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Form 990

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)

2011

alleng of mago

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Inspection ► The organization may have to use a copy of this return to satisfy state reporting requirements For the 2011 calendar year, or tax year beginning 2011, and ending D Employer Identification Number C Name of organization 100% FOR KIDS, UT CREDIT FOUNDATION Check if applicable 42-1562278 Doing Business As Address change E Telephone number Number and street (or P O box if mail is not delivered to street addr) Name change 1805 SOUTH REDWOOD ROAD (801) 887-2332 Initial return ZIP code + 4 City, town or country Terminated UT 84104 **G** Gross receipts \$ 190,003 SALT LAKE CITY Amended return H(a) Is this a group return for affiliates? F Name and address of principal officer Yes Application pending H(b) Are all affiliates included? UT 84104 SCOTT SIMPSON 1805 S. REDWOOD RD. SLC If 'No,' attach a list (see instructions)) ◀ (insert no) 4947(a)(1) or 527 Tax-exempt status 501(c) (Website: ► N/A H(c) Group exemption number L Year of Formation 2002 X Corporation M State of legal domicile Trust Form of organization Association Part Summary Briefly describe the organization's mission or most significant activities The organization privides funding for classroom and school level education programs including supplies and capital needs, academic programs, and classroom or school projects Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 0 7 a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 7 b **Prior Year Current Year** 218,754. 187,903. Contributions and grants (FatVII), ine Vh Program service revenue (Part VIII, line 2g) Investment income (Par VIII, column (A), lines 3, Cand 7d)
Other revenue (Part VIII, column (A), lines 5, 6d, 80 pc, 10c, and 11e)
Total revenue — add lines 8 through 11 (must equal art VIII, column (A), line 12) 3,536 2,100. 10 Investment income (Part 11 222,290 190,003. Grants and similar amounts paid (Part V, column (A), lines 1-3) 149,057 117,177. Benefits paid to or for members 13,800 45,044. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. 36,057. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 45,716. 208,573. 198,278. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 13,717. <u>-8,275.</u> **Beginning of Current Year End of Year** Total assets (Part X, line 16) 630,903. 636,847. 14,219. Total liabilities (Part X, line 26) 630,903. 622,628. Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Here Scott Simpson Type or print name and title Print/Type preparer's name Check P01299925 Gerald K. Strong self-employed Paid ► Gerald K. Strong, Preparer Use Only Firm's address ► 3001 PLATEAU DR Firm's ElN ► 84109-2320 (801)486-0096 SALT LAKE CITY Phone no

Yes

Form 990 (2011)

No

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

	990 (2011) 100% FOR KIDS, UT CREDIT FOUNDATION	42-1562	278 Page
Par			_
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
	The organization privides funding		
	for classroom and school level education programs including sup		
	and capital needs, academic programs, and classroom or school p	rojects_	
2	Did the organization undertake any significant program services during the year which were not listed on t	the prior	·
	Form 990 or 990-EZ?	L	Yes X No
_	If 'Yes,' describe these new services on Schedule O	, r	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servi	ices?	Yes X No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amounters, the total expenses, and revenue, if any, for each program service reported	ount of grants	and allocations to
4 a	(Code:) (Expenses \$198,278. including grants of \$117,177.) (R	Revenue \$	190,003.
	The organization provides funding for school level education provides		
	including supplies and capital needs, academic programs and cla	ssroom	
	or school projects.		
41	(Code) (Expenses \$ including grants of \$) (Fig. 2)	Revenue \$_	
			. – – – – – – –
	(Out)		
40	(Code:) (Expenses \$ including grants of \$) (F	evenue ۶_	
			·
			·
			.
	Other program services. (Describe in Schedule O.)		- :
40	(Expenses \$ Including grants of \$) (Revenue \$		١
4	Total program service expenses ► 198, 278.	<u>-</u> .	
BAA			Form 990 (201

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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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		Χ
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? If 'Yes,' complete Schedule C, Part II	_4		_x_
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		<u>X</u>
1	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		X
1	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? <i>If 'Yes,' complete Schedule D, Part VII</i>	11b		X
(c 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.	11 c		<u>X</u>
(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	11 d		х
•	e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e		<u> </u>
1	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	11 f		<u>x</u>
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	Х	
١	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		_ X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
ĺ	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		_X_
- 1	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

36

37

X

Х

Partive Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part 22 IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III Х 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a 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 24c any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 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 Х 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 25b Х Schedule L. Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a Х **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b Х 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 Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N. Part II 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 X line 1 35a Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning 35b of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 Х **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

38 Note. All Form 990 filers are required to complete Schedule O BAA Form **990** (2011)

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

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	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors	and reportable gaming			
_	(gambling) winnings to prize winners?	, , , , , , ,	1 c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a			
ь	If at least one is reported on line 2a, did the organization file all required federal employment		2b		Χ
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins				
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year	·	3 a		X
	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3ь		
	At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other find if 'Yes,' enter the name of the foreign country:	or other authority over, a ancial account)?	4a		х
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Fir	nancial Accounts			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year?	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	r transaction?	5 b		Х
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5с		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, an solicit any contributions that were not tax deductible?	d did the organization	6 a		х
b	If 'Yes,' did the organization include with every solicitation an express statement that such cornot tax deductible?	ntributions or gifts were	6ь		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and pa	rtly for goods and			
	services provided to the payor?	}	7a		Х
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for wh Form 8282?		7с		х
C	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			<u> </u>
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b		7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	fit contract?	7 f		Х
Ç	If the organization received a contribution of qualified intellectual property, did the organizatio as required?	n file Form 8899	7 g		
ł	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7 h)
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, had holdings at any time during the year?	g organizations. Did the ve excess business	8		1
9	Sponsoring organizations maintaining donor advised funds.				
ā	Did the organization make any taxable distributions under section 4966?	L	9a		
t	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
ā	Initiation fees and capital contributions included on Part VIII, line 12	10a	, e		
t	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter	, ,			
ä	Gross income from members or shareholders	11 a	-		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	116	•		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	I I	12a		
	of Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b]
	Section 501(c)(29) qualified nonprofit health insurance issuers.				ļ
á	Is the organization licensed to issue qualified health plans in more than one state?		<u>13a</u>		
	Note. See the instructions for additional information the organization must report on Schedule	: U.			
1	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	136			
	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Si	chedule O	14b		<u> </u>

Form 990 (2011)

Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Х Check if Schedule O contains a response to any question in this Part VI Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 0 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b X stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? 8b Х Is there any officer, director or 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 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code., Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 13 Х 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X 15_b Х **b** Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a X taxable entity during the year? ... b If 'Yes,' did the organization follow 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? 16_b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply. Own website Another's website X Upon request 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 during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Elizabeth White 1805 S. Redwood Rd. SLC UT 84104 (801) 972-3400

TEEA0106 01/23/12

BAA

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

Check if Schedule O contains a response to any question in this Part VII

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. 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 organization	nor any r	elated	org	anız	atıo	n com	pen	sated any current offic	er, director, or trustee	e
(A) Name and title	(B) Average	(do no unles	t che	Posi ck mo		an one l	box,	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organiza- tions in Schedule O)	adividual forces or director	a anstitutional trustee	direc	Key employee	High est conntensated employee	r เสรก <i>ล</i> า	Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Scott Simpson President	0.00			Х				0.	0.	0.
(2) Lynn Kuehne Vice-President	0.00			х				0.	0.	0.
(3) John Lund Secretary	0.00			х				0.	0.	0.
(4) Elizabeth White Director	20.00				Х	Х		45,044.	0.	0.
_(5)										
<u>(6)</u>										
_(9)										
(10)										
(11)										
(12)						-				
(13)									,	· · · · · · · · · · · · · · · · · · ·
(14)										

Form 990 (2011) 100% FOR KIDS, UT CREDIT	FOU	IDA'	TIC	N					42-156227	
Part VII Section A. Officers, Directors, Trust	ees, ł	(ey	Em			es,	anc	d Highest Com	pensated Emp	loyees (cont)
(A) Name and title	(B) Average hours per	box,	unles er an	ss pe	ition more rson irecto	than is both or/trust	n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	per week (describ e hours for related organi- zations in Sch O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	relatéd organizations (W-2/1099-MISC)	from the organization and related organizations
(15)										
(16)										
(17)										
(18)	<u> </u>									
(19)										
(20)										
(21)										
(22)							."			
(23)										
(24)										
(25)										
1 b Sub-total c Total from continuation sheets to Part VII, Section A	۸ .						>	45,044.	0	0.
d Total (add lines 1b and 1c)							>	45,044.	0	
2 Total number of individuals (including but not limited from the organization	to thos	se lis	sted a	abo	ve) v	who	rece	eived more than \$	100,000 of reportal	ole compensation
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	dıvıdua	1	•	·	•	·	J	·		Yes No
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th such individual	ortable an \$15	con 0,00	npen 10? <i>li</i>	isati f 'Ye	on a es' c	and c	thei lete	r compensation fro Schedule J for	om	4 X
5 Did any person listed on line 1a receive or accrue conformer services rendered to the organization? If 'Yes,' conformer services rendered to the organization?	mpens <i>mplete</i>	ation Sch	n froi hedu	m a le J	ny u <i>for</i>	inrela such	ated per	l organization or ir rs <i>on</i>	dıvıdual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensate	d inde	nand	ent (cont	ract	ors t	hat	received more tha	n \$100 000 of	
compensation from the organization Report compensation (A)	sation	for t	he ca	alen	dar	year	enc	ding with or within	the organization's	tax year. (C)
Name and business address	s							Description	of services	Compensation
						-				
2. Total number of independent contractors (restriction	v.d. po4	lum:4	od 4-	, th.	\cc \	liota :	4 64	oug) who recent	more the	, ;, 4
2 Total number of independent contractors (including to \$100,000 in compensation from the organization ►	JUL 110(eu (C	J UTC	,se	uste0 	ı ab		more than	

га	t viii Statement of Revenue	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2.0	1a Federated campaigns 1a					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1 b					
	c Fundraising events 1 c					
RA	d Related organizations 1 d					
اَ اِقْنَ	e Government grants (contributions) 1 e					
S S	· · · · · · · · · · · · · · · · · · ·					
RIBUTI		7,903.				
동	g Noncash contributions included in lns 1a-1f: \$					
5	h Total. Add lines 1a-1f	•	187,903.			
¥		ess Code			-	
2	^{2a}					
E H	b					
≥	c					····
S	d					
Ψ¥	e					
PROGRAM SERVICE REVENUE	f All other program service revenue					
<u>8</u>	g Total. Add lines 2a-2f	>				
ļ	3 Investment income (including dividends, interest	t and				
	other similar amounts)	•	2,100.	0.	0.	2,100.
1	4 Income from investment of tax-exempt bond pro	ceeds 🏲				
	5 Royalties	>				
	(i) Real (ii)	Personal				
	6a Gross rents .					
	b Less. rental expenses					
	c Rental Income or (loss)					
	d Net rental income or (loss)	>				
	7a Gross amount from sales of assets other than inventory) Other				
	b Less: cost or other basis					
İ	and sales expenses					
	c Gain or (loss)			P		
	d Net gain or (loss)	▶				
UE	8a Gross income from fundraising events (not including \$					
EN	of contributions reported on line 1c)					
OTHER REVEN	See Part IV, line 18					
별	b Less. direct expenses b					
5	c Net income or (loss) from fundraising events	<u> </u>				
	9a Gross income from gaming activities.					
					!	
	b Less direct expenses . b				m - n = as an	
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a					
	b Less [.] cost of goods sold b					
l	c Net income or (loss) from sales of inventory	•				
[Miscellaneous Revenue Busine	ess Code				
1	11 a					
Ī	b				<u> </u>	
	с					
Ì	d All other revenue			• • •	-	
	e Total. Add lines 11a-11d	•				Ì
	12 Total revenue. See instructions	•	190,003.	0.	0.	2,100.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a re	sponse to any question	in this Part IX	· ·	
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21.	117,177.	117,177.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16.			,	ı
4 5	Benefits paid to or for members				-
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 .	34,375.	0.	34,375.	0.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	2,391.	0.	2,391.	0.
9	Other employee benefits	6,037.	0.	6,037.	0.
10	Payroll taxes .	2,241.	0.	2,241.	0.
11	-			2/211.	<u> </u>
	a Management				
	b Legal	·····			
	Accounting	4,050.	0.	4,050.	0.
	d Lobbying .			1,000.	
	Professional fundraising services. See Part IV, line 17		 ·		
	Investment management fees .			, , , <u>, , , , , , , , , , , , , , , , </u>	
	g Other				
	Advertising and promotion .	24,659.	0.	24,659.	0.
13	Office expenses	6,144.	0.	6,144.	0.
14	Information technology	0/1110	•	0,114.	<u> </u>
15	Royalties				
16	Occupancy .				
17	Travel .	125.	0.	125.	0.
• -	Payments of travel or entertainment expenses for any federal, state, or local public officials	125.	0.	125.	<u> </u>
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		-	·	
23	Insurance .	1,079.	0.	1,079.	0.
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a				
1	b				
	c				
	d				
	e All other expenses .				
25	Total functional expenses. Add lines 1 through 24e	198,278.	117,177.	81,101.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► if following SOP 98-2 (ASC 958-720)				

Page 11

				(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing .		630,903.	1	24,048.
	2	Savings and temporary cash investments.			2	612,799.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part	s, trustees, key employees, I of Schedule L	***************************************	5	
	6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contrisponsoring organizations of section 501(c)(9) voluntar organizations (see instructions)	ed under section 4958(f)(1)), buting employers and y employees' beneficiary		6	
A S S E T S	7	Notes and loans receivable, net		7		
S	8	Inventories for sale or use			8	
T	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	 10a		,	,
	, h	Less: accumulated depreciation .	10b		10c	
	11	Investments — publicly traded securities	100		11	
	12	Investments — publicly traded securities Investments — other securities. See Part IV, line 11	•		12	
	13	Investments – program-related See Part IV, line 11			13	·
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line	34)	630,903.	16	636,847.
	17	Accounts payable and accrued expenses		030,303.	17	14,219.
	18	Grants payable	•		18	
	19	Deferred revenue		19	-	
Ļ	20	Tax-exempt bond liabilities .			20	
Ā	21	Escrow or custodial account liability Complete Part if	V of Schedule D		21	
ABILIT	22	Payables to current and former officers, directors, true highest compensated employees, and disqualified per of Schedule L	stees, key employees, sons Complete Part II		22	
i E S	23	Secured mortgages and notes payable to unrelated th	ird parties		23	
Š	24	Unsecured notes and loans payable to unrelated third	•		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	s to related third parties, plete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	·	0.	26	14,219.
N E		Organizations that follow SFAS 117, check here ►	X and complete lines			
Ť		27 through 29 and lines 33 and 34.	_		` -	
Ą	27	Unrestricted net assets		630,903.	27	622,628.
ASSET-S	28	Temporarily restricted net assets			28	-
	29	Permanently restricted net assets			29	
O R		Organizations that do not follow SFAS 117, check he	re and complete		. :	
F	1	lines 30 through 34.			·· .	· ·
FU20	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipm	nent fund		31	
Ĺ	32	Retained earnings, endowment, accumulated income,	or other funds		32	
BALAZCES	33	Total net assets or fund balances .	•	630,903.	33	622,628.
Š	34	Total liabilities and net assets/fund balances		630,903.	34	636,847.

BAA

Form 990 (2011)

Form 990 (2011) 100% FOR KIDS, UT CREDIT FOUNDATION	12-1562278		Page 12
Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response to any question in this Part XI			
	1 1		
1 Total revenue (must equal Part VIII, column (A), line 12)	1		,003.
2 Total expenses (must equal Part IX, column (A), line 25)	2		,278.
3 Revenue less expenses. Subtract line 2 from line 1	3		,275.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	630	<u>,903.</u>
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	622	,628.
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response to any question in this Part XII	<u></u>		
		Ye	es No
1 Accounting method used to prepare the Form 990		1	*
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	Х
b Were the organization's financial statements audited by an independent accountant?		2b 2	K
c if 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight or review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2c 2	ĸ
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			3 }
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is separate basis, consolidated basis, or both:	sued on a	}	
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	ne Single	3a	X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the re or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired audit	3b	
BAA		Form 99	90 (2011)

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.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

100% FOR KIDS, UT CREDIT FOUNDATION 42-1562278 Partill 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) 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). 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 5 170(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(bX1XAXvi). (Complete Part II.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts X 9 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 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. c | Type III - Functionally integrated Type II d | | Type III - Other a | Type i 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 If the organization received a written determination from the IRS that 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? No Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (v) Did you notify the organization in column (i) of your support? (i) Name of supported organization (a) EIN (vii) Amount of support (iii) Type of organization (iv) Is the (vi) Is the (described on lines 1-9 above or IRC section (see instructions)) organization in olumn (i) listed in organization in column (i) organized in the your governing document? Yes No Yes No Yes (A) (B) (C) (D) (E) ۲., BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

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)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
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		 				
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					,	
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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						
12	Gross receipts from related activi	ities, etc (see instr	ructions)			(_1	2
13	First five years. If the Form 990 organization, check this box and	s for the organization	tion's first, secon	d, third, fourth, or	fifth tax year as a	section 501(c)	(3)
<u>Sec</u>	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20	• •	• •	e 11, column (f))			4 %
15	Public support percentage from 2	2010 Schedule A, F	Part II, line 14			. [1	5 %
16 a	33-1/3% support test — 2011. If t and stop here. The organization	he organization di qualifies as a publ	d not check the b icly supported or	ox on line 13, and ganization	the line 14 is 33-	1/3% or more,	check this box
t	33-1/3% support test — 2010. If t and stop here. The organization	he organization di qualifies as a publ	d not check a box icly supported or	c on line 13 or 16a ganization	a, and line 15 is 33	3-1/3% or more	, check this box
17 a	10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts	neets the 'facts-ar	nd-circumstances	test, check this b	oox and stop here.	Explain in Par	t IV how
	o 10%-facts-and-circumstances te or more, and if the organization i organization meets the 'facts-and	meets the 'facts-ar f-circumstances' te	nd-circumstances est The organiza	' test, check this t tion qualifies as a	oox and stop here. publicly supported	Explain in Par Lorganization	t IV how the ▶
18 RAA	Private foundation. If the organiz	zation did not chec	k a box on line 1	з, 16a, 16b, 17a,			structions > 1

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.)

Sect	tion A. Public Support						
	far year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions and membership fees						
	received. (Do not include any 'unusual grants.').	1 450 275	107 067	192,746.	210 754		0 257 042
2	Gross receipts from admis-	1,459,375.	487,067.	192,746.	218,754.		2,357,942.
2	sions, merchandise sold or	{	1		}		
	services performed, or facilities	ĺ					
	furnished in any activity that is related to the organization's						
	tax-exempt purpose .	L					
3	Gross receipts from activities that are not an unrelated trade	} [{				
	or business under section 513	l i	,		l _a		
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on	1					
_	its behalf	[
5	The value of services or facilities furnished by a	ţ .					
	governmental unit to the	ļ [
	organization without charge	 					
	Total. Add lines 1 through 5	1,459,375.	487,067.	192,746.	218,754.	·	2,357,942.
/ a	Amounts included on lines 1, 2, and 3 received from	}	ì	İ			
	disqualified persons						
b	Amounts included on lines 2	1 1					
	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	\	1				
С	Add lines 7a and 7b						
8	Public support (Subtract line					· ·	
	7c from line 6.)		·				2,357,942.
	tion B. Total Support		# 1 0000 T		Т		,
	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6 Gross income from interest,	1,459,375.	487,067.	192,746.	218,754.		2,357,942.
iva	dividends, payments received	[
	on securities loans, rents,	, ,		ļ	ļ		
	royalties and income from similar sources	9,363.	24,086.	13,578.	3,536.		50,563.
b	Unrelated business taxable						
	income (less section 511 taxes) from businesses	1					
	acquired after June 30, 1975						
c	Add lines 10a and 10b .	9,363.	24,086.	13,578.	3,536.		50,563.
11	Net income from unrelated business	1					
	activities not included in line 10b, whether or not the business is]		}			Ì
	regularly carried on					 	
12	Other income. Do not include gain or loss from the sale of	{ }		ļ			{
	capital assets (Explain in Part IV.)	1		į			(
13	Total support. (Add ins 9, 10c, 11, and 12)	1.468.738.	511,153.	206,324.	222,290.		2,408,505.
14	First five years. If the Form 990 organization, check this box and	is for the organizat				section 501(c)(3)	
	organization, check this box and	stop here					
	tion C. Computation of Pu			10 1 (0)			07.00.0
	Public support percentage for 20	, ,	•	13, column (t))	•	. 15	97.90 %
_	Public support percentage from 2 tion D. Computation of Inv					16	98.27 %
<u>3ec</u> 17	Investment income percentage for			hy line 12 colum	n (f))	17	2.10 %
18	Investment income percentage for			•	11 (1))	18	1.73 %
-	33-1/3% support tests – 2011.				t line 15 is more t		
	is not more than 33-1/3%, check	this box and stop	here. The organiza	ation qualifies as	a publicly support	ed organization	► <u>X</u>
b	33-1/3% support tests - 2010. If line 18 is not more than 33-1/3%	f the organization d	id not check a box ad stop here. The α	on line 14 or line	e 19a, and line 16	is more than 33-	1/3%, and ► □
20	Private foundation. If the organiz			-	· · · · · · · · · · · · · · · · · · ·		▶

Schedule A	(Form 990 or 9	990-EZ) 2011	100%	FOR KIL	os, ur o	CREDIT I	FOUNDATI	<u>.ON</u>	42-15622	.78	Page 4
(Part IV	Supplemer Part II, line (See instru	i tal Inform 17a or 17 ctions).	ation. Corb; and Pa	mplete th irt III, line	is part to 12. Also	provide to complete	the explan this part	ations req for any ac	uired by Pa Iditional info	ort II, line 10 ormation.);
											· -
											- -
											 .
											·
											. -
					- -			. – – – – -			
											- -
									- -		

SCHEDULE D (Form 990)

1

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 2011 Open to Public Inspection Employer identification number

100	% FOR KIDS, UT CREDIT FOUNDA	TION	42-1562278		
Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.					
1	Total number at end of year .	(a) Donor advised funds	(b) Funds and other accounts		
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and don funds are the organization's property, subject t		onor advised Yes No		
6	Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene	he benefit of the donor or donor advisor, or for fit?	any other Yes No		
Pa	RIII Conservation Easements. Comp	lete if the organization answered 'Yes	s' to Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by	the organization (check all that apply).			
	Preservation of land for public use (e.g., re	ecreation or education)	of an historically important land area		
	Protection of natural habitat	Preservation	of a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in	the form of a conservation easement on the		
	last day of the tax year		Held at the End of the Tax Year		
	Total number of conservation easements .		2a		
	• Total acreage restricted by conservation easer	nents	2b		
	Number of conservation easements on a certif		2c		
	d Number of conservation easements included in	• • • • • • • • • • • • • • • • • • • •			
	structure listed in the National Register	•	2d		
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished, or terminat	ted by the organization during the		
4	Number of states where property subject to co	nservation easement is located ►			
5	Does the organization have a written policy rea and enforcement of the conservation easemen	garding the periodic monitoring, inspection, har	ndling of violations, Yes No		
6	Staff and volunteer hours devoted to monitorin	g, inspecting, and enforcing conservation ease	ements during the year		
7	Amount of expenses incurred in monitoring, in ► \$	specting, and enforcing conservation easemen	ts during the year		
8	Does each conservation easement reported or 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of se	ction Yes No		
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its revenue and the organization's financial statements that d	d expense statement, and balance sheet, and escribes the organization's accounting for		
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.					
1:	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finan	s held for public exhibition, education, or resea	nue statement and balance sheet works of rch in furtherance of public service, provide,		
I	b If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items:	SFAS 116 (ASC 958), to report in its revenue id for public exhibition, education, or research in	statement and balance sheet works of art, in furtherance of public service, provide the		
	(i) Revenues included in Form 990, Part VIII,	line 1 .	► \$		
	(ii) Assets included in Form 990, Part X .		►\$ -\$		
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets f	or financial gain, provide the following		
;	a Revenues included in Form 990, Part VIII, line	1	► \$		
-	b Assets included in Form 990, Part X		▶ \$		

Schedule D (Form 990) 2011 100%					42-156		Page 2
Part III Organizations Mainta	ining Collec	<u>tions of Art, Hi</u>	storica	l Treasures, or (Other Similar Ass	ets (con	tinued)
3 Using the organization's acquisition items (check all that apply):	on, accession, a	and other records,	check any	y of the following tha	it are a significant use	of its colle	ection
a Public exhibition		d Lo	an or exc	hange programs			
b Scholarly research		e 📙 Oti	her				
c Preservation for future generations							
4 Provide a description of the organ Part XIV.			_	-		'n	
5 During the year, did the organizat assets to be sold to raise funds ra	ather than to be	ceive donations of maintained as par	art, nistor t of the o	ricai treasures, or ot irganization's collect	ner similar ion?	Yes	No
Part IV Escrow and Custodia	l Arrangeme	ents. Complete	if the o	rganization ansv		m 990, F	⊃art IV,
line 9, or reported an	amount on F	orm 990, Part	X, line	<u> 21. </u>			_
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian,	or other intermedia	ary for co	ntributions or other a	essets not	Yes	No
b If 'Yes ' explain the arrangement	in Part XIV and	complete the follo	wing table	e			
						Amount	
c Beginning balance					1c	 .	
d Additions during the year				•	1 d		
e Distributions during the year							
2a Did the organization include an ai	mount on Form	990 Part V line 2	12		111	Yes	No
b If 'Yes,' explain the arrangement		550, Fait X, line 2	.1.5		ĺ		Пио
Part V. Endowment Funds. Co		e organization	answer	ed 'Yes' to Form	990 Part IV line	10.	
	(a) Current ye			(c) Two years back	(d) Three years back		r years back
1 a Beginning of year balance					1	1	
b Contributions .						,	
c Net investment earnings, gains, and losses							
d Grants or scholarships		<u> </u>					
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance	Ĺ					<u> </u>	
Provide the estimated percentage	•	year end balance ((line 1g, c	olumn (a)) held as:			
a Board designated or quasi-endow	/ment ►	&					
b Permanent endowment	%	2					
c Temporarily restricted endowmen		*					
The percentages in lines 2a, 2b,	and 2c should e	quai 100%.					
3a Are there endowment funds not in organization by	n the possession	n of the organization	on that ar	e held and administe	ered for the	□	es No
(i) unrelated organizations						3a(i)	
(ii) related organizations .						3a(ii)	
b If 'Yes' to 3a(II), are the related o	rganizations list	ted as required on	Schedule	: R? .		3b	
4 Describe in Part XIV the intended							
Part VI Land, Buildings, and	Equipment.	See Form 990,	Part X	, line 10.			
Description of property	(a) Cost or other ba (investment)	sıs (b	Cost or other basis (other)	(c) Accumulated depreciation	(d) Boo	ok value
1 a Land	_		 _				
b Buildings .							
c Leasehold improvements	· ··						
d Equipment							
e Other							
Total. Add lines 1a through 1e. (Column	ın (a) must equa	ai_rorm 990, Part)	x, column	1 (B), line 10(c).)	Sahari	tula D. C.	- 000\ 0011
BAA					Sched	iule v (Forl	m 990) 2011

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	due D (Form 990) 2011 100% FOR KIDS, OT CREDIT FOUNDATION	42-15622/8	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		·
1	Total revenue (Form 990, Part VIII, column (A), line 12)		190,003.
2	Total expenses (Form 990, Part IX, column (A), line 25)		198,278.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-8,275.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities .		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-8,275.
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	190,003.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
í	Net unrealized gains on investments 2a		
ı	Donated services and use of facilities . 2b		
•	Recoveries of prior year grants		
•	d Other (Describe in Part XIV.)		
•	Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	190,003.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
á	Investment expenses not included on Form 990, Part VIII, line 7b	s	
ı	Other (Describe in Part XIV.)		
•	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	190,003.
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	. 1	198,278.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities 2a		
1	Prior year adjustments 2b		
•	Other losses 2c	City Let	
(d Other (Describe in Part XIV.)		
	Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	198,278.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
i	Investment expenses not included on Form 990, Part VIII, line 7b		
ı	Other (Describe in Part XIV.)		
	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	198,278.
-	tiXIX Supplemental Information		
Corr Part any	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part I V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comple additional information	V, lines 1b and 2b, ete this part to prov	ride
- - .			
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Schedule D (Form 990) 2011 100% FOR KIDS, UT CREDIT FOUNDATION 42-1562278 Page Page Supplemental Information (continued)

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2011

OMB No 1545-0047

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to Public pection

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	Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.	Oben
Department of the Treasury Internal Revenue Service	► Attatch to Form 990.	dsul
Name of the constraints	Employer is	Employer identification numb
1009 FOR VITE	1008 FOR VIDS IIM CREDITY FOITHDATTON	52278
Dart General In	Part I General Information on Grants and Assistance	
THE PROPERTY OF		
1 Does the organiza the selection criter	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	X Yes
2 Describe in Part IV	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	
Part II Grants and	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to	d 'Yes' to
Form 990,	Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000	than \$5,000
Part II can	Part II can be duplicated if additional space is needed	-

ב מון וו כמון הם מחשובמוכם וו מממונים ומו שלמים	ממתה ומו החומה	20000					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
1							
(4)							
(5)							
(9)							
B							
(8)							
2 Enter total number of section 501(c)(3) and government organizations	3) and government or	ganizations listed in	listed in the line 1 table			•	1
	ons listed in the line					•	0
		-				Proposition	Cabadula (Form 000) (2011)

Schedule I (Form 990) (2011)

TEEA3901 06/01/11

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 Schedule I (Form 990) (2011) (Form 990) (2011) 100% FOR KIDS, UT CREDIT FOUNDATION 42–1562278

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance Parily Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (a) Type of grant or assistance Schedule I (Form 990) (2011) BAA 2 ~ ന 4 9

SCHEDULE O ★ (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization	Employer identification number
100% FOR KIDS, UT CREDIT FOUNDATION	42-1562278
Pt VI, Line 11a President reviews form 990 before signing	
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