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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010**Open to Public
Inspection****A** For the 2010 calendar year, or tax year beginning **JULY 01**, 2010, and ending **JUNE 30**, 20 **11****B** Check if applicable

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

C Name of organization

WASATCH COMMUNITY FOUNDATION

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

Room/
suite

PO BOX 399

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

HEBER CITY UT 84032-0399

D Employer identification number

87-0650772

E Telephone number

(435) 654-1550

F Group Exemption

Number ▶

G Accounting Method☒ Cash☐ Accrual

Other (specify) ▶

H Check ☐ if organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I** Website: ▶ N/A**J** Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c)() (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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 196,323**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	178,438
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	34
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ 4,776 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b	17,851
c	Less direct expenses from gaming and fundraising events	6c	17,851	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
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 in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	178,472	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	125,739
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	12,000
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	195
	16	Other expenses (describe in Schedule O)	16	5,930
	17	Total expenses. Add lines 10 through 16	17	143,864
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	34,608
	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	203,788
20	Other changes in net assets or fund balances (explain in Schedule O)	20		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	238,396	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

G7 24

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)?		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?		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 tax year covered by this return?		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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		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		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 #3 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)?		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?		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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		X

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions)
- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		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 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 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
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

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☐ Yes ☒ No

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

TODD CATES

Type or print name and title

CHAIR

Date

3/29/12

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	NONPAID PREPARER	03-28-2012		
	Firm's address	BRIAN L WINEGAR & COMPANY			
	Firm's address	722 WEST 100 SOUTH SUITE 2		Phone no	
		HEBER CITY UT 84032		435-654-3824	

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

☐ Yes ☒ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2010

**Open to Public
Inspection**

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

Name of the organization

WASATCH COMMUNITY FOUNDATION

Employer identification number

87-0650772

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☒ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III-Functionally integrated d ☐ Type III-Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	165,303	322,432	216,076	201,421	244,224	1,149,456
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	165,303	322,432	216,076	201,421	244,224	1,149,456
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						1,149,456

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	165,303	322,432	216,076	201,421	244,224	1,149,456
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	148	272	109	106	106	741
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						1,150,197
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.94 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.92 %
16a 33 1/3 % support test -- 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3 % support test -- 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test -- 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test -- 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

87-0650772

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

- 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

- ☐ Yes ☒ No

- 3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF TOURNAM (event type)	(event type)	(total number)	(add col (a) through col (c))
1	Gross receipts	22,627			22,627
2	Less Charitable contributions	4,776			4,776
3	Gross income (line 1 minus line 2)	17,851			17,851
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes	600		600
	6	Rent/facility costs			
	7	Food and beverages	2,534		2,534
	8	Entertainment			
	9	Other direct expenses	14,717		14,717
10	Direct expense summary Add lines 4 through 9 in column (d)				(17,851)
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		
DIRECT EXPENSES	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? ☐ Yes ☒ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No
- 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
- 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? ☐ Yes ☒ No
- 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 ► _____

☐ Director/officer ☐ Employee ☐ 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? ☐ Yes ☒ No
- 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 ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

WASATCH COMMUNITY FOUNDATION

Employer identification number

87-0650772

SCHEDULE O NOT USED. SEE ATTACHMENTS

990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2010 or tax period beginning	07-01-2010, and ending	06-30-2011
Name of Organization WASATCH COMMUNITY FOUNDATION			Employer Identification Number 87-0650772
Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	125,739
Exempt Purpose Achievements			

SEE STATEMENT ATTACHED

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION	For calendar year 2010 or tax period beginning	07-01-2010, and ending	06-30-2011
Name of Organization WASATCH COMMUNITY FOUNDATION			Employer Identification Number 87-0650772

(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
DEBORAH VAN LEEUWEN 880 E 530 N HEBER CITY, UT 84032	BUSINESS MANAGER 10.00	12,000	0	0

990 BOOKS ARE IN CARE OF

ATTACHMENT 3 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION	For calendar year 2010 or tax period beginning 07-01, and ending 06-30-2011
Name of Organization WASATCH COMMUNITY FOUNDATION	Employer Identification Number 87-0650772
Part V - Line 42a	

Individual Name DEBORAH VAN LEEUWEN
or
Business Name

Street Address PO BOX 399

U S Address

Zip code 84032 City HEBER CITY State UT
or

Foreign Address

City _____

Province or State _____

Country _____

Postal code _____

Phone Number (435) 503-2332

Fax Number (801) 288-8166

2010 DETAIL STATEMENTS

WASATCH COMMUNITY FOUNDATION

87-0650772

PAGE 1

STATEMENT #1 - OTHER EXPENSES (EOEZ PG 1 LINE 16)

MARKETING.....	1,715
PAYROLL BURDEN.....	1,768
BANK CHARGES.....	1,247
PROFESSIONAL FEES.....	1,200

TOTAL CARRIED TO EOEZ PG 1 LINE 16.....	5,930
---	-------

Wasatch Community Foundation
Board Membership List
As of June 2011

Foundation Board of Directors

Last Name	First Name	Phone	Mailing Address	Committee	Title	Hrs/Wk	Compensation
Bonner	Ellen	435-654-3646	PO Box 228, 47 S. 100 E., Midway, UT 84049	Arts Chair	Member	2	0
Bonner	Tom	435-657-3240	565 S. 980 E., Heber City, UT 84032	Recreation Chair	Member	1	0
Brown	Jennifer	435-657-0855	1142 W. Countryside Cr., Heber City, UT 84032	Education	Member	1	0
Cates	Todd	435-657-4041	931 S. Ledgestone Ln., Heber City, UT 84032	Executive	Chair	4	0
Johnston	Mike	435-657-2298	1442 N. Lakeview Dr., Heber City, UT 84032	Membership	Member	1	0
Labrum	Danny	435-654-5120	901 S. Main St., Heber City, UT 84032	Advisory	Member	1	0
Powell	Kraig	435-657-0185	943 E. 530 N., Heber City, UT 84032	Executive, Past Chair	Member	2	0
Reinhold	Dick	435-657-1741	PO Box 986, Heber City, UT 84032	Advisory	Member	1	0
Reinhold	Sunny	435-657-1741	PO Box 986, Heber City, UT 84032	Advisory	Member	1	0
Roney	Burke	435-654-7025	2188 Creekside Ct., Heber City, UT 84032	Development	Vice Chair	2	0
Segura	Ezra	435-657-2004	308 N. Alpinhof, Midway, UT 84049	Executive, Past Chair	Treasurer	1	0
Shoemaker	Terry	435-657-9979	3115 S. 3400 W., Heber City, UT 84032	Education	Member	1	0
Sorenson	Shad	435-657-9492	195 S. 80 E., Midway, UT 84049	Education Chair	Member	2	0
VanLeeuwen	Deborah	435-654-7588	PO Box 211, Heber City, UT 84032	Executive	Secretary	10	\$25/hr
Van Wagoner	Shauna	435-654-7418	PO Box 283, Midway, UT 84049	Health Chair	Member	3	0

Wasatch Community Foundation
Summary
July 1, 2010 – June 30, 2011

Statement of Program Service Accomplishments

The Wasatch Community Foundation (WCF) is a volunteer, non-profit organization committed to enriching lives of Wasatch County residents. The strength of the foundation is the focus on four areas: the arts, education, health and recreation to support a balanced lifestyle.

The **Education** Committee is where the largest amount of time and resources are dedicated. Some of its programs are described below:

1. Scholarship Program (**Amount Expended \$400** - 96 Students). The Foundation provided scholarships to 88 graduating Wasatch High School students. Board members gather donations from generous community members and charitable organizations and raise funds at the annual golf tournament. The scholarships range in value from \$500 to \$10,000 and are provided to senior students who apply and who will use the assistance towards post-high school education. The Foundation postponed the disbursement date of scholarship checks until after June in order to minimize the chance of students misplacing their check and to allow more time for those students who had not decided on which school they would attend. This is a one-time change. Early in the next fiscal year, \$97,750 was disbursed for scholarships awarded in May 2011. In addition, eight Business Students of the Month received a \$50 check as recognition of their accomplishments, resulting in only \$400 being expended on scholarships in the current fiscal year.
2. School Projects (**Amount Expended \$24,487** - 5 schools served). The Foundation uses part of the money raised at the golf tournament to fund projects at district schools. Donations are also received to fund specific projects within the classroom or programs within the schools.
3. Career Exploration/Travel Studies (**Amount Expended \$5,762** - students 12 yrs. and older participated). Wasatch County students are given the opportunity to expand their educational horizons by visiting businesses, universities, and conferences where they see the inner workings of the organizations and get additional insight for possible careers. As in past years, WCF sponsored a career exploration trip to New York City to visit the three broadcasting networks for high school students and “Expanding Your Horizons” and “Empowering Your Tomorrow” at Utah Valley University for an introduction into careers in science and math for students in middle school and older.
4. Ace Awards Program (**Amount Expended \$6,158** - 14 Educators honored). This program recognizes our local teachers and staff for their dedicated service to our children. Each month during the school year, one teacher and one staff member

are honored with a \$100 check. At the end of the year, a recognition night is held where the community honors each "Ace." From the 14 school winners, one is chosen to receive a \$1000 award as "Educator of the Year" and one runner-up is awarded \$200. Two staff members are chosen that night. One is selected as the "Classified Employee of the Year" and the other as runner-up, each receiving \$1000 and \$200, respectively.

The **Health** Committee offers opportunities for the residents of Wasatch County to improve their health through education and improved facilities. Community health and safety fairs for adults and children, heart disease and stroke prevention education, Red Ribbon week (drug and alcohol prevention) for school children, the community "Issues" conference and the Children's Mile-by-Mile Marathon are specific activities the foundation supports. In March of 2011, Heber Valley Medical Center opened the Women's Imaging Center. Funds from previous years of "Denim and Diamonds" fund-raising events supported this hospital expansion. During 2012, Heber Valley Medical Center will begin a capital campaign to raise funds for a much needed Kidney Dialysis Center. This Dialysis Center will serve patients along the Wasatch Back. (**Amount expended \$59,630** – whole community served)

The **Arts** Committee encourages, fosters, and supports the visual and performing arts in Heber Valley. It contributes funding for local community theatre and musical events. This year, the arts committee sponsored a community arts calendar/brochure for mass distribution listing restaurants and hotels in the area. WCF has plans to sponsor one large event each quarter to promote Heber Valley as an arts destination location. The committee is looking for a long-term arts facility with expansion capability. (**Amount expended \$9,302** – whole community served)

The **Recreation** Committee sponsors Big Brothers Big Sisters mentoring program for at-risk youth. Currently, there are used clothing collection bins in the community, which fund our BBBS program. The committee continues to support the county's new recreation center as more activities and programs are added. (**Amount expended \$20,000** – whole community served)

Total Program Service Expenditures: \$125,739