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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2011

Open to Public  
Inspection

**A** For the 2011 calendar year, or tax year beginning **JULY 01**, 2011, and ending **JUNE 30**, 2012

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
**WASATCH COMMUNITY FOUNDATION**  
 Number & street (or P.O. box, if mail is not delivered to street addr.) Room/suite  
**PO BOX 399**  
 City or town, state or country, and ZIP + 4  
**HEBER CITY UT 84032-0399**

**D** Employer identification number  
**87-0650772**

**E** Telephone number  
**(435) 654-1550**

**F** Group Exemption Number ▶

**G** Accounting Method. ☒ Cash ☐ Accrual Other (specify) ▶

**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ **N/A**

**J** Tax-exempt status (check only one) -- ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **178,262**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

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

REVENUE		EXPENSES		ASSETS	
1	Contributions, gifts, grants, and similar amounts received	1	166,703		
2	Program service revenue including government fees and contracts	2			
3	Membership dues and assessments	3			
4	Investment income	4	387		
5a	Gross amount from sale of assets other than inventory	5a			
b	Less: cost or other basis and sales expenses	5b			
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
6	Gaming and fundraising events				
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
b	Gross income from fundraising events (not including \$ 11,317 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	11,172		
c	Less: direct expenses from gaming and fundraising events	6c	11,172		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a	Gross sales of inventory, less returns and allowances	7a			
b	Less: cost of goods sold	7b			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8	Other revenue (describe in Schedule O)	8			
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	167,090		
10	Grants and similar amounts paid (list in Schedule O)	10	158,721		
11	Benefits paid to or for members	11			
12	Salaries, other compensation, and employee benefits	12	12,000		
13	Professional fees and other payments to independent contractors	13			
14	Occupancy, rent, utilities, and maintenance	14			
15	Printing, publications, postage, and shipping	15	46		
16	Other expenses (describe in Schedule O)	16	3,601		
17	<b>Total expenses.</b> Add lines 10 through 16	17	174,368		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,278		
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	238,396		
20	Other changes in net assets or fund balances (explain in Schedule O)	20			
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	231,118		

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

67 75

<b>Part II</b>	<b>Balance Sheets.</b> (see the instructions for Part II.)
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Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	238,396	22	231,118
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	<b>Total assets</b>	238,396	25	231,118
26	<b>Total liabilities</b> (describe in Schedule O)	0	26	0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	238,396	27	231,118

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (see the instructions for Part III.)
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Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE ATTACHED SUMMARY

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others )

28	SEE ATTACHMENT #1		
	(Grants \$ ) If this amount includes foreign grants, check here . . . . .	28a	158,721
29			
	(Grants \$ ) If this amount includes foreign grants, check here . . . . .	29a	
30			
	(Grants \$ ) If this amount includes foreign grants, check here . . . . .	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$ ) If this amount includes foreign grants, check here . . . . .	31a	
32	Total program service expenses (add lines 28a through 31a) . . . . .	32	158,721

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instr for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV.

[illegible]

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed. NONE		
42a The organization's books are in care of SEE ATTACHMENT #3 Telephone no. Located at ZIP + 4		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N/A	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI** Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

	Yes	No
47		X
48		X
49a		X
49b		X

47 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

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

48		X
----	--	---

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

49a		X
-----	--	---

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

49b		X
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

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

☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

TODD CATES

Type or print name and title

CHAIR

Date

3/21/13

Paid Preparer Use Only

Print/Type preparer's name

BRIAN L WINEGAR

Preparer's signature

NONPAID PREPARER

Date

03-21-2013

Check ☐ if self-employed

PTIN

P01064878

Firm's name ▶ BRIAN L WINEGAR & COMPANY

Firm's EIN ▶

Firm's address ▶ 722 WEST 100 SOUTH SUITE 2

Phone no. 435-654-3824

May the IRS discuss this return with the preparer shown above? See instructions. ☐ Yes ☒ No



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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 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.") . . . . .	352,684	225,374	254,756	196,289	177,875	1,206,978
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 <b>Total.</b> Add lines 1 through 3. . . . .	352,684	225,374	254,756	196,289	177,875	1,206,978
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 <b>Public support.</b> Subtract line 5 from line 4. . . . .						1,206,978

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4 . . . . .	352,684	225,374	254,756	196,289	177,875	1,206,978
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	272	109	106	34	387	908
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 <b>Total support.</b> Add lines 7 through 10 . . . . .						1,207,886
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	99.92 %
15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	15	99.94 %
16a <b>33 1/3 % support test -- 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3 % support test -- 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test -- 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test -- 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF TOURNAM (event type)	(event type)	(total number)	(add col. (a) through col. (c))
R E V E N U E	1 Gross receipts .....	22,489			22,489
	2 Less: Charitable contributions .....	11,317			11,317
	3 Gross income (line 1 minus line 2) .....	11,172			11,172
D I R E C T  E X P E N S E S	4 Cash prizes .....				
	5 Noncash prizes .....	2,495			2,495
	6 Rent/facility costs .....				
	7 Food and beverages .....	2,869			2,869
	8 Entertainment .....				
	9 Other direct expenses .....	5,808			5,808
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				( 11,172 )
11 Net income summary. Combine line 3, column (d), and line 10 .....					

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) thru col. (c))
1 Gross revenue .....				
2 Cash prizes .....				
3 Noncash prizes .....				
4 Rent/facility costs .....				
5 Other direct expenses .....				
6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) .....				( )
8 Net gaming income summary. Combine line 1, column d, and line 7 .....				

9 Enter the state(s) in which the organization operates gaming activities. \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☒ No

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

WASATCH COMMUNITY FOUNDATION

Employer identification number

87-0650772

SCHEDULE O NOT USED. SEE ATTACHMENTS

## 990 PROGRAM SERVICE ACCOMPLISHMENT

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

OPEN TO PUBLIC INSPECTION	For calendar year 2011 or tax period beginning	07-01-2011, and ending	06-30-2012
Name of Organization WASATCH COMMUNITY FOUNDATION			Employer Identification Number 87-0650772

Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	158,721
Exempt Purpose Achievements			

SEE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS ATTACHED

# 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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

OPEN TO PUBLIC INSPECTION		For calendar year 2011 or tax period beginning 07-01-2011, and ending 06-30-2012.		
Name of Organization WASATCH COMMUNITY FOUNDATION			Employer Identification Number 87-0650772	
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont to employee ben. plans & def. comp.	(E) Expense account & other compensation
DEBORAH VAN LEEUWEN PO BOX 211 HEBER CITY, UT 84032	BUSINESS MANAGER 10.00	12,000	0	0

990 BOOKS ARE IN CARE OF

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

OPEN TO PUBLIC INSPECTION	For calendar year 2011 or tax period beginning	07-01	, and ending	06-30-2012.
Name of Organization WASATCH COMMUNITY FOUNDATION				Employer Identification Number 87-0650772
Part V - Line 42a				

Individual Name ..... DEBORAH VAN LEEUWEN  
or  
Business Name.

Street Address ..... PO BOX 399

U.S. Address

Zip code 84032 City HEBER CITY State UT

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (435) 503-2332

Fax Number ..... (801) 288-8166

# 2011 DETAIL STATEMENTS

WASATCH COMMUNITY FOUNDATION  
87-0650772

PAGE 1

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

MARKETING.....	65
PAYROLL BURDEN.....	1,772
BANK CHARGES.....	564
PROFESSIONAL FEES.....	1,200
 TOTAL CARRIED TO EOEZ PG 1 LINE 16.....	 3,601

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Wasatch Community Foundation  
Summary  
July 1, 2011 - June 30, 2012

Statement of Program Service Accomplishments

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

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

1. Scholarship Program (Amount Expended **\$80,450**, 104 Students). The Foundation provided over \$80,000 in scholarships to 95 graduating Wasatch High School students. Board members gather donations from generous community members and charitable organizations and raise funds at the annual golf tournament. A scholarship has a minimum value of \$500 and is provided to senior students who apply and who will use the assistance towards post-high school education at an accredited school. In addition, there were 9 students who were Business Students of the Month who each received a \$50 check in recognition of their accomplishments.
2. School Projects (Amount Expended **\$34,254**, 5 schools served). The Foundation uses part of the money raised at the golf tournament to fund projects at district schools. Donations are also received to fund specific projects within the classroom or programs within the schools/district.
3. Career Exploration/Travel Studies (Expenditures were made after the end of this fiscal year). Students 12 yrs. and older participated). Wasatch County students are given the opportunity to expand their educational horizons by visiting businesses, universities, and conferences where they see the inner workings of the organizations and get additional insight for possible careers. In the past, WCF has sponsored career exploration trips to New York City to visit the three broadcasting networks and "Expanding Your Horizons" and "Empowering Your Tomorrow" at Utah Valley University for an introduction into careers in science and math for students in middle school and older.
4. Ace Awards Program (Amount Expended **\$6,465**, 14 Educators honored). This program recognizes our local teachers and staff for their dedicated service to our children. During the school year, one teacher and one staff member from 7 district schools are honored with a \$100 check. At the end of the school year, a recognition night is held where the community honors each "Ace." From the 14 school winners, one is chosen to receive a \$1000 award as "Educator of the Year" and one runner-up is awarded \$200. Two staff members are chosen that night. One is selected as the "Classified Employee of the Year" and the other as runner-up, each receiving \$1000 and \$200, respectively.

The **Health** Committee offers opportunities for the residents of Wasatch County to improve their health through education and improved facilities. Community health and safety fairs for adults and children, heart disease and stroke prevention education, Red Ribbon week (drug and alcohol prevention) for school children, the community "Issues" conference and the Children's Mile-by-Mile Marathon are specific activities the foundation supports. During 2012, Heber Valley Medical Center began a capital campaign to raise \$500,000 in funds for a much needed Kidney Dialysis Center to serve patients along the Wasatch Back. To date, the committee has received \$60,800. (Amount expended **\$7,429** – whole community served)

The **Arts** Committee encourages, fosters, and supports the visual and performing arts in Heber Valley. WCF promotes Heber Valley as an arts destination location. The annual summer time "Concerts in the Park" is a supported program. The committee is looking for a long-term arts facility with expansion capability. (Amount expended **\$10,123** – whole community served)

The **Recreation** Committee supports the county's recreation center as more activities and programs are added. (Amount expended **\$20,000** – whole community served)

**Total Program Service Expenditures: \$158,721**

Wasatch Community Foundation  
Board Membership List  
As of June 30, 2012

Last Name	First Name	Phone	Mailing Address	Committee	Title	Hrs/Wk	Compensation
Anderson	Steve	435-654-2500	1485 S. Hwy 40, Heber City, UT 84032	Health	Member	1	0
Boulter	Richard	435-654-4052	571 E Valley Dr., Heber City, UT 84032	Arts Chair	Member	1	0
Brown	Jennifer	435-657-0855	1142 W Countryside Cr., Heber City, UT 84032	Education	Member	2	0
Cates	Todd	435-657-4041	931 S Ledgestone Ln, Heber City, UT 84032	Executive	Chair	4	0
Labrum	Danny	435-654-5120	901 S. Main St., Heber City, UT 84032	Advisory	Member	1	0
Powell	Kraig	435-657-0185	943 E 530 N., Heber City, UT 84032	Executive	Member	1	0
Roney	Burke	435-654-7025	2188 Creekside Ct, Heber City, UT 84032	Development, Executive	Vice Chair	2	0
Shoemaker	Terry	435-657-9979	3115 S 3400 W, Heber City, UT 84032	Education	Member	2	0
Sorenson	Shad	435-657-9492	195 S 80 E, Midway, UT 84049	Education Chair	Member	3	0
Starks	Ryan	435-654-3666	475 N. Main St., Heber City, UT 84032	Advisory	Member	1	0
VanLeeuwen	Deborah	435-654-7588	PO Box 211, Heber City, UT 84032	Executive	Secretary	10	\$25/hr
Van Wagoner	Shauna	435-654-7418	PO Box 283, Midway, UT 84049	Health Chair	Member	3	0
Wynn	Laune	435-657-2968	746 E 110 N., Heber City, UT 84032	Publicity Chair	Member	1	0