See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No. 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning , and ending

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

C Name of organization: BROWNING FBO OGDEN UNION STATION FN

Doing Business As

Number and street (or P O box if mail is not delivered to street address): Wells Fargo Bank NA - PO Box 53456 MAC S4101-22G | Room/suite

City, town or post office, state, and ZIP code: Phoenix AZ 85072-3456

D Employer identification number: 87-6194396

E Telephone number: 888-730-4933

G Gross receipts $ 847,535

F Name and address of principal officer: Wells Fargo Bank NA - PO Box 53456 MAC S4101-22G, PHOENIX, A

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

H(c) Group exemption number ▶

K Form of organization ☐ Corporation ☒ Trust ☐ Association ☐ Other ▶

L Year of formation: 1984 **M** State of legal domicile UT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SUPPORT THE UNION STATION

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	1
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	1
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	4
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	0	0
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35,561	140,276
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,567	140,276
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	16,000	16,000
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,494	6,403
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	21,494	22,403
	19	Revenue less expenses. Subtract line 18 from line 12	14,073	117,873

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	749,585	867,947
	21	Total liabilities (Part X, line 26)	0	0
	22	Net assets or fund balances. Subtract line 21 from line 20	749,585	867,947

Part II Signature Block

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

Sign Here

▶ SVP Wells Fargo Bank N.A. — Signature of officer — Date 5/7/2013

▶ JOHN SULENTIC SVP Wells Fargo Bank N A — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
JOSEPH J. CASTRIANO		5/7/2013		P01251603

Firm's name ▶ PricewaterhouseCoopers, LLP — Firm's EIN ▶ 13-4008324

Firm's address ▶ 600 GRANT STREET, PITTSBURGH, PA 15219-277 — Phone no 412-355-600

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

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

POSTMARK DATE MAY 10 2013

MAY 13 2013

MAY 13 2013

OGDEN, UT

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission:
SUPPORT THE UNION STATION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code.) (Expenses $ 17,537 including grants of $ 16,000) (Revenue $)
SUPPORT THE UNION STATION

4b (Code.) (Expenses $ including grants of $) (Revenue $)

4c (Code.) (Expenses $ including grants of $) (Revenue $)

4d Other program services. (Describe in Schedule O.)
(Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4e **Total program service expenses** ▶ 17,537

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		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*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
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 and XII 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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, 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		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

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

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

					Yes	No
1a	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			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country. ►					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b	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 which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		X
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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.*

Check if Schedule O contains a response to any question in this Part VI . . . . . [X]

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	1a 1			
b	Enter the number of voting members included in line 1a, above, who are independent . . .	1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . .		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . .		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . .		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . .		5		X
6	Did the organization have members or stockholders? . . .		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . .		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . .		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.				
a	The governing body? . . .		8a	X	
b	Each committee with authority to act on behalf of the governing body? . . .		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* . . .		9		X

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		X
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 filing the form? .	11a	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* . . .	12c	X	
13	Did the organization have a written whistleblower policy? . . .	13	X	
14	Did the organization have a written document retention and destruction policy? . . .	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . .	15a		X
b	Other officers or key employees of the organization . . .	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . .	16a		X
b	If "Yes," 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 take steps to safeguard the organization's exempt status with respect to such arrangements? . . .	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ UT AG PREFERS A FORM 990 NOT BE FURNISHEI

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

[ ] Own website [X] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Wells Fargo Bank N A 888-730-4933

PO BOX 53456 MAC S4101-22G, PHOENIX, AZ 85072-3456

Part VII **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 related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) WELLS FARGO BANK NA TRUSTEE	4.00		X					6,149		
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b **Sub-total** ▶								6,149	0	0
c **Total from continuation sheets to Part VII, Section A** ▶								0	0	0
d **Total (add lines 1b and 1c)** ▶								6,149	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		0
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII. . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	0				
	b Membership dues	1b	0				
	c Fundraising events	1c	0				
	d Related organizations	1d	0				
	e Government grants (contributions)	1e	0				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	0				
	g Noncash contributions included in lines 1a-1f: $ 0						
	h **Total.** Add lines 1a–1f ▶			0			
Program Service Revenue		Business Code					
	2a			0			
	b			0			
	c			0			
	d			0			
	e			0			
	f All other program service revenue			0			
	g **Total.** Add lines 2a–2f ▶			0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			21,526			21,526
	4 Income from investment of tax-exempt bond proceeds ▶			0			
	5 Royalties ▶			0			
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)	0	0				
	d Net rental income or (loss) ▶			0			
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	826,009	0				
	b Less: cost or other basis and sales expenses	707,259	0				
	c Gain or (loss)	118,750	0				
	d Net gain or (loss) ▶			118,750			118,750
	8a Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18	a	0				
	b Less: direct expenses	b	0				
	c Net income or (loss) from fundraising events ▶			0			
	9a Gross income from gaming activities See Part IV, line 19	a	0				
	b Less direct expenses	b	0				
	c Net income or (loss) from gaming activities ▶			0			
	10a Gross sales of inventory, less returns and allowances	a	0				
	b Less. cost of goods sold	b	0				
	c Net income or (loss) from sales of inventory ▶			0			
	Miscellaneous Revenue		Business Code				
	11a			0			
	b			0			
	c			0			
	d All other revenue			0			
	e **Total.** Add lines 11a–11d ▶			0			
	12 **Total revenue.** See instructions. ▶			140,276	0	0	140,276

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	16,000	16,000		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees).				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0	0	0	0
23 Insurance	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 TRUSTEE FEES	6,149	1,537	4,612	
b FOREIGN TAX WITHHELD	254		254	
c	0			
d	0			
e All other expenses	0			
25 **Total functional expenses.** Add lines 1 through 24e	22,403	17,537	4,866	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)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	16,250	2	25,710
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D — 10a: 0			
	b	Less. accumulated depreciation — 10b: 0	0	10c	0
	11	Investments—publicly traded securities	733,335	11	842,237
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	749,585	16	867,947
Liabilities	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable		18	
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26	**Total liabilities.** Add lines 17 through 25	0	26	0
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC958), check here ▶ ☒ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	749,585	30	867,947
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	749,585	33	867,947
	34	Total liabilities and net assets/fund balances	749,585	34	867,947

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	140,276
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,403
3	Revenue less expenses. Subtract line 2 from line 1	3	117,873
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	749,585
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	489
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	867,947

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . [ ]

			Yes	No
1	Accounting method used to prepare the Form 990: [X] Cash [ ] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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

2012

Open to Public Inspection

Name of the organization
BROWNING FBO OGDEN UNION STATION FN

Employer identification number
87-6194396

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

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

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ----------

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 [X] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I **b** [ ] Type II **c** [ ] Type III–Functionally integrated **d** [X] Type III–Non-functionally integrated

e [X] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		X
(ii) A family member of a person described in (i) above?	11g(ii)		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		X

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col (i) of your support? Yes	No	(vi) Is the organization in col (i) organized in the U S ? Yes	No	(vii) Amount of monetary support
(A) UNION STATION	87-0370650	9	X		X		X		16,000
(B)									
(C)									
(D)									
(E)									
Total 1									16,000

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

HTA

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	0	0	0	0	0	0
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.						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
11 **Total support.** Add lines 7 through 10						0

12 Gross receipts from related activities, etc. (see instructions) . . . 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . 14 0 00%

15 Public support percentage from 2011 Schedule A, Part II, line 14 . . . 15 0.00%

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶ ☐

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶ ☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

b **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13 **Total support.** (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	0 00%

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

BROWNING FBO OGDEN UNION STATION FN

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants the selection criteria used to award the grants or assistance? . . . . . .

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the orga Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is n

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)
(1) UNION STATION 2501 WALL AVENUE	87-0370650	501(C)(3)	16,000		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . .

3 Enter total number of other organizations listed in the line 1 table . . . . . .

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

(HTA)

BROWNING FBO OGDEN UNION STATION FN

Schedule I (Form 990) (2012)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (bo FMV, appraisal, other
1				
2				
3				
4				
5				
6				
7				

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (information.

Part I Line 2 ORGANIZATION CONTRIBUTES TO PRESELECTED ORGANIZATION

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

2012

Open to Public Inspection

Name of the organization	Employer identification number
BROWNING FBO OGDEN UNION STATION FN	87-6194396

Form 990 Part VI Section B Line 11A SOLE TRUSTEE RECEIVES AND REVIEWS FORM 990

Form 990 Part VI Section B Line 12C ORGANIZATION COMPLIES WITH THE SAME POLICY AND ENFORCEMENT PROCEDURES AS ITS TRUSTEE

Form 990 Part VI Section C Line 19 NO DOCUMENTS AVAILABLE TO THE PUBLIC

Form 990 Part XI Line 5 THE ADJUSTMENT INCLUDES A COST BASIS ADJUSTMENT

Name of the organization	Employer identification number
BROWNING FBO OGDEN UNION STATION FN	87-6194396

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
BROWNING FBO OGDEN UNION STATION FN

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 3

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 9 one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public ch (if sectio
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				

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

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Ye: because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disproport allocati Yes
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answ IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of tota income
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV,

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed i

a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered re

	(a) Name of other organization	(b) Transaction type (a–s)
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent o or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproport allocatio
				Yes	No			Yes
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

BROWNING FBO OGDEN UNION STATION FN

Part VIII, Line 7 (990) - Gain/Loss from Sale of Assets Other than Inventory

	Gross sales	ba
Total Public Securities	826,009	
Total Non-Public Securities	0	
Total Other Sales	0	

	Description	CUSIP #	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales price	Cost or other b (Enter one field Cost	Do v
1	INVESCO SMALL CAP GRW	00141M770	X				5/20/2010		3/30/2012	22,884	16,399	
2	INVESCO SMALL CAP GRW	00141M770	X				12/9/2011		3/30/2012	427	375	
3	FEDERATED TOTAL RET BD	31428Q101	X				4/30/2012		7/18/2012	204	202	
4	FEDERATED TOTAL RET BD	31428Q101	X				5/31/2012		7/18/2012	225	223	
5	FEDERATED TOTAL RET BD	31428Q101	X				6/29/2012		7/18/2012	238	235	
6	FEDERATED TOTAL RET BD	31428Q101	X				3/30/2012		7/18/2012	3,686	3,632	
7	FEDERATED TOTAL RETUR	31428Q507	X				5/20/2010		3/30/2012	58,072	56,592	
8	FEDERATED TOTAL RETUR	31428Q507	X				6/16/2010		3/30/2012	2,674	2,597	
9	FEDERATED TOTAL RETUR	31428Q507	X				12/16/2010		3/30/2012	4,741	4,603	
10	FEDERATED TOTAL RETUR	31428Q507	X				8/31/2011		3/30/2012	210	209	
11	FEDERATED TOTAL RETUR	31428Q507	X				9/30/2011		3/30/2012	184	185	
12	FEDERATED TOTAL RETUR	31428Q507	X				10/31/2011		3/30/2012	185	185	
13	FEDERATED TOTAL RETUR	31428Q507	X				11/30/2011		3/30/2012	175	174	
14	FEDERATED TOTAL RETUR	31428Q507	X				12/29/2011		3/30/2012	41	41	
15	FEDERATED TOTAL RETUR	31428Q507	X				12/29/2011		3/30/2012	311	308	
16	FEDERATED TOTAL RETUR	31428Q507	X				12/29/2011		3/30/2012	226	223	
17	FEDERATED TOTAL RETUR	31428Q507	X				12/30/2011		3/30/2012	189	187	
18	FEDERATED TOTAL RETUR	31428Q507	X				1/31/2012		3/30/2012	189	190	
19	FEDERATED TOTAL RETUR	31428Q507	X				2/29/2012		3/30/2012	185	186	
20	FEDERATED TOTAL RETUR	31428Q507	X				3/16/2012		3/30/2012	4,932	4,928	
21	GOLDMAN SACHS SMALL C	38142V209	X				12/8/2010		3/30/2012	120	106	
22	GOLDMAN SACHS SMALL C	38142V209	X				12/7/2011		3/30/2012	492	437	
23	GOLDMAN SACHS SMALL C	38142V209	X				5/20/2010		3/30/2012	11,278	8,457	
24	HARBOR INTERNATIONAL F	411511652	X				5/20/2010		3/30/2012	24,922	19,679	
25	HARBOR INTERNATIONAL F	411511652	X				6/16/2010		3/30/2012	14,224	12,114	
26	HARBOR INTERNATIONAL F	411511652	X				7/21/2010		3/30/2012	2,897	2,458	
27	HARBOR INTERNATIONAL F	411511652	X				12/17/2010		3/30/2012	536	529	
28	HARBOR INTERNATIONAL F	411511652	X				12/16/2011		3/30/2012	992	838	
29	MFS VALUE FUND-W 2400	55273H445	X				12/9/2010		1/19/2012	469	447	
30	MFS VALUE FUND-W 2400	55273H445	X				6/23/2011		1/19/2012	232	232	
31	MFS VALUE FUND-W 2400	55273H445	X				9/27/2011		1/19/2012	454	404	
32	MFS VALUE FUND-W 2400	55273H445	X				12/8/2011		1/19/2012	103	97	
33	MFS VALUE FUND-W 2400	55273H445	X				4/14/2011		1/19/2012	312	321	
34	MFS VALUE FUND-W 2400	55273H445	X				7/14/2011		1/19/2012	224	225	
35	MFS VALUE FUND-W 2400	55273H445	X				5/20/2010		1/19/2012	2,269	1,929	
36	MFS VALUE FUND-W 2400	55273H445	X				3/22/2012		3/30/2012	368	363	
37	MFS VALUE FUND-W 2400	55273H445	X				5/20/2010		3/30/2012	47,238	37,375	
38	MAINSTAY L/C GROWTH I 1	56062X641	X				12/7/2011		3/30/2012	1,179	1,030	
39	MAINSTAY L/C GROWTH I 1	56062X641	X				5/20/2010		3/30/2012	25,352	17,676	
40	MET WEST TOTAL RETURN	592905103	X				5/20/2010		3/30/2012	40,080	39,357	
41	MET WEST TOTAL RETURN	592905103	X				6/16/2010		3/30/2012	1,826	1,784	
42	MET WEST TOTAL RETURN	592905103	X				7/30/2010		3/30/2012	147	146	
43	MET WEST TOTAL RETURN	592905103	X				8/31/2010		3/30/2012	149	151	
44	MET WEST TOTAL RETURN	592905103	X				9/30/2010		3/30/2012	157	159	
45	MET WEST TOTAL RETURN	592905103	X				10/29/2010		3/30/2012	147	150	
46	MET WEST TOTAL RETURN	592905103	X				11/30/2010		3/30/2012	152	154	
47	MET WEST TOTAL RETURN	592905103	X				12/13/2010		3/30/2012	695	683	
48	MET WEST TOTAL RETURN	592905103	X				12/31/2010		3/30/2012	155	152	
49	MET WEST TOTAL RETURN	592905103	X				1/31/2011		3/30/2012	167	165	
50	MET WEST TOTAL RETURN	592905103	X				2/28/2011		3/30/2012	142	140	
51	MET WEST TOTAL RETURN	592905103	X				3/31/2011		3/30/2012	167	165	
52	MET WEST TOTAL RETURN	592905103	X				4/29/2011		3/30/2012	157	156	
53	T ROWE PRICE INSTL LG C	45775L408	X				3/16/2012		3/30/2012	48,219	47,468	
54	JANUS OVERSEAS FUND C	47103C480	X				12/22/2010		3/16/2012	31	40	
55	JANUS OVERSEAS FUND C	47103C480	X				6/16/2011		3/16/2012	1,994	2,283	
56	JANUS OVERSEAS FUND C	47103C480	X				5/20/2010		3/30/2012	18,670	19,679	

Part VIII, Line 7 (990) - Gain/Loss from Sale of Assets Other than Inventory

	Gross sales	ba
Total Public Securities	826,009	
Total Non-Public Securities	0	
Total Other Sales	0	

	Description	CUSIP #	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales price	Cost or other b (Enter one field Cost	Do v
57	JANUS OVERSEAS FUND C	47103C480	X				6/16/2010		3/30/2012	9,752	11,219	
58	JANUS OVERSEAS FUND C	47103C480	X				7/21/2010		3/30/2012	2,242	2,555	
59	JANUS OVERSEAS FUND C	47103C480	X				6/16/2011		3/30/2012	2,101	2,508	
60	JANUS OVERSEAS FUND C	47103C480	X				8/16/2011		3/30/2012	2,666	2,812	
61	JANUS OVERSEAS FUND C	47103C480	X				11/17/2011		3/30/2012	4,546	4,222	
62	JANUS OVERSEAS FUND C	47103C480	X				12/20/2011		3/30/2012	3,505	2,975	
63	JP MORGAN SMALL CAP EC	4812A1373	X				12/15/2011		3/30/2012	1,835	1,590	
64	JP MORGAN SMALL CAP EC	4812A1373	X				1/17/2011		3/30/2012	170	148	
65	JP MORGAN SMALL CAP EC	4812A1373	X				12/20/2011		3/30/2012	237	209	
66	JP MORGAN SMALL CAP EC	4812A1373	X				5/20/2010		3/30/2012	18,767	14,515	
67	MFS VALUE FUND-W 2400	55273H445	X				9/28/2010		1/19/2012	324	292	
68	MET WEST TOTAL RETURN	592905103	X				5/31/2011		3/30/2012	163	163	
69	MET WEST TOTAL RETURN	592905103	X				6/30/2011		3/30/2012	149	148	
70	MET WEST TOTAL RETURN	592905103	X				7/29/2011		3/30/2012	172	172	
71	MET WEST TOTAL RETURN	592905103	X				8/31/2011		3/30/2012	172	172	
72	MET WEST TOTAL RETURN	592905103	X				9/30/2011		3/30/2012	164	163	
73	MET WEST TOTAL RETURN	592905103	X				10/31/2011		3/30/2012	167	166	
74	MET WEST TOTAL RETURN	592905103	X				11/30/2011		3/30/2012	159	157	
75	MET WEST TOTAL RETURN	592905103	X				12/12/2011		3/30/2012	365	358	
76	MET WEST TOTAL RETURN	592905103	X				12/30/2011		3/30/2012	159	157	
77	MET WEST TOTAL RETURN	592905103	X				1/31/2012		3/30/2012	161	160	
78	MET WEST TOTAL RETURN	592905103	X				2/29/2012		3/30/2012	146	146	
79	WELLS FARGO ADV TO RT	94975J599	X				1/19/2011		3/30/2012	7,161	6,923	
80	WELLS FARGO ADV TO RT	94975J599	X				1/31/2011		3/30/2012	272	263	
81	WELLS FARGO ADV TO RT	94975J599	X				2/28/2011		3/30/2012	243	235	
82	WELLS FARGO ADV TO RT	94975J599	X				3/31/2011		3/30/2012	236	228	
83	WELLS FARGO ADV TO RT	94975J599	X				4/29/2011		3/30/2012	299	292	
84	WELLS FARGO ADV TO RT	94975J599	X				5/31/2011		3/30/2012	274	271	
85	WELLS FARGO ADV TO RT	94975J599	X				6/30/2011		3/30/2012	260	256	
86	WELLS FARGO ADV TO RT	94975J599	X				7/29/2011		3/30/2012	244	244	
87	WELLS FARGO ADV TO RT	94975J599	X				8/31/2011		3/30/2012	193	194	
88	WELLS FARGO ADV TO RT	94975J599	X				5/13/2010		3/30/2012	2,637	2,643	
89	WELLS FARGO ADV TO RT	94975J599	X				10/14/2011		3/30/2012	168	170	
90	WELLS FARGO ADV TO RT	94975J599	X				1/19/2012		3/30/2012	5,629	5,612	
91	WELLS FARGO ADV TO RT	94975J599	X				1/31/2012		3/30/2012	178	178	
92	WELLS FARGO ADV TO RT	94975J599	X				2/29/2012		3/30/2012	177	178	
93	WELLS FARGO ADV TO RT	94975J599	X				3/16/2012		3/30/2012	7,264	7,248	
94	WELLS FARGO ADV TO RT	94975J599	X				5/13/2010		4/18/2012	171	170	
95	WF ADV EQUITY VALUE FU	94975J797	X				5/20/2010		3/30/2012	47,874	37,503	
96	WF ADV EQUITY VALUE FU	94975J797	X				7/21/2010		3/30/2012	2,216	1,728	
97	WF ADV EQUITY VALUE FU	94975J797	X				8/16/2011		3/30/2012	3,185	2,737	
98	WF ADV EQUITY VALUE FU	94975J797	X				12/19/2011		3/30/2012	280	232	
99	WF ADV CAP GROWTH FD A	949915631	X				8/16/2011		1/19/2012	1,225	1,127	
100	WF ADV CAP GROWTH FD A	949915631	X				5/20/2010		3/16/2012	105,861	75,908	
101	WF ADV CAP GROWTH FD A	949915631	X				8/16/2011		3/16/2012	2,308	1,922	
102	WF ADV GROWTH FUND A	949915698	X				12/9/2011		3/16/2012	702	611	
103	WF ADV GROWTH FUND A	949915698	X				5/20/2010		3/16/2012	3,893	2,384	
104	WF ADV GROWTH FUND A	949915698	X				5/20/2010		3/30/2012	51,821	31,422	
105	MET WEST TOTAL RETURN	592905103	X				9/30/2010		4/18/2012	19	20	
106	MET WEST TOTAL RETURN	592905103	X				8/31/2010		4/18/2012	150	151	
107	MET WEST TOTAL RETURN	592905509	X				4/30/2012		11/16/2012	170	162	
108	MET WEST TOTAL RETURN	592905509	X				5/31/2012		11/16/2012	168	161	
109	MET WEST TOTAL RETURN	592905509	X				6/29/2012		11/16/2012	184	176	
110	MET WEST TOTAL RETURN	592905509	X				7/31/2012		11/16/2012	177	172	
111	MET WEST TOTAL RETURN	592905509	X				8/31/2012		11/16/2012	174	171	
112	MET WEST TOTAL RETURN	592905509	X				9/30/2012		11/16/2012	155	155	

Part VIII, Line 7 (990) - Gain/Loss from Sale of Assets Other than Inventory

	Gross sales	ba
Total Public Securities	826,009	
Total Non-Public Securities	0	
Total Other Sales	0	

	Description	CUSIP #	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales price	Cost or other b (Enter one field Cost	Do v
113	MET WEST TOTAL RETURN	592905509	X				10/31/2012		11/16/2012	169	168	
114	MET WEST TOTAL RETURN	592905509	X				3/30/2012		11/16/2012	3,999	3,794	
115	T ROWE PRICE EQUITY INC	779547108	X				3/29/2011		3/30/2012	183	179	
116	T ROWE PRICE EQUITY INC	779547108	X				6/28/2011		3/30/2012	232	219	
117	T ROWE PRICE EQUITY INC	779547108	X				3/16/2011		3/30/2012	23,771	22,215	
118	THORNBURG INTERNATION	885215657	X				7/21/2010		3/30/2012	41,306	36,661	
119	THORNBURG INTERNATION	885215657	X				9/24/2010		3/30/2012	95	93	
120	THORNBURG INTERNATION	885215657	X				12/27/2010		3/30/2012	3	3	
121	THORNBURG INTERNATION	885215657	X				3/25/2011		3/30/2012	36	39	
122	THORNBURG INTERNATION	885215657	X				6/24/2011		3/30/2012	234	249	
123	THORNBURG INTERNATION	885215657	X				9/26/2011		3/30/2012	144	125	
124	THORNBURG INTERNATION	885215657	X				12/23/2011		3/30/2012	29	26	
125	THORNBURG INTERNATION	885215657	X				3/26/2012		3/30/2012	74	74	
126	VANGUARD 500 INDEX FUN	922908496	X				9/21/2012		9/28/2012	775	785	
127	VANGUARD 500 INDEX FUN	922908496	X				3/30/2012		9/28/2012	3,813	3,725	
128	WELLS FARGO ADV TOT RT	94975J581	X				4/30/2012		5/16/2012	201	200	
129	WELLS FARGO ADV TOT RT	94975J581	X				3/30/2012		5/16/2012	6,854	6,760	
130	WELLS FARGO ADV TO RT	94975J599	X				5/20/2010		3/30/2012	75,744	76,330	
131	WELLS FARGO ADV TO RT	94975J599	X				6/16/2010		3/30/2012	4,072	4,098	
132	WELLS FARGO ADV TO RT	94975J599	X				7/7/2010		3/30/2012	2,775	2,749	
133	WELLS FARGO ADV TO RT	94975J599	X				7/30/2010		3/30/2012	255	255	
134	WELLS FARGO ADV TO RT	94975J599	X				9/17/2010		3/30/2012	3,962	3,984	
135	WELLS FARGO ADV TO RT	94975J599	X				11/16/2010		3/30/2012	4,976	4,999	
136	WELLS FARGO ADV TO RT	94975J599	X				11/30/2010		3/30/2012	228	229	
137	WELLS FARGO ADV TO RT	94975J599	X				12/10/2010		3/30/2012	3,101	2,983	
138	WELLS FARGO ADV TO RT	94975J599	X				12/31/2010		3/30/2012	249	240	
139	LT CAP GAIN DIV		X							7,945		

Account Name BROWNING FBO OGDEN UNION STATION FN
Account Number 034990
Calendar Year End 12/31/2012

BALANCE SHEET

Security Type	Account #	CUSIP	Asset Name	Fed Cost	
Invest - Other	034990	31428Q101	FEDERATED TOTAL RET BD-IS #328	69,204.24	
Invest - Other	034990	411511306	HARBOR INTERNATION FD INST #2011	46,168.71	
Invest - Other	034990	779547108	T ROWE PRICE EQUITY INCOME #71	26,978.42	
Invest - Other	034990	665130100	NORTHERN MID CAP INDEX #629	77,154.73	
Savings & Temp Inv	034990	VP7000046	WF ADV CASH INVT MM FD-INSTL #451	25,709.83	
Invest - Other	034990	592905509	MET WEST TOTAL RETURN BOND CL I #512	45,148.55	
Invest - Other	034990	38142V209	GOLDMAN SACHS SMALL CAP VALUE I #651	8,612.56	
Invest - Other	034990	552983694	MFS VALUE FUND-CLASS I #893	46,061.67	
Invest - Other	034990	47103C464	JANUS OVERSEAS FUND-I #1154	51,189.28	
Invest - Other	034990	00141M622	INVESCO SMALL CAP GROWTH FD-R5 #4764	11,517 00	
Invest - Other	034990	94975J581	WFA CORE BD FD-I #944	119,169.85	1
Invest - Other	034990	885215566	THORNBURG INTL VALUE FUND-CL I #209	45,678 98	
Invest - Other	034990	4812A1373	JP MORGAN SMALL CAP EQUITY-S #367	18,520 57	
Invest - Other	034990	949915714	WF ADV GROWTH FUND - I #3105	28,019.32	
Invest - Other	034990	45775L408	T. ROWE PRICE INSTL LG CAP GRWTH 139	55,228.41	
Invest - Other	034990	949917348	WELLS FARGO AD EQUITY VL INS-I #3108	29,047.95	
Invest - Other	034990	922908496	VANGUARD 500 INDEX FUND-SIGN FD 1340	144,889.68	1
Invest - Other	034990	56062X641	MAINSTAY L/C GROWTH I #1483	19,646.82	
Cash	034990			-	
			TOTALS:	867,946.57	8