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DLN: 93493043008374

Department of the Treasury

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)

2012

OMB No 1545-0047

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013 D Employer identification number B Check if applicable WASATCH ACADEMY Address change 87-0290194 Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Terminated (435) 462-2411 City or town, state or country, and ZIP + 4 MT PLEASANT, UT 84647 Amended return Application pending **G** Gross receipts \$ 13,117,734 Name and address of principal officer Is this a group return for PAUL APPLEGARTH ┌ Yes 🗸 No affiliates? 120 S 100 W MT PLEASANT, UT 84647 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) Tax-exempt status Group exemption number 🕨 Website: ► WWW WASATCHACADEMY ORG **L** Year of formation 1972 **M** State of legal domicile UT Part I Summary Briefly describe the organization's mission or most significant activities STUDENT EDUCATION Activities & Governance 2 Check this box 🚩 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 14 Number of independent voting members of the governing body (Part VI, line 1b) 4 14 155 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 6 50 Total number of volunteers (estimate if necessary) . . . 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a \boldsymbol{b} Net unrelated business taxable income from Form 990-T, line 34 $\,$ 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 6,351,529 1,467,149 11,308,803 11,484,792 Program service revenue (Part VIII, line 2g) . . -3,286 20,653 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 23,585 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 150,988 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 17,704,570 13,099,643 0 13 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . Salaries, other compensation, employee benefits (Part IX, column (A), lines **15 Expenses** 5.069.219 5,680,638 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 0 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 313,125$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 5,880,401 5,998,878 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 10,949,620 11,679,516 18 1,420,127 19 Revenue less expenses Subtract line 18 from line 12 6,754,950 (Assets or id Balances **Beginning of Current End of Year** Year 26,205,671 20 Total assets (Part X, line 16) . 25,614,239 Total liabilities (Part X, line 26) . . 21 7,370,230 8,198,322 22 Net assets or fund balances Subtract line 21 from line 20 17,415,917 18,835,441 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 2014-02-11 Signature of office Sign

Here PAUL APPLEGARTH DIRECTOR OF FINANCE Type or print name and title Print/Type preparer's name DAVID SPERRY Preparer's signature Check Γ P00176382 self-employed Paid Firm's name F TANNER LLC Firm's EIN > 20-2253063 Preparer Firm's address ► 36 S STATE STREET SUITE 600 Phone no (801) 532-7444 Use Only SALT LAKE CITY, UT 84111 May the IRS discuss this return with the preparer shown above? (see instructions) ✓ Yes ☐ No

Part IV	Checkli	st 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
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		No
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	Yes	
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	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	Yes	
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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
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	Yes	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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? <i>If</i> "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, 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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			1
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
С	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M \footnote{M}	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
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		
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Fai	Statements Regarding Other IRS Fillings 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 44		103	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1.		
2a	gaming (gambling) winnings to prize winners?	1c		
h	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
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		No
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		No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
•	The same such sp, and the organization menoring cools in the first transfer of the same such specific transfer of the sam	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		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			110
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
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		Νo
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
10	Section 501(c)(7) organizations. Enter			
	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			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		1
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form 990 (2012) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

			Yes	No
1 a	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			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
		evenu	ue Cod Yes	e.) No
10a	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ►UT
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►PAUL APPLEGARTH 120 S 100 W MT PLEASANT, UT (435)462-1400

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 vear

- 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, or 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

- Check this box is included the organization for any related organization compensated any current officer, director, or crustee											
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more than one box, unless person is both an officer and a director/trustee) Highest compensated Institutional Trustee or director e) Highest compensated Institutional Trustee e)		(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) JUDY REEMTSMA	0 00	×						0	0	0	
TRUSTEE											
(2) STEVEN HUEBNER TRUSTEE	0 00	×						О	0	0	
(3) DIANE ARNOLD	0 00										
TRUSTEE		Х						0	0	0	
(4) TOM TUCKER	0 00	х						0	0	0	
TRUSTEE (5) TOM PETERSON	0 00										
TRUSTEE		х						О	0	0	
(6) JOSEPH LOFTIN	40 00	х		x				302,916	0	20,233	
HEAD OF SCHOOL								302,510			
(7) RICHARD DANIEL TRUSTEE/TREASURER	0 00	x		х				0	0	0	
(8) MARTA SCHNABEL	0 00	х		x				0	0	0	
TRUSTEE/SECRETARY								_	_		
(9) JOHN PIERCE TRUSTEE	0 00	x						0	0	0	
(10) STEVE RAYNER	0 00										
TRUSTEE		X						0	0	0	
(11) JACK MCALLISTER	0 00	х						0	0	0	
TRUSTEE (12) TERRY FEENEY											
(12) TERRY FEENEY TRUSTEE	0 00	×						0	0	0	
(13) MICHAEL MURPHY	0 00										
TRUSTEE		X						0	0	0	
(14) KELLY ARNOLD	0 00	×		Х				0	0	0	
TRUSTEE/PRESIDENT											
(15) BARBARA NITISHIN TRUSTEE	0 00	x						0	0	0	
(16) SHAWN THOMASON	0 00	 		<u> </u>					_		
TRUSTEE/VICE PRESIDENT		X		Х				0	0	0	
(17) PAUL APPLEGARTH	40 00										
ASSISTANT HEAD OF SCHOOL FOR FINANCE & FACILITIES					Х	Х		144,200		10,736	
					_					Form 990 (2012)	

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	note boo	checl x, unle n office rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	5	(F) Estima amount compen from	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)		organiz and rel organiza	lated
			e e			iii ed						
(18) JAMES LOUGHLIN	40 00					х		119,000		0		0
DIRECTOR OF TECHNOLOGY						<u> </u>		113,000		1		
(19) THOMAS SCHENCK	40 00					х		110,000		0		4,667
ASSISTANT HEAD OF SCHOOL FOR ADVANCEMENT										+		
										+		
										\dashv		
										\bot		
										\Box		
										十		
										+		
										+		
										\dashv		
										十		
1b Sub-Total				<u>. </u>	<u> </u>	<u> </u>				十		
c Total from continuation sheets to Par	t VII, Section A					⊢ ⊨				+		
d Total (add lines 1b and 1c)						►		676,116	C			35,636
Total number of individuals (including l \$100,000 of reportable compensation				ed al	bove	e) who	rec	eived more than				
3 Did the organization list any former off	icer, director or	truste	e, ke	y em	nplo	yee, o	r hig	ghest compensate	d employee		Yes	No
on line 1a? If "Yes," complete Schedule						•				3		No
4 For any individual listed on line 1a, is to organization and related organizations individual									om the		V	
5 Did any person listed on line 1a receiv	e or accrue com	pensat	ion f	rom	anv	unrel	ated	d organization or in	dividual for	4	Yes	
services rendered to the organization?										5		No
Section B. Independent Contract	ors											
1 Complete this table for your five higher compensation from the organization R											tax vear	
	(A) business address					. ,			(B) on of services	Ť	(C)	
ame and								200.1900		士		
										+		
										#		
2 Total number of independent contractors	s (includina but	not lım	ıted 1	to th	nose	listed	dab	 ove) who received	more than	+		
	,							_,		- 1		

\$100,000 of compensation from the organization $\blacktriangleright 0$

art VIII	Statement of Revenue Check if Schedule O contains a response to any question				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
n ⊈ la	Federated campaigns 1a	_			
and Other Similar Amounts	Membership dues 1b	_			
5 j j c	Fundraising events 1c				
ές d	Related organizations 1d	-			
Ī	Government grants (contributions) 1e	-			
[J.]	All other contributions, gifts, grants, and 1f 1,467,149	-			
	similar amounts not included above	-			
를 품 º	Noncash contributions included in lines 1a-1f \$	_			
[발 h	Total. Add lines 1a-1f	1,467,149			
	Business Code				
Program Serwice Revenue To de e f	TUITION AND FEES	10,534,567	10,534,567		
э Э.	AUXILIARY ACTIVITIES	950,225	950,225		
e c					
E d					
<i>ගී</i> e					
te f	All other program service revenue				
<u>دُ</u> جُ	Total. Add lines 2a-2f	11,484,792			
3	Investment income (including dividends, interest,				
	and other similar amounts)	14,705			14,70
4	Income from investment of tax-exempt bond proceeds				
5	Royalties				
6a	(I) Real (II) Personal Gross rents	-			
ь	Less rental	-			
c	expenses Rental income	-			
	or (loss)	4			
d	Net rental income or (loss)				
7a	Gross amount from sales of assets other	0			
ь	than inventory Less cost or other basis and sales expenses	1			
c	Gain or (loss) -17,99	1			
d	Net gain or (loss)	-17,991	-17,991		
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18				
ь	Less direct expenses b	-			
, c	Net income or (loss) from fundraising events	┪ ┃			
9a	Gross income from gaming activities See Part IV, line 19				
Ь	Less direct expenses b	-			
c	Net income or (loss) from gaming activities	┥ ┃			
10a	Gross sales of inventory, less returns and allowances				
Ь	Less cost of goods sold b	-			
	Net income or (loss) from sales of inventory	┪ ┃			
	Miscellaneous Revenue Business Code				
11a	OTHER INCOME	150,988	150,988		
ь					
c					
d	All other revenue				
e	Total. Add lines 11a-11d	150,988			
12	Total revenue. See Instructions	13,099,643	11,617,789	(14,70
1		10,022,043	11,011,109	· · ·	14,/0

	: IX	Statement of Functional Expenses				
Section	on 501	L(c)(3) and $501(c)(4)$ organizations must complete all columns All	other organizati	ons must comp	lete column (A)	
	(Check if Schedule O contains a response to any question in this Pai	rt IX			<u> </u>
		ude amounts reported on lines 6b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1		ts and other assistance to governments and organizations e United States See Part IV, line 21				
2		ts and other assistance to individuals in the ed States See Part IV, line 22				
3	orgar	ts and other assistance to governments, nizations, and individuals outside the United es See Part IV, lines 15 and 16				
4	Bene	fits paid to or for members				
5		pensation of current officers, directors, trustees, and employees	711,752	119,000	478,085	114,667
6	(as d	pensation not included above, to disqualified persons efined under section 4958(f)(1)) and persons ribed in section 4958(c)(3)(B)				
7	Othe	r salarıes and wages	4,459,523	3,821,580	563,540	74,403
8		on plan accruals and contributions (include section 401(k) 03(b) employer contributions)	144,101	134,803	6,776	2,522
9	Othe	r employee benefits				
10	Payro	oll taxes	365,262	273,947	76,705	14,610
11	Fees	for services (non-employees)				
а	Mana	gement				
b	Legal	l	46,172		46,172	
c	Acco	unting	32,591		32,591	
d	Lobb	ying				
e		ssional fundraising services See Part IV, line 17				
f		stment management fees				
g	O the colun	r (If line 11g amount exceeds 10% of line 25, nn (A) amount, list line 11g expenses on dule O)				
12		ertising and promotion	200,833		175,979	24,854
13		e expenses	200,833		173,979	24,034
14		mation technology	230,942	178,423	44,116	8,403
15			230,942	176,423	44,116	6,403
	-	Ities				
16		ipancy				
17 18	Paym	el	194,517	27,678	130,262	36,577
19		erences, conventions, and meetings				
20		est	77,636	77,636		
21		nents to affiliates	,	,		
22	•	eciation, depletion, and amortization	995,002	975,102	19,900	
23		rance	825,345	643,523	153,074	28,748
24	Othe	r expenses Itemize expenses not covered above (List ellaneous expenses in line 24e If line 24e amount exceeds 10% e 25, column (A) amount, list line 24e expenses on Schedule O)		- 1.1 , 122	,	
а	MEA	LS AND ENTERTAINMENT	932,019	914,160	17,859	0
b	FACI	LITIES EXPENSE	879,195	853,907	25,288	0
c	отні	ER EXPENSES	862,980	250,006	604,633	8,341
d	EDU	CATIONAL PROGRAM EXP	388,554	388,554	0	0
е	Allot	ther expenses	333,092	333,092		
25	Total	functional expenses. Add lines 1 through 24e	11,679,516	8,991,411	2,374,980	313,125
26	repor educa	costs. Complete this line only if the organization ted in column (B) joint costs from a combined ational campaign and fundraising solicitation Check ►				

Part X Balance Sheet

Par	't X	Check if Schedule O contains a response to any question in thi	s Part	x			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			792,307	1	1,030,151
	2	Savings and temporary cash investments			5,650,229	2	5,671,491
	3	Pledges and grants receivable, net			47,609	3	0
	4	Accounts receivable, net			75,535	4	77,248
	5	Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete P Schedule L	of		5		
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	outing employers		6		
× ×	7	Notes and loans receivable, net			5,250		0
⋖	8	Inventories for sale or use			71,854		82,072
	9	Prepaid expenses and deferred charges			'	9	,
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 23,318,524					
	b	Less accumulated depreciation	10b	8,403,628	13,092,779	10c	14,914,896
	11	Investments—publicly traded securities	<u> </u>		1,990,435	11	2,157,486
	12	Investments—other securities See Part IV, line 11			13,400	12	13,400
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			3,874,841	15	2,258,927
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			25,614,239	16	26,205,671
	17	Accounts payable and accrued expenses			668,215	17	165,852
	18	Grants payable				18	
	19	Deferred revenue			4,666,212	19	4,698,080
	20	Tax-exempt bond liabilities				20	
S.	21	Escrow or custodial account liability Complete Part IV of Sch	edule [o		21	
Liabilitie	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqual		ustees,			
dei		persons Complete Part II of Schedule L \cdot . \cdot . \cdot .				22	
	23	Secured mortgages and notes payable to unrelated third partie	es .		2,295,007	23	1,905,789
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	ırt X of	Schedule	568,888	25	600,509
	26	Total liabilities. Add lines 17 through 25			8,198,322	26	7,370,230
— s ф		Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.			.,,.		.,,
anc	27	Unrestricted net assets			11,957,383	27	14,831,782
<u> </u>	28	Temporarily restricted net assets			4,256,226	28	2,793,186
=	29	Permanently restricted net assets			1,202,308	29	1,210,473
r Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere ►	┌ and			
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
As:	32	Retained earnings, endowment, accumulated income, or other				32	
Net	33	Total net assets or fund balances			17,415,917	33	18,835,441
Z	34	Total liabilities and net assets/fund balances			25,614,239	34	26,205,671
				-			Form 000 (2012)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		13.0	99,643
2	Total expenses (must equal Part IX, column (A), line 25)	2			579,516
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		1,4	20,127
		4		17,4	15,917
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			-601
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		18,8	35,441
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis			i	
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	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	arate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	ie	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493043008374

OMB No 1545-0047

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

Total

SCHEDULE A

(Form 990 or 990EZ)

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

Inspection

Name of the organization WASATCH ACADEMY

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

Employer identification number

											+	
					Yes	No	Yes	No	Yes	No		
				or IRC section (see instructions))	docume	document?						
SI	uppor ganiza	ted	(11) 2211	organization (described on lines 1- 9 above	(iv) Is the organization in col (i) listed in		the organiz	zation f your	organizati col (i) orga	on in anized	mor	port
) Nam		(ii) EIN	(iii) Type of			(v) Did you	notify	(vi) Is t	the	(vii) A	mount of
h				lled entity of a perso ng information about						11 g	(iii)	<u></u>
		` '	•	er of a person descri	` '						J(ii)	
				governing body of th		_	17				g(i)	
		. ,		rectly or indirectly o	•		•	persons des	cribed in (ii)		Yes	No
g			August 17, 2 ng persons?	2006, has the organi	zation accep	oted any gift	or contribution	on from any	of the			
f		check t	this box	received a written do						III support	ing organ	ization,
	•	other tl section	nan foundatı ı 509(a)(2)	on managers and ot	ner than one	or more pub	licly supporte	ed organızat	ions describe	ed in sectio	on 509(a)	(1) or
e	Г	the box	that descri Type I	bes the type of supp b Type II c ox, I certify that the	orting organi Type II:	ızatıon and c I - Functıona	omplete line	s 11e throug d d \Box 7	gh 11h Γype III - No	n-function	ally ıntegi	rated
11	Γ			ganized and operated ly supported organiz								
10		_		ganized and operated	•		•		. , . ,			
		acquire	d by the org	janızatıon after June	30,1975 S	ee section 5	09(a)(2). (C	omplete Par	tIII)			
		ıts sup	port from gr	oss investment inco	me and unrel	ated busine	ss taxable in	come (less s	section 511	tax) from b	usinesses	;
		receipt	s from activ	ities related to its ex	kempt function	ons—subject	to certain ex	ceptions, a	nd (2) no mo	re than 33:	./3% of	
9			-	at normally receives			-	-	utions, meml	pership fee	s, and gro	ss
8	Γ			on 170(b)(1)(A)(vi). described in sectior	, ,	,	nplete Part II)				
7	Γ	_		at normally receives		-	support from	a governme	ntal unit or fr	om the ger	ieral publi	с
6	\sqcap	A feder	al, state, or	local government or	government	al unit desc	rıbed ın secti	on 170(b)(1)(A)(v).			
		sect ion	170(b)(1)(A)(iv). (Complete P	art II)							
5	Γ			erated for the benefi	t of a college	or universit	y owned or o	perated by a	government	al unit des	cribed in	
4	1			n organization operat ty, and state	ed in conjun	ction with a	hospital desc	ribed in sec	tion 170(b)(1)(A)(iii).	Enter the	
3		•		perative hospital se	=							
2	<u> </u>			in section 170(b)(1	,,,,,,		•					
1	Γ	A chur	ch, conventi	on of churches, or a	ssociation of	churches de	escribed in se	ection 170(b)(1)(A)(i).			
he o	rganız	zatıon ıs	not a privat	e foundation becaus	eıtıs (Forl	ines 1 throu	gh 11, check	only one bo) x)			
Par	tΙ	Reas	on for Pu	blic Charity Sta	tus (All ord	anızatıons	must comp	olete this p			5.	
									87-02901	94		

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

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

Schedule A (Form 990 or 990-EZ) 2012

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DLN: 93493043008374

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

Open to Public

CITIC	F Attacil to For	ili 330. F See Separate ilistructions.	Inspection
	me of the organization SATCH ACADEMY		Employer identification number
V V /-1	SHELL NODELLI		87-0290194
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990		inds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		or advised Yes No
6	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the benef		
Da	rt II Conservation Easements. Complete if	the organization answered "Vos" to	· · · · · · · · · · · · · · · · · · ·
	•		Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation	<u> </u>	historically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in th	ne form of a conservation
		Γ	Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c
d	Number of conservation easements included in (c) acc historic structure listed in the National Register	quired after 8/17/06, and not on a	2d
3	Number of conservation easements modified, transferr	– red, released, extinguished, or terminated	d by the organization during
	the tax year ►		
4	Number of states where property subject to conservat	ion easement is located 🛌	<u> </u>
5	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	ling of violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	ents during the year
7	Amount of expenses incurred in monitoring, inspecting	a. and enforcing conservation easements	during the year
•	▶ \$,,	,
В	Does each conservation easement reported on line 2(a and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sect	tion 170(h)(4)(B)(ι)
9	In Part XIII, describe how the organization reports coin balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial	
Pai	rt IIII Organizations Maintaining Collection Complete if the organization answered "Y		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ets held for public exhibition, education, c	or research in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	ets held for public exhibition, education, c	
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		•
а	Revenues included in Form 990, Part VIII, line 1		► \$

b Assets included in Form 990, Part X

Part .											<u>intinued)</u>
	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	as, cr	песка		_		-	ise or	ITS	
a ſ	Public exhibition		d	ı	Loan or e	xchange progr	rams				
ь「	Scholarly research		e	Γ	Other						
c 「	Preservation for future generations										
	Provide a description of the organization's co Part XIII	ollections and expla	ain hov	w they	further th	e organization	ı's ex	empt purpos	e in		
	During the year, did the organization solicit							nılar	_		-
	assets to be sold to raise funds rather than		-					!! to Form		Yes	l No
Part	Escrow and Custodial Arrang Part IV, line 9, or reported an ar					ion answere	u r	es to Form	1 990), 	
	Is the organization an agent, trustee, custoo ncluded on Form 990, Part X?	lian or other interme	edıary	forco	ontribution	ns or other ass	etsı	not	Γ	Yes	┌ No
b I	If "Yes," explain the arrangement in Part XI	II and complete the	follov	wing ta	able	F					
						_			Amou	ınt	
С	Beginning balance					-	1c				
d ,	Additions during the year					_	1d				
е	Distributions during the year					_	1e				
f	Ending balance						1f				
2a [Did the organization include an amount on F	orm 990, Part X, lin	e 21?	•					Г	Yes	☐ No
ь _I	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatio	n has beer	n provided in P	art)	KIII			Γ
Part	V Endowment Funds. Complete										
		(a)Current year	(b)	Prior ye		Two years back	+		-)Four ye	ears back
	Beginning of year balance	2,051,595		2,0	46,546	1,704,957	+	1,503,02	_		1,801,577 -100,000
	Contributions	8,438				20,526	<u>}</u>	10,00	50		-100,000
C I	Net investment earnings, gains, and losses	146,548			5,647	321,664	Ļ	192,64	40		-197,902
d (Grants or scholarships										
	Other expenditures for facilities and programs										
f A	Administrative expenses	601			598	601		70	80		650
g E	End of year balance	2,205,980		2,0	51,595	2,046,546	5	1,704,9	57		1,503,025
2 F	Provide the estimated percentage of the cur	rent year end balan	ce (lın	ne 1g,	column (a)) held as					
a E	Board designated or quasi-endowment 🕨										
b F	Permanent endowment 🛌 100 000 %										
	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
	Are there endowment funds not in the posse	ssion of the organiz	ation	that a	re held and	d administere	d for	the			
	organization by (i) unrelated organizations							F.	3a(i)	Yes	No No
	(ii) related organizations						•	<u> </u>	Ba(ii)		No
	[f"Yes" to 3a(ii), are the related organization						٠.	· . · . · . [-	3b	<u> </u>	
	Describe in Part XIII the intended uses of the	•						_		1	<u> </u>
Part	VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa	art X,	lıne 10.						
	Description of property				Cost or othe (investment			(c) Accumula depreciatio		(d) Bo	ok value
1a La	and			1		502	,239				502,239
b Bu	uildings					19,268	,468	6,065	,909	1	3,202,559
c Le	easehold improvements								\neg		
d Ed	quipment					2,394	,719	1,975	,218		419,501
	· ·					2,394 1,153		,	,218 ,501		419,501 790,597

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	۷.	
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)			-year market value
(1)Financial derivatives			
	+		
(2)Closely-held equity interests			
Other			
	+		
	+		
		<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	+		
Part VIII Investments—Program Related. Se	e Form 990 Part Y line	13	
			1.6.1.
(a) Description of investment type	(b) Book value		d of valuation
		Cost or end-of	-year market value
	+	 	
	+		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
(-,,			
Part IX Other Assets. See Form 990, Part X, li			
(a) Descri	ption		(b) Book value
(1) OTHER ASSETS			128,311
(2) RESTRICTED CASH			2,130,616
Total (Column (h) must equal Form 200, Part V, cal (B) line 1	5.)		2 250 027
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15			2,258,927
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X			2,258,927
Part X Other Liabilities. See Form 990, Part X	X, line 25.		2,258,927
Part X Other Liabilities. See Form 990, Part X			2,258,927
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	X, line 25.		2,258,927
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes	X, line 25. (b) Book value		2,258,927
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes	X, line 25.		2,258,927
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes	X, line 25. (b) Book value		2,258,927
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes	X, line 25. (b) Book value		2,258,927
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes	X, line 25. (b) Book value		2,258,927
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes	X, line 25. (b) Book value		2,258,927
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes	X, line 25. (b) Book value		2,258,927
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes ACCRUED LIABILITIES	X, line 25. (b) Book value 600,509		2,258,927
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes	X, line 25. (b) Book value 600,509		

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	13,117,634
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	17,991
3	Subtract line 2e from line 1	3	13,099,643
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	13,099,643
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	11,697,507
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	17,991
3	Subtract line 2e from line 1	3	11,679,516
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	О

Part XIII Supplemental Information

5

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	,	THE LARGEST PORTION OF THE ENDOWMENT EARNINGS CAN BE USED FOR DAY TO DAY OPERATIONS THE REMAINDER OF THE ENDOWMENT EARNINGS CAN BE USED FOR SCHOLARSHIP THE PRINCIPAL OF ALL THE ENDOWMENTS ARE PERMANENTLY RESTRICTED
PART XI, LINE 2D - OTHER ADJUSTMENTS		LOSS ON SALE OF FIXED ASSETS INCLUDED IN FUNCTIONAL EXPENSES PER AUDIT 17,991
PART XII, LINE 2D - OTHER ADJUSTMENTS		LOSS ON SALE OF FIXED ASSETS INCLUDED IN FUNCTIONAL EXPENSES PER AUDIT 17,991

11,679,516

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As Filed Data -

DLN: 93493043008374

OMB No 1545-0047

2012

ZUIZ

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Schools

► Attach to Form 990 or Form 990-EZ.

Employer identification number

WASATCH ACADEMY 87-0290194 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Yes

Part II Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	ALL PUBLISHED AND BROADCASTED ADVERTISING CONTAINS A STATEMENT OF A NONDISCRIMINATORY POLICY
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	GRANT WAS RECEIVED FROM USDA RURAL DEVELOPMENT

Schedule E (Form 990 or 990-EZ) 2012

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As Filed Data -

DLN: 93493043008374

Employer identification number

OMB No 1545-0047

2012

Open to Public Inspection

(f) Total expenditures

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

(a) Region

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

Name of the organization WASATCH ACADEMY

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

(b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is

- the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Kegioli	offices in the region	employees, agents, and independent contractors in region	region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	a program service, describe specific type of service(s) in region	for and investments in region
EAST ASIA AND THE PACIFIC -	0	0	RECRUITING FOR NEW STUDENTS		126,956
EUROPE (INCLUDING ICELAND & GREENLAND) -	0	0	RECRUITING FOR NEW STUDENTS		39,555
MIDDLE EAST AND NORTH AFRICA -	0		RECRUITING FOR NEW STUDENTS		1,040
SOUTH AMERICA - ARGENTINA, BOLIVIA,	0		RECRUITING FOR NEW STUDENTS		3,133
3a Sub-total	0	0			170,684
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			170,684
			C-1 1	U- E00003W/	1 = /= 000\ 0040

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2				ted above that are r e or counsel has pro					
3	Enter total nur	mber of other or	ganizations or en	tities					

Schedule F (Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							appraisal, other)

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	⊽	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	<u> </u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	<u> </u>	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	<u> ~</u>	Νo

Schedule F (Form 990) 2012

Part V	Supplementa	l Information
Part v	Supplementa	ii intormatioi

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation

DLN: 93493043008374

OMB No 1545-0047

Compensation Information

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization **Employer identification number** WASATCH ACADEMY 87-0290194

Pa	art 1 Questions Regarding Compensation			
			Yes	No
1a				
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these it			
	First-class or charter travel Travel for companions Housing allowance or residence for personal residence for personal residence.			
	 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Payments for business use of personal residences ☐ Health or social club dues or initiation fees 	ince		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef	,		
	productionary spending decount production of the following services (e.g., maid, endancer, energy	'		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment of	r		
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officei	rs,		
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods			
	used by a related organization to establish compensation of the CEO/Executive Director, but explain in Pa	1rt 111		
	☐ Compensation committee ☐ Written employment contract			
	 ✓ Independent compensation consultant ✓ Compensation survey or study ✓ Approval by the board or compensation compensation 			
	Form 990 of other organizations Approval by the board or compensation comp	inttee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing of	rganization		
-	or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			
а	<u> </u>	6a		No
b	, 3	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," described in Regulations section 53 4958-4(a)(3)?			
	ın Part III	8	<u> </u>	Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulation 53 4958-6(c)?	lations 9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	• •		
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990		
(1)JOSEPH LOFTIN HEAD OF SCHOOL	(i) (ii)	236,916 50,000		16,000 0	20,233 0	0	323,149 0	0		
(2)PAUL APPLEGARTH ASSISTANT HEAD OF SCHOOL FOR FINANCE	(i) (ii)	144,200	0	0	10,736 0	0	154,936 0	0		

Schedule J (Form 990) 2012

Part IIII Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 4B	HEAD OF SCHOOL IS PARTICIPATING IN A 457 PLAN
		THE BONUS WAS PROVIDED BASED ON PERFORMANCE CRITERIA ESTABLISHED PRIOR TO THE ACADEMIC YEAR, AND PERFORMANCE REVIEWED AT THE CLOSE OF THE YEAR BY THE HEADMASTER COMMITTEE OF THE BOARD, CONSISTING ENTIRELY OF INDEPENDENT DIRECTORS

Schedule J (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule K

(Form 990)

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493043008374

	rnal Revenue Service												Insp	ect ion	
	e of the organization									Em	ployer id	entific	ation nu	mber	
	SATCH ACADEMY									87	-02901	94			
Pa	art I Bond Issues		ı	T	Γ		<u> </u>								
										(a) De	feased) On alf of	1 '	Pool
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f) Des	cripti	on of purpose	(3)		IS	suer	fina	incing
										Yes	No	Yes	No	Yes	No
A	SANPETE COUNTY	87-6000303	80105RAA4	05-01-2003	2,67	75,000	BONDS	FACII	LITY REVENUE		X		×		X
Pa	rt III Proceeds			'	·		1								1
					/	4			В		С			D	
1	A mount of bonds retired														
2	A mount of bonds legally def	eased													
3	Total proceeds of issue														
4	Gross proceeds in reserve f														
5	Capitalized interest from pro	oceeds													
6	Proceeds in refunding escro														
7	Issuance costs from procee	eds													
8	Credit enhancement from pr	roceeds													
9	Working capital expenditure	s from proceeds													
10	Capital expenditures from p	roceeds													
11	Other spent proceeds													,	
12	Other unspent proceeds														
13	Year of substantial complet	ion							•						
					Yes	No) Y	es	No	Yes	N	o	Ye	5	No
14	Were the bonds issued as p	art of a current refund	ing issue?			X									
15	Were the bonds issued as p	art of an advance refu	nding issue?			Х									
16	Has the final allocation of pr	roceeds been made?			Х										
17	Does the organization maint allocation of proceeds?	taın adequate books a	nd records to supp	ort the final	Х										
Pai	rt IIII Private Business	Use													
						A			В		C			D	
	Was the organization a parti	ner in a nartherchin e	ra member of an II	I C which owned	Yes	No) Y	es	No	Yes	N	0	Ye	-	No
1	property financed by tax-ex		i a illellibel of all Li	LC, willen owned		Х									
	Are there any lease arrange	ments that may resul	t in private busines	ss use of bond-											

Sche	dule K (Form 990) 2012									Page 2	
Par	Private Business Use (Continued)										
				A		В		C		D	
			Yes	No	Yes	No	Yes	No	Yes	No	
3a	Are there any management or service contracts that may result in private of bond-financed property?			Х							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?										
С	Are there any research agreements that may result in private business use financed property?	e of bond-		х							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use b other than a section $501(c)(3)$ organization or a state or local government			%		%		%		%	
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe (c)(3) organization, or a state or local government			%		%		%		%	
6	Total of lines 4 and 5			%		%		%	%		
7	Does the bond issue meet the private security or payment test?			X							
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?			х							
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%		%		%		%	
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations s 1 141-12 and 1 145-2?	sections									
9	Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements unce Regulations sections 1 141-12 and 1 145-2?			х							
D											
Par	t IV Arbitrage	Α			В		С		D		
		Yes	No	Yes	No	Ye		No	Yes	No	
1	Has the issuer filed Form 8038-T?		X	1	1						
2	If "No" to line 1, did the following apply?										
<u>-</u> а	Rebate not due yet?		X								
b	Exception to rebate?		X								
c	No rebate due?		X								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed				l		I				
3	Is the bond issue a variable rate issue?	X									
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х								
b	Name of provider				-		•				
С	Term of hedge										
d	Was the hedge superintegrated?										
e	Was a hedge terminated?										
		<u> </u>									

Part IV Arbitrage (Continued)

D

			Yes	No	Yes	No	Yes	No	Yes	No	
5a	Were gross proceeds invested in a guarant contract (GIC)?	eed investment		х							
b	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establish value of the GIC satisfied?	ning the fair market									
6	Were any gross proceeds invested beyond period?	an avaılable temporary		х							
7	Has the organization established written pr the requirements of section 148?	ocedures to monitor		х							
Pa	rt V Procedures To Undertake Co	rrective Action									
			Α		В		С		D		
			Yes	No	Yes	No	Yes	No	Yes	No	
1	Has the organization established written pr that violations of federal tax requirements a and corrected through the voluntary closing self-remediation is not available under app	are timely identified g agreement program if									
Pa	art VI Supplemental Information	 Complete this part to pre 	ovide addition	al informatio	on for respon	ses to ques	tions on Sche	edule K (see	instructions)	•	
	Identifier	Return Reference				Explan	ation				

Α

В

Schedule K (Form 990) 2012

С

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DLN: 93493043008374

Employer identification number

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Noncash Contributions

► Attach to Form 990. Internal Revenue Service Name of the organization

WASATCH ACADEMY 87-0290194 Part I Types of Property (d) (a) (b) (c) Check Number of contributions Noncash contribution Method of determining ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 g 1 Art-Works of art 2 Art—Historical treasures 3 Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles . . **7** Boats and planes . . . Intellectual property . . . 20,054 FAIR MARKET VALUE Securities—Publicly traded . Χ 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities-Miscellaneous . . 13 Qualified conservation contribution—Historic structures 14 Oualified conservation contribution—Other . . . Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts 23 Scientific specimens . . Archeological artifacts . 24 25 Other►(__ 26 Other ▶(___ **27** Other ▶(___ 28 Other ► (_ Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a No **b** If "Yes," describe the arrangement in Part II 31 Νo 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Νo **b** If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

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As Filed Data -

DLN: 93493043008374

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization WASATCH ACADEMY

Employer identification number

87-0290194

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	KELLEY AND DIANE ARNOLD, TWO OF THE BOARD MEMBERS, ARE HUSBAND AND WIFE
	FORM 990, PART VI, SECTION B, LINE 11	MANAGEMENT AND THE BOARD OF TRUSTEES REVIEWED THE RETURN BEFORE IT WAS FILED
	FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF TRUSTEES AND ALL KEY EMPLOYEES SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSURE EVERY YEAR ALL DISCLOSURES ARE REVIEWED AND MAINTAINED BY THE BOARD OF TRUSTEES
	FORM 990, PART VI, SECTION B, LINE 15	THE SCHOOL HIRES AN INDEPENDENT CONSULTANT TO DEVELOP INFORMATION ON THE HEADMASTER'S COMPENSATION RELATIVE TO COMPETITIVE PRIVATE SCHOOLS' HEADMASTERS THIS INFORMATION IS THEN REVIEWED WITH THE HEADMASTER COMMITTEE OF THE BOARD, COMPRISED ENTIRELY OF INDEPENDENT DIRECTORS, WHO MAKES THE COMPENSATION DECISION FOR THE HEADMASTER COMPETITIVE DATA ON THE COMPENSATION OF OTHER FORM 990 REPORTED EMPLOYEES AT THE SCHOOL IS DEVELOPED FROM PUBLISHED PRIVATE SCHOOL COMPENSATION INFORMATION AND REVIEWED WITH THE HEADMASTER COMPENSATION DECISIONS FOR THESE EMPLOYEES, ALONG WITH COMPETITIVE COMPENSATION INFORMATION ARE THEN REVIEWED BY THE HEADMASTER COMMITTEE OF THE BOARD, COMPRISED ENTIRELY OF INDEPENDENT DIRECTORS COMPENSATION OF ALL FORM 990 EMPLOYEES IS REPORTED TO THE ENTIRE BOARD AS PART OF THE FORM 990 REVIEW PROCESS
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS DOCUMENTS AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	RESERVE FOR STUDENT LOAN LOSSES -601
		THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493043008374 OMB No 1545-0172 Depreciation and Amortization (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** FORM 990 PAGE 10 Name(s) shown on return WASATCH ACADEMY 87-0290194 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Total cost of section 179 property placed in service (see instructions) • • • • • • 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 . • 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 995,002 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · · If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction period property service only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental property 27 5 yrs ММ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year MMS/L 40 yrs **Summary** (see instructions) Part IV 21 Listed property Enter amount from line 28 · · · · · · · · · · · · 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter 22 995,002 here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs Form **4562** (2012) For Paperwork Reduction Act Notice, see separate instructions. Cat No 12906N

Part V

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

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

24a Do you have evider	nce to support	the business/inve	estment u	ıse claıme	d? ┌ Yes	Гпо		24	lb If "Y	es," is	the ev	idence	written?	,	s L	0
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage		i) r other sıs	her (e) Basis for depreciation (business/investment use only)			(f) Recovery period	· 1		(h) Depreciation/ deduction				(i) Elected section 179 cost	
25Special depreciation allo		• •	y placed	ın service	during the	tax year	and u	used more	e than							
50% in a qualified busi	•									25						
26 Property used more	e than 50% I	in a qualified b	usiness	use	T						1			$\overline{}$		
		%									+			+		
		%														
27 Property used 50%	orless in a		ness us	е	1				lo //		_					
		%							S/L - S/L -		+			4		
		%							S/L -		+			_		
28 Add amounts in co	olumn (h), lır	es 25 through	27 En	ter here	and on lu	ne 21,	page	1	28							
29 Add amounts in co	olumn (ı), lın	e 26 Enterhe	re and o	n line 7,	page 1								29			
	. , , ,				mation	on U	se o	of Veh	icles							
omplete this section	for vehicles	used by a sol	e propri	etor, par	tner, or o	ther "n	nore	than 5%	owne	r," or	relate	ed per	son			
f you provided vehicles to	your employee	es, first answer th	e questio	_	_			n except		mpletir T						
30 Total business/investment miles driven during the			ng the		a) icle 1	Vehi	b) cle 2	l ve	(c) shicle 3	3 1	(c Vehic	-		e) icle 5		f) icle 6
year (do not include commuting miles)			•	- 7011	1010 1	1					• • • • • • • • • • • • • • • • • • • •		1		1	
31 Total commuting i	miles driven	during the yea	r .													
32 Total other persor	nal(noncomm	nutina) miles d	rıven										+			
33 Total miles driven	•									-+			+			
through 32	· · ·	· · ·														
34 Was the vehicle a	vaılable for p	ersonal use		Yes	No	Yes	No	Yes	N	0 1	es/	No	Yes	No	Yes	No
during off-duty ho	urs? .															
35 Was the vehicle u	sed primarily	by a more tha	ın 5%											1		
owner or related p	erson? .													↓		
36 Is another vehicle	available fo	r personal use	?.													
Section Sectio	ns to determ														not mo	re tha
37 Do you maintain a employees?			hat prof	nibits all	personal	use of	vehi	cles, in	cluding	comr	nutın	g, by	your	Y	'es	No
employees.						• •	•		• •			•				
38 Do you maintain a employees? See the												your •				
39 Do you treat all us	e of vehicles	s by employee	s as per	rsonal us	se?											
40 Do you provide movehicles, and reta				oyees,o	btaın ınfo	rmatio	n fro	m your	employ	ees a	bout	the us	se of			
41 Do you meet the r	eauirements	concernina ai	ialified a	automoh	ıle demor	nstratio	n us	e? (See	ınstru	ctions) -					
Note: If your answ	-							=			-					
	rtization	, , , , , , , , , , , , , , , , , , , ,	. 15 10.	, do 110	e compre			7 101 1110			110100					
Allio	T CIZACIOII	(b)				Т			Т	(e)						
(a)		Date			c) tızable		((d) Code	Αn	nortiza	ition		Λmo	(f) ortizati	on for	
Description of c	osts	amortization			ount			ection		period				his ye		
40.4		begins	2015		,				_ p∈	ercent	aye					
42 A mortization of co	sts that beg	ins during you	r 2012	tax year	(see ins	tructioi	ns)									
						-			-							
										-						
43 A mortization of co	sts that beg	an before your	2012 t	ax year			•			· L	43					
44 Total. Add amount	ts ın column	(f) See the ins	structio	ns for wh	nere to re	port					44					