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DLN: 93493089010792

Department of the Treasury

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2010

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011 D Employer identification number B Check if applicable THE PETE SÚAZO BUSINESS CENTER Address change 04-3693364 Doing Business As Name change E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) (801) 521-1709 960 WEST 1700 SOUTH Terminated G Gross receipts \$ 223,423 Amended return City or town, state or country, and ZIP + 4 SALT LAKE CITY, UT 841042200 Application pending Name and address of principal officer ROD CASTILLO 960 W 1700 S **H(b)** Are all affiliates included? SALT LAKE CITY, UT 841042200 If "No," attach a list (see instructions) H(c) Group exemption number 🕨 Website: ► HTTP //WWW PETESUAZO CENTER ORG K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► M State of legal domicile UT L Year of formation Summary Part I Briefly describe the organization's mission or most significant activities THE PETE SUAZO BUSINESS CENTER IS A BUSINESS RESOURCE COMMITTED TO THE DEVELOPMENT AND EMPOWERMENT OF THE LATINO/HISPANIC AND OTHER UNDESERVED COMMUNITIES WE PROVIDE ASSISTANCE TO Activities & Governance HELP EXISTING AND POTENTIAL MINORITY ENTREPRENEURS SUCCEED AND BUILD WEALTH 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) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) . . . 4 11 5 3 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . Total number of volunteers (estimate if necessary) 6 18 0 7a Total unrelated business revenue from Part VIII, column (C), line 12. 7a ${f b}$ Net unrelated business taxable income from Form 990-T, line 34 7h **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 299,089 194,959 Rayenue Program service revenue (Part VIII, line 2g) . 33,695 27,223 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,831 1,241 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 809 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 335,424 223,423 12) . 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 15,739 3,150 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 Expenses 146,659 170,125 10) Professional fundraising fees (Part IX, column (A), line 11e) . 16a 0 Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 23,009$ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 97,466 111,447 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 259,864 284,722 19 Revenue less expenses Subtract line 18 from line 12 75,560 -61,299 Assets or id Balances **Beginning of Current End of Year** Year 746,468 806,521 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . . 16,886 18,132 22 Net assets or fund balances Subtract line 21 from line 20 789,635 728,336 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. 2012-03-09 Signature of officer Sign Here ROD CASTILLO EXECUTIVE DIRECTOR Type or print name and title Print/Type Preparer's signature Check if self JUSTIN R SHAW CPA JUSTIN R SHAW CPA preparer's name employed F 2012-03-29 Paid Firm's name FSHAW MUMFORD & CO PC Firm's EIN Preparer Firm's address 1564 SOUTH 500 WEST SUITE 201

BOUNTIFUL, UT 840107400

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

Use Only

Phone no (801) 294-

▼Yes

No

Par	t III	Statement of Program S Check if Schedule O contains			III		
1	Briefl	ly describe the organization's mi	ssion				
THE	LATIN	SUAZO BUSINESS CENTER IS IO/HISPANIC AND OTHER UNI L MINORITY ENTREPRENEURS	DESERVED COMMU	NITIES WE PROV) F
2	the pr	ne organization undertake any si rior Form 990 or 990-EZ?				「Yes 「No	
	If "Ye	s," describe these new services	on Schedule O				
3	servio	ne organization cease conducting ces?				┌ Yes ┌ No	
	If "Ye	s," describe these changes on S	chedule O				
4	Section	ribe the exempt purpose achieve on 501(c)(3) and 501(c)(4) orga ations to others, the total expens	anizations and section	on 4947(a)(1) trust	s are required to report the a		
4a	(Code	e) (Expenses \$	242,666	including grants of \$	3,150) (Revenue \$	26,360)	
	-BUSI ORGA LICEN BUDG ORGA BASIC WERE	ORGANIZATION PROVIDES HELP FOR ES INESS ADVICE -FINANCIAL LITERACY THANIZATION ASSISTS IN STARTING A BUSINESS AND PERMITS -THE ORGANIZATIO SETS -APPLY FOR LOANS AT BANKS AND ANIZATION PROVIDES COURSES, SEMIN C COMPUTER SKILS FY2011 ACCOMPLISE CREATED -1,893 ONE-ON-ONE BUSIN BUSINESS LOANS -135 NEW START-UPS	IE ORGANIZATION HELPS INESS THROUGH INITIAL IN CAN HELP YOU -WRI OTHER FINANCIAL INST ARS AND WORKSHOPS II HMENTS -264 COMPAN ESS MENTORING HOURS	YOU UNDERSTAND THE FEASIBILITY DISCUSSION TE A BUSINESS PLAN (A ITUTIONS -KNOW WHIC N -FINANCES -ACCOUN IES WERE SERVICED -2 WERE COMPLETED -28	E RAMIFICATIONS OF RUNNING YOU DNS, PREPARING FUNDING REQUES REQUIREMENT OF EVERY LENDER) CH FINANCIAL INSTITUTION TO GOT ITING -TAXES -MARKETING -MANAC 193 STUDENTS ATTENDED SEMINA 5 SEMINARS AND CLASSES WERE H	JR OWN BUSINESS THE ITS, AND OBTAINING LEGAL -DO MARKET RESEARCH -PI TO FOR FUNDING THE SEMENT -FINANCIAL LITERAC RS AND CLASSES -140 NEW 1	REPARE CY - JOBS
4b	(Code	e) (Expenses \$		including grants of \$) (Revenue \$)	
4c	(Code	e) (Expenses \$		ıncludıng grants of \$) (Revenue \$)	
-10	(000	, (_npses ţ		molaumy grame or 4	, (nevenue q	,	
4d		er program services (Describe i benses \$	n Schedule O) including grants of	: dr) (Revenue \$	\	
	• •	<u>`</u>		·) (IZEVEITUE \$)	
4e	iota	ıl program service expenses►\$	242,66	U			

Part IV	Checklist	of Require	d Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
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	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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	9		No
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	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b		No
С	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.	11c		No
d	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.	11d		Νο
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		No
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 U S? If "Yes," complete Schedule F, Parts II and IV	15		No
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 U S ? If "Yes," complete Schedule F, Parts III and IV.	16		Νο
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? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
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		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

1 01111	990 (2010)			Page -
Par	t IV Checklist of Required Schedules (continued)			
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 1^7 If "Yes," complete Schedule I, Parts I and II	21		No
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		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
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		No
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		No
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		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νο
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νo
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		Νο
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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	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," complete Schedule R, Part V, line 2 Yes Vo			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements	Regarding	Other IRS	5 Filings	and Tax	Compliance

Form	990 (2010)			Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V		<u>.</u>	1
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	7		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	_		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c		
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	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
Ь	If "Yes," has it filed a Form 990-T for this year? <i>If</i> " <i>No," provide an explanation in Schedule O</i>	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)?	4a		No
ь	If "Yes," enter the name of the foreign country			
	See instructions for 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?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
h	organization solicit any contributions that were not tax deductible?			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1_		l
а	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?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9 a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
		9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
	year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
	year	1		
b	Enter the number of voting members included in line 1a, above, who are independent	1		
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	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	. 7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
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	ne 9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)		W	
10-	Does the ergonization have local chapters, branches, or offiliates?	10a	Yes	No No
	Does the organization have local chapters, branches, or affiliates?	10a		NO
J	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form	17 11a	Yes	
b	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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give ris to conflicts?	e 12b		No
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		No
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	. 14	Yes	
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?	,		
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
4.5				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?	16a		No
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		
Se	ection C. Disclosure	-32		<u>I</u>
17				
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

Section 6104 requires an organization to make its Form 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

- 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 See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization PROD CASTILLO 960 W 1700 S

SALT LAKE CITY, UT 84104 (801) 521-1709

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any 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 neither the or		aren o			111 CC	mpen	sate			
(A) Name and Title	(B) A verage hours per	Posi t)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
(1) ALICIA SUAZO DIRECTOR	1 00	х						0	0	0
(2) ANTHONY F MIRABILE DIRECTOR	1 00	х						0	0	0
(3) BILL PRICE VICE CHAIR	1 00	Х						0	0	0
(4) MARIA S FARRINGTON DIRECTOR	1 00	х						0	0	0
(5) GLADYS GONZALEZ CHAIR - FOUN	1 00	х						0	0	0
(6) KATHY RICCI DIRECTOR	1 00	Х						0	0	0
(7) EUGENE L SEELEY DIRECTOR	1 00	х						0	0	0
(8) MIGUEL ROVIRA DIRECTOR	1 00	х						0	0	0
(9) R MARK GOMEZ TREASURER	1 00	х						0	0	0
(10) SAM GUEVARA DIRECTOR	1 00	х						0	0	0
(11) A SCOTT ANDERSON DIRECTOR	1 00	х						0	0	0
(12) ROD CASTILLO EXECUTIVE DI	40 00			Х				85,215	0	2,418

\$100,000 in compensation from the organization 🕨

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

	(A) Name and Title	(B) Average hours		(tion that a			Ш		(D) Reportable compensation from the	(E) Reportable compensation from related	ion amount of		
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		from organizat relat organiza	the ion and ed
 b	Sub-Total		<u> </u>	<u> </u>	<u> </u>	L	<u> </u>	<u> </u>					
c	Total from continuation sheet						F						
d	Total (add lines 1b and 1c) .							►	85,215				2,418
	Total number of individuals (in \$100,000 in reportable compe	•				ted	above) who	received more tha	n			
	Did the organization list any fo								r highest compens	ated employee		Yes	No
	on line 1a? If "Yes," complete S For any individual listed on line organization and related organ	e 1a, is the sum o	f report	able	com	pens	ation	and (3		No
	individual	izations greater ti		•	•	•	• •	p.e	· · · · ·		4		No.
	Did any person listed on line 1 services rendered to the organ									or individual for	5		No
<u> </u>	ction B. Independent Co	ntractors										1	·
36	Complete this table for your five \$100,000 of compensation from	e highest comper		ındep	ende	ent o	ontra	ctors	that received more	e than			
		(A) ame and business ad							Descr	(B) uption of services		(C Comper) nsation
												·	

Part \	<u> </u>	Statement of Reven	ue		(A)	<i>(</i> -)		
					(~)	(B)	(C)	(D)
							Unrelated business	
						exempt		excluded
						function		from tax
						revenue		under
								sections
								512,
								513, or 514
रु इ	1a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	ь	Membership dues	. 1b					
ا≨يق	c	Fundraising events	1c					
£ #		Related organizations						
°, E		Government grants (contributions)						
교								ļ
돌	f	All other contributions, gifts, grants similar amounts not included above	, and 1f e	194,959				
걸다	g	Noncash contributions included in li	nes 1a-1f \$					
S #	h	Total. Add lines 1a-1f	.		194,959			
				Business Code				
Program Serwce Revenue	2a	SEMINARS & WORKSHOPS			24,785	24,785		
eg Eg	ь	RENTAL OFFICES TO CLIENTS			1,575	1,575		
e3	с	PROGRAM FEES			863	863		
er vi	d							
ري 2	е							
graf	f	All other program service re	venue					
Š	а	Total. Add lines 2a-2f			27,223			
		Investment income (includir			, ,			
		and other similar amounts)			1,241			1,24
	4	Income from investment of tax-ex	empt bond proceeds					
	5	Royalties						
			(ı) Real	(II) Personal				
		Gross Rents						
	Ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		•				
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	ь	Less cost or						
		other basis and sales expenses						
	_	Gain or (loss)						
	d	Net gain or (loss)	<u> </u>					
пе	8a	Gross income from fundraisi (not including	ng events					
듄		\$						
ا <u>ھ</u>		of contributions reported on						
-e		See Part IV, line 18	а					
Other Revenue	b	Less direct expenses .	_					
J		Net income or (loss) from fu						
			ctivities See Part IV, line 19 . a					
				ь				
	с	Net income or (loss) from ga	ming activities					
	10a	Gross sales of inventory, les	s					
		returns and allowances .	a					
	h	Less cost of goods sold .		-				
		Net income or (loss) from sa						
	_	Miscellaneous Revenue		Business Code				-
	11a			233233 2046				
	ь							
	c							
		All other revenue		-				<u> </u>
		Total. Add lines 11a-11d						
		. Stan // dd imes 11d-11d	· · · · · · · · · · · · · · · · · · ·					
	12	Total revenue. See Instructi	ons		223 423	27 223		

	990 (2010)				Page 10
Par	Statement of Functional Expenses				
А	Section $501(c)(3)$ and $501(c)(4)$ organizations mus Il other organizations must complete column (A) but are not required to c	-		(D).	
Do no	ot include amounts reported on lines 6b, b, 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 $$				·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	3,150	3,150		
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	87,633	73,522	5,040	9,071
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	69,190	58,100	3,961	7,129
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	1,860	1,560	108	192
10	Payroll taxes	11,442	9,603	657	1,182
а	Fees for services (non-employees) Management				
Ь	Legal	339	285	19	35
c	Accounting	5,000	4,196	287	517
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	48,533	43,396	5,137	
12	Advertising and promotion	200	168	11	21
13	Office expenses	1,289	1,082	74	133
14	Information technology				
15	Royalties				
16	Occupancy	21,874	18,358	1,256	2,260
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,912	3,787	1,125	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,552	14,732	1,007	1,813
23	Insurance	1,812	1,521	104	187
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	CLASSES AND SEMINARS	5,391	5,391		
b	SUPPLIES	2,385	2,002	137	246
c	MISCELLANEOUS	1,595	1,338	92	165
d	SEMINARS	565	475	32	58
e					
f	A II other expenses				
25	Total functional expenses. Add lines 1 through 24f	284,722	242,666	19,047	23,009
26	Joint costs. Check here ▶ ┌ If following				
	SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				000 (3.01.0)

Form 990 (2010)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			47,034	1	32,333
	2	Savings and temporary cash investments			258,340	2	242,306
	3	Pledges and grants receivable, net			22,500	3	
	4	Accounts receivable, net			415	4	1,215
	5	Receivables from current and former officers, directors, trustees, highest compensated employees Complete Part II of	key e	employees, and			
		Schedule L				5	
/A	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B), and contributing em- sponsoring organizations of section 501(c)(9) voluntary employe organizations (see instructions)	rs, and				
ets		Schedule L				6	
Assets	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 <i>Complete Part VI of Schedule D</i>	10a				
	b	Less accumulated depreciation	10b	135,596	478,218	10c	470,600
	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		•	14	15	14
	16	Total assets. Add lines 1 through 15 (must equal line 34)			806,521	16	746,468
	17	Accounts payable and accrued expenses .			16,886	17	18,132
	18	Grants payable		18			
	19	Deferred revenue		19			
46	20	Tax-exempt bond liabilities			20		
<u>ā</u>	21	Escrow or custodial account liability	D.	•		21	
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ę		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			16,886	26	18,132
Balances		Organizations that follow SFAS 117, check here ► ✓ and complet through 29, and lines 33 and 34.	ete lir	nes 27			
5	27	Unrestricted net assets			712,135	27	678,336
Ba	28	Temporarily restricted net assets			77,500	28	50,000
Fund	29	Permanently restricted net assets				29	
or Fu		Organizations that do not follow SFAS 117, check here ► ☐ and lines 30 through 34.	comp	olet e			
	30	Capital stock or trust principal, or current funds	•			30	
sets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
Ą	32	Retained earnings, endowment, accumulated income, or other fund	ds			32	
Met	33	Total net assets or fund balances			789,635	33	728,336
~	34	Total liabilities and net assets/fund balances			806,521	34	746,468

Pa	Check if Schedule O contains a response to any question in this Part XI			. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		-	223,42
2	Total expenses (must equal Part IX, column (A), line 25)	2			284,72
3	Revenue less expenses Subtract line 2 from line 1	3			-61,29
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			789,63
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		7	728,33
Pai	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual 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		No
ь	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, 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	1			
	Schedule O	ŀ	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3а	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?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

Employer identification number

93493089010792

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

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

Public Charity Status and Public Support

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

Name of the organization THE PETE SUAZO BUSINESS CENTER

04-3693364 Reason for Public Charity Status (All organizations must complete this part.) See instructions organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 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 Type I **b** Type II c Type III - Functionally integrated Type III - Other 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) 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 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) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	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 US?		(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
_									
Total									

Provide the following information about the supported organization(s)

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.)

	unuer Fait III. II tile	e organizacion i	alis to quality u	iluei tile tests il	isted below, pie	ase co	ilibiete i	art III.)
Se	ection A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	276,49	8 217,128	3 226,684	299,089		194,959	1,214,358
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							
4	the organization without charge Total. Add lines 1 through 3	276,49	8 217,128	3 226,684	299,089		194,959	1,214,358
5	The portion of total contributions b each person (other than a governmental unit or publicly supported organization) included or							708,203
	line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public Support. Subtract line 5 from line 4	1						506,155
Se	ection B. Total Support							
Cale	endar year (or fiscal year beginning in) 📂	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	010	(f) Total
7	A mounts from line 4	276,498	217,128	226,684	299,089		194,959	1,214,358
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	2,468	3,034	1,593	2,381		2,816	12,292
9	Net income from unrelated business activities, whether or not the business is regularly							
10	carried on 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)							1,226,650
12	Gross receipts from related activiti	ies, etc (See insti	ructions)			12		683
13	First Five Years If the Form 990 is check this box and stop here	for the organization	on's first, second,	thırd, fourth, or fı	fth tax year as a	501(c)(3	3) organız	ation,
Se	ection C. Computation of Pul							
14	Public Support Percentage for 201			11 column (f))		14		41 260 %
15	Public Support Percentage for 200	•	ŕ			15		64 080 %
	33 1/3% support test—2010. If the and stop here. The organization qua 33 1/3% support test—2009. If the	alıfıes as a publıcl	y supported orga	nızatıon				▶ ▽
	box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization mecorganization	n qualifies as a pu — 2010. If the orga ition meets the "fa	blicly supported inization did not c icts and circumst	organization :heck a box on line :ances" test, chec	e 13, 16a, or 16b k this box and st	o and line	e 14 Explain	▶ ┌
	10%-facts-and-circumstances test 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization	nization meets the ition meets the "fa	e "facts and circu acts and circumst	mstances" test, c ances" test The	heck this box and organization qual	d stop he Ifies as a	e re. a publicly	▶ ┌
18	Private Foundation If the organizations	ion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this	box and	see	▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) 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 Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493089010792

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► 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.

Supplemental Financial Statements

lame of the organization THE PETE SUAZO BUSINESS CENTER			Employer id	lentification number	
THE FETE SOAZO BOSINESS CENTER			04-369336	54	
	ining Donor Advised Fund: Yes" to Form 990, Part IV, lin		inds or Acc	counts. Complete	ıf the
		nor advised funds	(b) Fund	ds and other account	:s
Total number at end of year					
Aggregate contributions to (during	year)				
Aggregate grants from (during yea	·)				
Aggregate value at end of year					
Did the organization inform all don funds are the organization's prope	-		oradvised	☐ Yes	√ No
Did the organization inform all grains used only for charitable purposes conferring impermissible private b	and not for the benefit of the donor		•		√ No
art II Conservation Easeme		ation answered "Ves" to	Form 990	<u> </u>	,
Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organ	use (e g , recreation or pleasure) Ization held a qualified conservation	Preservation of an Preservation of a c	ertified histor		
easement on the last day of the ta	x year	Г	Held	d at the End of the Y	'ear
Total number of conservation ease	ements		2a	dat the flid of the f	cai
Total acreage restricted by conse			2b		
Number of conservation easement		included in (a)	2c		
Number of conservation easement Number of conservation easement		` ′	2d		
Number of conservation easement		·		uzation during	
the taxable year -		extiligationed, of terminates	a by the organ	nzacion during	
Number of states where property s	ubject to conservation easement	ıs located ►			
Does the organization have a writt enforcement of the conservation e		onitoring, inspection, hand	ling of violatio		√ No
Staff and volunteer hours devoted	to monitoring, inspecting and enfo	rcing conservation easem	ents during th	e year ►	
A mount of expenses incurred in m	onitoring, inspecting, and enforcin	g conservation easements	during the ye	ar ► \$	
Does each conservation easement 170(h)(4)(B)(i) and 170(h)(4)(B)(fy the requirements of sect	cion	☐ Yes	√ No
In Part XIV, describe how the orga balance sheet, and include, if appl the organization's accounting for c	cable, the text of the footnote to t		•	•	
	ining Collections of Art, Hi ation answered "Yes" to Form		or Other Si	milar Assets.	
If the organization elected, as peri art, historical treasures, or other s provide, in Part XIV, the text of the	ımılar assets held for public exhib	ition, education or researc	h ın furtheran		
If the organization elected, as peri historical treasures, or other simil provide the following amounts rela	ar assets held for public exhibitior				
(i) Revenues included in Form 990), Part VIII, line 1		>	\$	
(ii) Assets included in Form 990,	art X		► 9	\$	
If the organization received or held following amounts required to be re			r fınancıal gaıı	n, provide the	
Revenues included in Form 990, P	art VIII, line 1		▶ :	\$	

b Assets included in Form 990, Part X

ar	TITLE Organizations Maintaining Co	illections of Art	t, HIS	tori	<u>cai ire</u>	easur	es, or c	tne	r Similai	r Asse	ets (co	intinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	owing th	nat are	a signific	ant u	se of its co	ollection	n	
а	Public exhibition		d	Γ	Loan o	rexch	ange prog	rams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's content XIV	ollections and expla	aın hov	v the	y further	the or	ganızatıor	ı's ex	empt purp	ose in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than								ıılar	Г	Yes	√ No
Pai	tt IV Escrow and Custodial Arrang						answere	d "Y	es" to Fo	rm 990),	
	Part IV, line 9, or reported an ar				•							
la	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interm	ediary	for c	ontribut	ions or	otherass	ets i	not	Γ	Yes	▽ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	able		г					
							-	_		A mou	ınt	
с	Beginning balance						-	1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance						L	1 f				
2a	Did the organization include an amount on F	orm 990, Part X, lın	ie 21?							Γ	Yes	✓ No
	If "Yes," explain the arrangement in Part XI\											
°a	rt V Endowment Funds. Complete	If the organizatio		were Prior \			orm 990 _. Years Back		t IV, line Three Years I		1 Eaur V	ears Back
а	Beginning of year balance	(a)Curient real	(0)	PHOL	real	(C)TWO	Teals back	(u)	Tillee Teals I	SACK (E	r)roul te	ears back
b	Contributions							+				
c	Investment earnings or 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	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
С	Term endowment 🕨											
a	Are there endowment funds not in the posse	ssion of the organiz	ation t	that a	re held	and ad	mınıstere	d for	the		F	
	organization by (i) unrelated organizations									3a(i)	Yes	No No
	(ii) related organizations		•	•		•		•		3a(ii)		No
ь	If "Yes" to 3a(II), are the related organization						· · · · ·	٠.	· · · · · .	3b	<u> </u>	No
ļ	Describe in Part XIV the intended uses of th											
aı	t VI Investments—Land, Building	s, and Equipme	nt. S	ee F	orm 99	0, Pa	rt X, lıne	10.				
	Description of investment				o) Cost or sis (invest		(b) Cost or basis (oth		(c) Accum deprecia		(d) Bo	ook value
la	Land						10	6,371				106,371
b	Buildings						41	9,115		69,761		349,354
c	Leasehold improvements											
d	Equipment											
e	Other											

455,725

Investments—Other Securities. See	roi ili 990, Pait X, ilile 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)2001111111	Cost or end-of-year market v	alue
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	: гогиг ээо, rait x, ime . T		
(a) Description of investment type	(b) Book value	(c) Method of valuation	ماليم
		Cost or end-of-year market v	aiue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
(a) Descrip	tion	(b) Book v	alue
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		

Particular Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	223,423
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	284,722
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	-61,299
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 - 8	9	
Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-61,299
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue		<u>'</u>
1 Total revenue, gains, and other support per audited financial statements	1	223,423
A mounts included on line 1 but not on Form 990, Part VIII, line 12		,
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIV) 2d	1	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	223,423
A mounts 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	
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	223,423
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1 Total expenses and losses per audited financial statements	1	284,722
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	-	
a Donated services and use of facilities		
b Prior year adjustments 2b	1	
c Other losses	1	
d Other (Describe in Part XIV)	1	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	284,722
A mounts 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	1	
<u> </u>	4c	
c Add lines 4a and 4b	1	
c Add lines 4a and 4b	5	284,722

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, 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

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493089010792

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization THE PETE SUAZO BUSINESS CENTER Employer identification number

04-3693364

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	THE PETE SUAZO BUSINESS CENTER IS A BUSINESS RESOURCE COMMITTED TO THE DEVELOPMENT AND EMPOWERMENT OF THE LATINO/HISPANIC AND OTHER UNDESERVED COMMUNITIES WE PROVIDE ASSISTANCE TO HELP EXISTING AND POTENTIAL MINORITY ENTREPRENEURS SUCCEED AND BUILD WEALTH

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

ldentifier	Return Reference	Explanation
FIRST A CHIEV EMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	-THE ORGANIZATION CAN HELP YOU -WRITE A BUSINESS PLAN (A REQUIREMENT OF EVERY LENDER) - DO MARKET RESEARCH -PREPARE BUDGETS -APPLY FOR LOANS AT BANKS AND OTHER FINANCIAL INSTITUTIONS -KNOW WHICH FINANCIAL INSTITUTION TO GO TO FOR FUNDING THE ORGANIZATION PROVIDES COURSES, SEMINARS AND WORKSHOPS IN -FINANCES -ACCOUNTING -TAXES -MARKETING - MANAGEMENT -FINANCIAL LITERACY -BASIC COMPUTER SKILS FY2011 ACCOMPLISHMENTS -264 COMPANIES WERE SERVICED -2,193 STUDENTS ATTENDED SEMINARS AND CLASSES -140 NEW JOBS WERE CREATED -1,893 ONE-ON-ONE BUSINESS MENTORING HOURS WERE COMPLETED -285 SEMINARS AND CLASSES WERE HELD - 71 PEOPLE WERE ORIENTED FOR BUSINESS LOANS -135 NEW START-UPS WERE HELPED TO INCORPORATE IN THE UTAH

ldentifier	Return Reference	Explanation						
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	ROD CASTILLO GLADYS GONZALEZ EX DIRECTOR CHAIR SON-IN-LAW						

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE EXECUTIVE COMMITTEE REVIEWS THE FORM 990 ALL OTHER MEMBERS OF THE BOARD ARE ALLOWED TO REVIEW THE FORM AT WILL

ldentifier	Return Reference	Explanation						
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DETERMINED BY THE BOARD OF DIRECTORS THE BOARD MEETS WITHOUT THE PRESENCE OF THE ED OR ANY OF THE ED'S RELATIVES THE BOARD CONSIDERS MARKET DATA IN ESTABLISHING COMPENSATION DUE TO LIMITED FUNDING, HOWEVER, THE ED IS PAID LESS THAN THE AVERAGE MARKET RATE DELIBERATION AND DETERMINATION FO COMPENSATION IS DOCUMENTED THE EXECUTIVE DIRECTOR IS REQUIRED TO SIGN A CONTRACT AGREEING TO THE TERMS OF COMPENSATION						

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

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Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493089010792

OMB No 1545-0172

Department of the Treasury

Form 4562

Attachment

See separate instructions. Attach to your tax return. Sequence No 67 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates **Identifying number** THE PETE SUAZO BUSINESS CENTER INDIRECT DEPRECIATION 04-3693364 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,000,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 **15 15** Property subject to section 168(f)(1) election **16** Other depreciation (including ACRS) 17.552 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2010 17 18 If you are electing to group any assets placed in service during the tax year into one or more . 📂 general asset accounts, check here Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method period property deduction service use only—see instructions) 19a 3-year property **b** 5-year property c 7 - year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L 27 5 yrs ММ S/L h Residential rental property 27 5 yrs мм S/L 39 yrs мм S/L i Nonresidential real property ΜМ S/L Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year ММ S/L 40 yrs Part IV **Summary** (see instructions) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 17,552 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V
Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

		24a, 24b, CC															
Section A—Depre	ciation a	<u>nd Other Ir</u>	<u>ıforma</u>	tion (C	<u>aution</u>	: See	<u>the i</u>	<u>instrบ</u>	ctic	ons for I	imits	for pa	sseng	er au	<u>ıtomol</u>	biles.)	
24a Do you have evider	nce to support t	the business/inv	estment u	use claimed	d? ┌ Yes	⊢ No			24b	If "Yes,"	s the e	/ idence	written?	, 厂 _Y ,	ᇙ┌╻	o	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ Investment use percentage (d) Cost or othe basis		i) r other	(e) Basis for depreciation (husiness/investment			(f) Recov perio	'	(g) Method/ Convention		(h) Depreciation/ deduction			(i) Elected section 179 cost		
25 Special depreciation allo 50% in a qualified busi	•		rty placed	ın service (during the	tax year	and u	ısed m	ore t	:han 25				+			
26 Property used more	e than 50%	ın a qualified l	business	use													
· · · · · · · · · · · · · · · · · · ·		%															
		%							\perp								
27 Property used 50%	 	%	IDAGG HG	•													
27 Floperty used 50%	O OI IESS III a	quanned bus	illess us	е				l	Is	/L -	Т			\neg			
		%							_	/L -							
		%							S	/L -				ᆚ			
28 Add amounts in co	olumn (h), lır	ies 25 throug	h 27 En	ter here a	and on lir	ne 21,	page	1		28							
29 Add amounts in co	olumn (ı), lın	e 26 Enterhe	ere and c	n line 7,	page 1							29					
		Sed	ction B	—Infor	mation	on U	se c	of Ve	hic	eles							
Complete this section If you provided vehicles to														ca vahi	clos		
i you provided verticles to	your employee	es, mist answer ti	ne questio		a)	T	b)	III EXCE		(c)		d)		e)		(f)	
30 Total business/investment miles driven during the year (do not include commuting miles)			Vehi		Vehicle 2		Vehicle 3		Vehicle 4		Vehicle 5		Vehicle 6				
31 Total commuting i	miles driven	during the ye	ar .														
32 Total other persor	nal(noncomm	nuting) miles (drıven														
33 Total miles driven during the year Add lines 30 through 32																	
34 Was the vehicle a		ersonal use		Yes	Yes No Ye		No	Yes		No	Yes	No	Yes	No	Yes	No	
during off-duty ho	urs?									1				†		+	
35 Was the vehicle upowner or related p	sed primarily	by a more th	ian 5%														
36 Is another vehicle			e? .													1	
Section Answer these question one of the section	ns to determ	•	et an exc												not mo	re thai	
37 Do you maıntaın a	written polic	y statement	that prob	nibits all	personal	use of	vehi	cles,	ncl	udıng cor	nmutır	ng, by y	our	\ \ \ \	es	No	
employees? .							•	•				•	•				
38 Do you maintain a employees? See t																	
39 Do you treat all us	se of vehicles	by employee	es as pei	rsonal us	e? .												
40 Do you provide movehicles, and reta	ore than five	vehicles to y	our empl			rmatio	n fror	m you	rer	nployees	about	the us	e of th	e 🗀			
41 Do you meet the r				automobi	le demor	• nstratio	n us	e? (S	• ee 11	nstructio	ns)						
Note: If your answ	ver to 37, 38	, 39, 40, or 4	1 is "Ye	s," do no	t comple	te Sect	ion E	3 for t	he c	overed v	ehicle	S					
Part VI Amo	rtization														•		
(a) Description of c	of costs amortization A moi			A mort				(d) Code ection (e) A mortiza period			zation d or	r A morti			(f) :ization for is year		
		begins								perce	ntage						
42 A mortization of co	sts that beg	ıns durıng yo	ur 2010	tax year	(see ins	truction	1s)					1					
											1						
43 A mortization of co	sts that beg	an before you	ır 2010 t	tax year		•	•				43						

44 Total. Add amounts in column (f) See the instructions for where to report

44