b					
c Net income or (loss) from sales of inventory .....	►					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b>						
b						
c						
d All other revenue .....						
e Total. Add lines 11a-11d .....	►					
<b>12 Total revenue. See instructions</b>	►	1820022	1820022			

**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	25000	25000		
2 Grants and other assistance to individuals in 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 .....	257370	257370		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	783070	783070		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....				
10 Payroll taxes .....				
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	6780	6780		
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....				
12 Advertising and promotion .....				
13 Office expenses .....				
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	169353	169353		
17 Travel .....	51749	51749		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	73932	73932		
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	80956	80956		
23 Insurance .....	16573	16573		
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.)				
a COST OF LOAN CLOSING	165431	165431		
b MARKETING	42350	42350		
c SUPPLIES	33386	33386		
d REPAIRS & MAINTENANCE	16420	16420		
e SPONSORSHIPS	9390	9390		
f All other expenses .....	6811	6811		
25 Total functional expenses. Add lines 1 through 24f	1738571	1738571		
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
A S S E T S	1 Cash -- non-interest bearing .....	929,892	1	584,426	
	2 Savings and temporary cash investments .....		2	320,255	
	3 Pledges and grants receivable, net .....		3		
	4 Accounts receivable, net .....	22,842	4	107,445	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6		
	7 Notes and loans receivable, net .....		7		
	8 Inventories for sale or use .....		8		
	9 Prepaid expenses and deferred charges .....		9		
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D .....	10a 850,934			
	b Less: accumulated depreciation .....	10b 209,424	660,246	10c 641,510	
	11 Investments -- publicly traded securities .....		11		
	12 Investments -- other securities. See Part IV, line 11 .....		12		
	13 Investments -- program-related. See Part IV, line 11 .....		13		
	14 Intangible assets .....		14		
	15 Other assets See Part IV, line 11 .....		15		
16 Total assets. Add lines 1 through 15 (must equal line 34) .....	1,612,980	16	1,653,636		
L I A B I L I T T I E S	17 Accounts payable and accrued expenses .....	70,615	17	53,400	
	18 Grants payable .....		18		
	19 Deferred revenue .....	130,097	19	106,517	
	20 Tax-exempt bond liabilities .....		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	23 Secured mortgages and notes payable to unrelated third parties .....		23		
	24 Unsecured notes and loans payable to unrelated third parties .....		24		
	25 Other liabilities. Complete Part X of Schedule D .....		25		
	26 Total liabilities. Add lines 17 through 25 .....	200,712	26	159,917	
N F U N D A S B S A E L T A N C O R E S	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets .....	1,412,268	27	1,493,719	
	28 Temporarily restricted net assets .....		28		
	29 Permanently restricted net assets .....		29		
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds .....		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	32 Retained earnings, endowment, accumulated income, or other funds .....		32		
	33 Total net assets or fund balances .....	1,412,268	33	1,493,719	
	34 Total liabilities and net assets/fund balances .....	1,612,980	34	1,653,636	

**Part XI** Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	2a	X
b Were the organization's financial statements audited by an independent accountant? . . . . .	2b	X
c If "Yes" to lines 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? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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? . . . . .	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . . . N/A	3b	

**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.

OMB No. 1545-0047

**2009**Open to Public  
Inspection**Name of the organization**

UTAH CERTIFIED DEVELOPMENT COMPANY

**Employer Identification number**  
87-0477091**Part I** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(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) .....		
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 advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II** Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements .....

b Total acreage restricted by conservation easements .....

c Number of conservation easements on a certified historic structure included in (a) .....

d Number of conservation easements included in (c) acquired after 8/17/06 .....

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III** Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(I) Revenues included in Form 990, Part VIII, line 1 ..... ► \$ \_\_\_\_\_  
 (II) Assets included in Form 990, Part X ..... ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ..... ► \$ \_\_\_\_\_  
 b Assets included in Form 990, Part X ..... ► \$ \_\_\_\_\_

**Part III** Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange programs  
 e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? .....  Yes  No

**Part IV** Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990,

Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? .....  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? .....  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V** Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions .....					
c Net investment earnings, gains, and losses .....					
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....					
f Administrative expenses .....					
g End of year balance .....					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(I) unrelated organizations .....

Yes  No

(II) related organizations .....

Yes  No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? .....

Yes  No

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI** Investments -- Land, Buildings, and Equipment. See Form 990, Part X, line 10.

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....				
b Buildings .....				
c Leasehold improvements .....		482,486	41,089	441,397
d Equipment .....		368,448	168,335	200,113
e Other .....				

**Total.** Add lines 1a through 1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ..... ► 641,510

**Part VII Investments -- Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives .....		
Closely-held equity interests .....		
Other .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

**Part VIII Investments -- Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
Federal income taxes .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		

**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.

**Part XI Reconciliation of Change In Net Assets from Form 990 to Audited Financial Statements**

1 Total revenue (Form 990, Part VIII, column (A), line 12).....	1	1,820,022
2 Total expenses (Form 990, Part IX, column (A), line 25).....	2	1,738,571
3 Excess or (deficit) for the year. Subtract line 2 from line 1 .....	3	81,451
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	
10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 .....	10	81,451

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 Total revenue, gains, and other support per audited financial statements.....	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments .....	2a	
b Donated services and use of facilities .....	2b	
c Recoveries of prior year grants .....	2c	
d Other (Describe in Part XIV.) .....	2d	
e Add lines 2a through 2d .....	2e	
3 Subtract line 2e from line 1 .....	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b.....	4a	
b Other (Describe in Part XIV.) .....	4b	
c Add lines 4a and 4b .....	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1 Total expenses and losses per audited financial statements .....	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities .....	2a	
b Prior year adjustments .....	2b	
c Other losses .....	2c	
d Other (Describe in Part XIV.) .....	2d	
e Add lines 2a through 2d .....	2e	
3 Subtract line 2e from line 1 .....	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b .....	4a	
b Other (Describe in Part XIV.) .....	4b	
c Add lines 4a and 4b .....	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

**SCHEDULE I**  
**(Form 990)**OMB No 1545-0047  
**2009**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

 Open to Public  
Inspection

Name of the organization

UTAH CERTIFIED DEVELOPMENT COMPANY

► Attach to Form 990.

Employer identification number

87-0477091

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States** Complete if the organization answered "Yes" to

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and

Schedule I-1 (Form 990) if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OGDEN REINVESTMENT CORPORATION 2036 LINCOLN AVE, SUITE 105, OGDEN, UT 84404	26-4694674	501 (C) 3	25,000				TO HELP ORGANIZATIONS SET UP AND START MAKING MICRO LOANS IN THE COMMUNITY, WHICH FURTHERS THE PURPOSE OF UTAH CERTIFIED DEVELOPMENT COMPANY

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

Department of the Treasury  
Internal Revenue Service

**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.  
► Attach to Form 990. ► See separate Instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

UTAH CERTIFIED DEVELOPMENT COMPANY

Employer Identification number  
87-0477091

**Part I Questions Regarding Compensation**

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

<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

	Yes	No
1a		
1b	X	

2	X
---	---

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply.

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

3		
4a	X	
4b	X	
4c	X	

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.

a Receive a severance payment or change-of-control payment? . . . . .  
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .  
c Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .

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 contingent on the revenues of:

a The organization? . . . . .  
b Any related organization? . . . . .

If "Yes" to line 5a or 5b, describe in Part III

5a	X
5b	X

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:

a The organization? . . . . .  
b Any related organization? . . . . .

If "Yes" to line 6a or 6b, describe in Part III

6a	X
6b	X

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	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 . . . . .

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

9	X
---	---

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Schedule J (Form 990) 2009

**SCHEDULE L**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

OMB No 1545-0047

**2009**

Open To Public  
Inspection

Name of the organization

UTAH CERTIFIED DEVELOPMENT COMPANY

Employer identification number

87-0477091

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ..... ► \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ► \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?	(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?	(g) Written agreement?
				Yes	No		

Total ..... ► \$ \_\_\_\_\_

**Part III Grants or Assistance Benefitting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?
				Yes
ROBERT D RICHARDS	EXECUTIVE DIRECTOR AND GENERAL PARTNER IN GH PROPERTIES	131,480	ANNUAL RENT EXPENSE FOR USE OF OFFICE FACILITY TO GH PROPERTIES	
CARYL ERIKSSON SEE ATTACHMENT	EMPLOYEE AND			X

For Privacy Act and Paperwork Reduction Act Notice, see the

Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

**SCHEDULE O**  
**(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.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

UTAH CERTIFIED DEVELOPMENT COMPANY

Employer identification number  
87-0477091

THE 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND EXECUTIVE COMMITTEE OF  
THE BOARD OF DIRECTORS

COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BY THE COMPENSATION  
COMMITTEE. THE EXECUTIVE DIRECTOR THEN ESTABLISHES OTHER EMPLOYEE  
COMPENSATION BASED ON PERFORMANCE.

GOVERNING DOCUMENTS CONFLICTS OF INTEREST AND OTHER DOCUMENTS CAN BE  
OBTAINED BY WRITTEN REQUEST

## PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: FORM 990 PAGE 1, PART I

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning	10-01	, and ending	09-30-2010.
Name of Organization UTAH CERTIFIED DEVELOPMENT COMPANY			Employer Identification Number 87-0477091	

### Primary Purpose

THE ORGANIZATION MET WITH STATE AGENCIES, LOCAL BANKERS, COMMUNITY ORGANIZATIONS, AND LOCAL BUSINESS PEOPLE TO PROMOTE AND PROVIDE SERVICE TO THOSE INDIVIDUAL BUSINESSES QUALIFYING FOR THE SMALL BUSINESS ADMIN 504 LOAN PROGRAM. THE ORGANIZATION ORIGINATED AND SERVICED 504 LOANS TO QUALIFYING SMALL BUSINESSES IN UTAH. THE COMPANY APPROVED 53 LOANS DURING THE YEAR THAT WILL GENERATE 487 NEW JOBS IN THE COMMUNITY

## PRIMARY EXEMPT PURPOSE

ATTACHMENT 2: FORM 990 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 CERTIFIED DEVELOPMENT COMPANY			Employer Identification Number 87-0477091	

### Primary Purpose

THE ORGANIZATION MET WITH STATE AGENCIES, LOCAL BANKERS, COMMUNITY ORGANIZATIONS, AND LOCAL BUSINESS PEOPLE TO PROMOTE AND PROVIDE SERVICE TO THOSE INDIVIDUAL BUSINESSES QUALIFYING FOR THE SMALL BUSINESS ADMIN 504 LOAN PROGRAM. THE ORGANIZATION ORIGINATED AND SERVICED 504 LOANS TO QUALIFYING SMALL BUSINESSES IN UTAH. THE COMPANY APPROVED 53 LOANS DURING THE YEAR THAT WILL GENERATE 487 NEW JOBS IN THE COMMUNITY

**BOOKS ARE IN CARE OF**

ATTACHMENT 3: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning	10-01	, and ending	09-30-2010.
<b>Name of Organization</b> UTAH CERTIFIED DEVELOPMENT COMPANY			<b>Employer Identification Number</b> 87-0477091	
Part VI - Line 91a				

Individual Name ..... . . . . .

or

Business Name:

UTAH CERTIFIED DEVELOPMENT COMPANY

Street Address ..... 5333 S ADAMS AVE STE #C

U S Address:

Zip code 84405

City OGDEN

State UT

or

Foreign Address

City ..... . . . . .

Province or State ..... . . . . .

Country ..... . . . . .

Postal code ..... . . . . .

Phone Number ..... . . . . . (801) 627-1333

Fax Number ..... . . . . .

**SCHEDULE OF OTHER EXPENSES**

ATTACHMENT 4: FORM 990 PAGE 10, LINE 24 - OTHER EXPENSES

OPEN TO PUBLIC  
INSPECTION

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

Name of Organization

UTAH CERTIFIED DEVELOPMENT COMPANY

Employer Identification Number  
87-0477091

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
DUES & PUBLICATION	6,811	6,811		
Total	6,811	6,811		

**SCHEDULE L - PART IV - BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS****ATTACHMENT 5: SCH L, PART IV - BUSINESS TRANSACTIONS INVOLVING INTERESTED****OPEN TO PUBLIC  
INSPECTION For calendar year 2009 or tax period beginning 10-01-2009, and ending 09-30-2010.****Name of Organization UTAH CERTIFIED DEVELOPMENT COMPANY Employer Identification Number 87-0477091****Part IV Business Transactions Involving Interested Persons**

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DEBBIE HIENS	PARTNER IN GH PROPERTIES, LLC EMPLOYEE AND PARTNER IN GH PROPERTIES. LLC			X	X

**2009 DETAIL STATEMENTS**

UTAH CERTIFIED DEVELOPMENT COM  
87-0477091

PAGE 1

STATEMENT #1 - STATEMENTS FILED FOR CAL. YEAR (990 EO PG 5 LINE 2A)

THE COMPANY USES AN EMPLOYEE LEASING COMPANY  
SO ALL INFORMATION IS UNDER THEIR FEDERAL ID

TOTAL CARRIED TO 990 EO PG 5 LINE 2A

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STATEMENT #2 - OCCUPANCY (990 EO PG 10 LINE 16)

RENT EXPENSE.....	168,336
SUB LEASE INCOME.....	-43,673
UTILITIES AND FACILITY COSTS.....	44,690
TOTAL CARRIED TO 990 EO PG 10 LINE 16.....	169,353

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STATEMENT #3 - TOTAL REVENUE, GAINS (SCH D PG 4 LINE 1)

OPERATING REVENUES
INVESTMENT INCOME
GAIN ON SALE OF ASSETS
TOTAL CARRIED TO SCH D PG 4 LINE 1

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