

Return of Organization Exempt from Income Tax

2002

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2002 calendar year, or tax year beginning 2002, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. Please use IRS label or print or type. See specific instructions. HUMAN SOCIETY OF UTAH, P O BOX 573659, SALT LAKE CITY, UT 84157. D Employer Identification Number 87-0256350. E Telephone number 801-261-2919. F Accounting method: Cash, Accrual (checked), Other (specify).

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? Yes No (checked). H (b) If Yes enter number of affiliates. H (c) Are all affiliates included? Yes No. H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No (checked).

G Web site N/A

J Organization type (check only one): 501(c) 3 (checked), 4947(a)(1), 527.

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 1,469,112

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and 4 columns. Row 1: Contributions, gifts, grants, and similar amounts received. Sub-rows 1a-1c. Total 1d: 625,759. Row 2: Program service revenue including government fees and contracts (from Part VII, line 93). Total 2: 835,954. Row 3: Membership dues and assessments. Total 3. Row 4: Interest on savings and temporary cash investments. Total 4. Row 5: Dividends and interest from securities. Total 5: 7,399. Row 6: Gross rents. Sub-rows 6a-6c. Total 6c. Row 7: Other investment income (describe). Total 7. Row 8: Gross amount from sales of assets other than inventory. Sub-rows 8a-8c. Total 8d: -798. Row 9: Special events and activities (attach schedule). Sub-rows 9a-9c. Total 9c. Row 10: Gross receipts from sales of inventory, less returns and allowances. Sub-rows 10a-10c. Total 10c. Row 11: Other revenue (from Part VII, line 103). Total 11. Row 12: Total revenue (add lines 12, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11). Total 12: 1,468,314. Row 13: Proceeds from sales from line 44, column (B). Total 13: 1,367,854. Row 14: Management and general (from line 44, column (C)). Total 14: 89,465. Row 15: Fundraising (from line 44, column (D)). Total 15: 106,424. Row 16: Payments to affiliates (attach schedule). Total 16. Row 17: Total expenses (add lines 16 and 44, column (A)). Total 17: 1,563,743. Row 18: Excess or (deficit) for the year (subtract line 17 from line 12). Total 18: -95,429. Row 19: Net assets or fund balances at beginning of year (from line 73, column (A)). Total 19: 2,284,107. Row 20: Other changes in net assets or fund balances (attach explanation). SEE STATEMENT 2. Total 20: -96,923. Row 21: Net assets or fund balances at end of year (combine lines 18, 19, and 20). Total 21: 2,091,755.

SCANNED SEP 16 2003

RECEIVED SEP 18 2003

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**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	51,800.	25,900	12,950	12,950
26 Other salaries and wages	26	731,128	691,285	12,450	27,393
27 Pension plan contributions	27				
28 Other employee benefits	28	97,974.	88,998	2,961	6,015
29 Payroll taxes	29	66,697.	61,025	2,200	3,472
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	135,745	124,224.	9,585	1,936
34 Telephone	34	17,409	12,915	3,928	566
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40	1,893	470	1,423	
41 Interest	41	927	233	579	115
42 Depreciation, depletion, etc (attach schedule)	42	93,310	80,807	8,195	4,308
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 3	43a	366,860	281,997	35,194.	49,669
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	1,563,743	1,367,854	89,465.	106,424

Joint Costs Check  if you are following SOP 98 2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to program services \$ \_\_\_\_\_, (iii) the amount allocated to management and general \$ \_\_\_\_\_, and (iv) the amount allocated to fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <u>HUMANE TREATMENT OF ANIMALS</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a <u>LOW COST CLINIC FOR ANIMAL SURGERY</u> _____ _____ (Grants and allocations \$ _____)	524,448.
b <u>ANIMAL SHELTER</u> _____ _____ (Grants and allocations \$ _____)	518,784
c <u>INVESTIGATION OF REPORTS OF CRUELTY TO ANIMALS AS REQUESTED BY UTAH STATE OFFICIALS</u> _____ _____ (Grants and allocations \$ _____)	53,929
d <u>EDUCATION - PRESENTATIONS AT SCHOOLS AND NURSING HOMES TO EDUCATE INDIVIDUALS ON ANIMAL CARE AND PET THERAPY</u> _____ _____ (Grants and allocations \$ _____)	147,391
e Other program services SEE STATEMENT 4 (Grants and allocations \$ _____)	123,302
f Total of Program Service Expenses (should equal line 44, column (B), program services)	1,367,854

**Part IV Balance Sheets** (See Instructions)

Note		(A) Beginning of year		(B) End of year	
ASSETS	45	Cash – non interest-bearing	68,463	45	46,522
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable	38,407		
		b Less allowance for doubtful accounts		47c	38,407
	48a	Pledges receivable			
		b Less allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes & loans receivable (attach sch)			
		b Less allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54	Investments – securities (attach schedule) SEE ST 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	374,135	54	284,644
	55a	Investments – land, buildings, & equipment basis			
		b Less accumulated depreciation (attach schedule)		55c	
56	Investments – other (attach schedule)		56		
57a	Land, buildings, and equipment basis	2,835,538			
	b Less accumulated depreciation (attach schedule) STATEMENT 6	1,115,629	57c	1,719,909	
58	Other assets (describe ► SEE STATEMENT 7 )	111,407	58	94,055	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	2,409,357	59	2,183,537.	
LIABILITIES	60	Accounts payable and accrued expenses	77,286	60	43,144.
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
		b Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ► SEE STATEMENT 8 )	47,964	65	48,638
66	<b>Total liabilities</b> (add lines 60 through 65)	125,250	66	91,782.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	2,169,864	67	1,997,964
	68	Temporarily restricted	7,579	68	5,894
	69	Permanently restricted	106,664	69	87,897
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	2,284,107	73	2,091,755
	74	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	2,409,357	74	2,183,537

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)**

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	1,468,314
<b>b</b>	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line a minus line b	<b>c</b>	1,468,314
<b>d</b>	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	1,468,314

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	1,660,666
<b>b</b>	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		96,923
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	<b>b</b>	96,923
<b>c</b>	Line a minus line b	<b>c</b>	1,563,743
<b>d</b>	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	1,563,743

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 9		51,800	0	1,800.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No

If 'Yes,' attach schedule - see instructions

Part VI Other Information (See instructions)

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
	b If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0	
	b Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
	b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b	N/A	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A	
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A	
	c Dues, assessments, and similar amounts from members	85c	N/A	
	d Section 162(e) lobbying and political expenditures	85d	N/A	
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A	
	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A	
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>			
	b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b		X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
	d Enter Amount of tax on line 89c, above, reimbursed by the organization			0
90a	List the states with which a copy of this return is filed <u>NONE</u>			
	b Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b		36
91	The books are in care of <u>THE HUMANE SOCIETY OF UTAH</u> Telephone number <u>801-261-2919</u> Located at <u>4242 SOUTH 300 WEST, MURRAY, UT</u> ZIP + 4 <u>84107</u>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year <u>92</u>	92	N/A	N/A

**Part VII Analysis of Income-Producing Activities** (See instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a ADOPTION FEES					286,454
b CLINIC FEES					546,579.
c OTHER FEES					2,921
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities					7,399
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-798	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				-798	843,353
105 Total (add line 104, columns (B), (D), and (E))					842,555.

Note. Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	FOR THE CARE OF NEGLECTED AND HOMELESS DOMESTIC ANIMALS
93C	TO PREVENT OVERBREEDING OF CATS AND DOGS
93B	PROVIDES FOR EDUCATION OF INDIVIDUALS TO PREVENT CRUELTY TO ANIMALS
96	HELPS PROVIDE EDUCATION TO PREVENT CRUELTY TO ANIMALS

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

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.

Please



Date 8-27-03

Exec Director

Date Check if Preparer's SSN or PTIN (see instructions)

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

**Organization Exempt Under  
Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust  
Supplementary Information — (See separate instructions )

**2002**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

HUMANE SOCIETY OF UTAH

Employer identification number

87-0256350

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions List each one If there are none, enter 'None ')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions List each one (whether individuals or firms) If there are none, enter 'None ')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part III** Statements About Activities (See instructions )

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ N/A

(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI B )

	Yes	No
1		X
2		
2a		X
2b		X
2c		X
2d	X	
2e		X
3		X
4	X	

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A Other organizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions )

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

SEE FORM 990, PART V

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below )

4 Do you have a section 403(b) annuity plan for your employees?

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments

**Part IV** Reason for Non-Private Foundation Status (See instructions )

The organization is not a private foundation because it is (Please check only ONE applicable box )

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV A )
- 12  An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

14  An organization organized and operated to test for public safety Section 509(a)(4) (See instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

**Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	682,044	666,946	676,052	511,894	2,536,936
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	786,886	671,812	585,521	633,558	2,677,777.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	9,729	57,686	37,158	35,643	140,216
19 Net income from unrelated business activities not included in line 18.					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	1,478,659	1,396,444	1,298,731	1,181,095	5,354,929
24 Line 23 minus line 17	691,773	724,632	713,210	547,537	2,677,152
25 Enter 1% of line 23	14,787	13,964	12,987	11,811	

26 Organizations described on lines 10 or 11. a Enter 2% of amount in column (e), line 24	26a	53,543
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.	26b	79,754
c Total support for section 509(a)(1) test. Enter line 24, column (e)	26c	2,677,152
d Add Amounts from column (e) for lines 18 <u>140,216</u> 19 <u>79,754</u>	26d	219,970.
e Public support (line 26c minus line 26d total)	26e	2,457,182
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	91.78 %

27 Organizations described on line 12 N/A	
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year. (2001) _____ (2000) _____ (1999) _____ (1998) _____	
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2001) _____ (2000) _____ (1999) _____ (1998) _____	
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c
d Add Line 27a total _____ and line 27b total _____	27d
e Public support (line 27c total minus line 27d total)	27e
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See instructions )  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	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?		
30	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?		
31	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, attach a separate statement ) ----- ----- -----		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions programs, and scholarships?		
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, attach a separate statement ) ----- -----		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35	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,' attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions )  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked 'a' and 'limited control' provisions apply

**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred )

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table –			
<b>If the amount on line 40 is –</b>	<b>The lobbying nontaxable amount is –</b>		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b> Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36	<b>43</b>		
<b>44</b> Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	<b>44</b>		
<b>Caution.</b> If there is an amount on either line 43 or line 44, you must file Form 4720			

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non-taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI A) (See instructions )

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

Yes	No	Amount

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h )
- c Media advertisements.
- d Mailings to members, legislators, or the public.
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h )

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities



**STATEMENT 1  
FORM 990, PART I, LINE 8  
NET GAIN (LOSS) FROM NONINVENTORY SALES**

**OTHER ASSETS**

DESCRIPTION	MEMBERSHIP SOFTWARE PROGRAM		
DATE ACQUIRED	12/23/1994		
HOW ACQUIRED	PURCHASE		
DATE SOLD	10/02/2002		
TO WHOM SOLD			
GROSS SALES PRICE	0		
COST OR OTHER BASIS:	1,500.		
DEPRECIATION	1,500		
		GAIN (LOSS)	0
DESCRIPTION	HP LASER PRINTER		
DATE ACQUIRED	5/24/1995		
HOW ACQUIRED.	PURCHASE		
DATE SOLD	3/01/2002		
TO WHOM SOLD			
GROSS SALES PRICE	0		
COST OR OTHER BASIS	1,576		
DEPRECIATION	1,576		
		GAIN (LOSS)	0
DESCRIPTION	SOUTHERN UTAH FURNITURE		
DATE ACQUIRED	2/01/1995		
HOW ACQUIRED	PURCHASE		
DATE SOLD	7/01/2002		
TO WHOM SOLD.			
GROSS SALES PRICE	0		
COST OR OTHER BASIS	3,000		
DEPRECIATION	2,224		
		GAIN (LOSS)	-776
DESCRIPTION	PANASONIC PRINTER		
DATE ACQUIRED.	3/12/1996		
HOW ACQUIRED	PURCHASE		
DATE SOLD	3/01/2002		
TO WHOM SOLD			
GROSS SALES PRICE	0		
COST OR OTHER BASIS	229		
DEPRECIATION	229.		
		GAIN (LOSS)	0
DESCRIPTION	CANON BUBBLE JET PRINTER		
DATE ACQUIRED	11/22/1996		
HOW ACQUIRED	PURCHASE		
DATE SOLD	3/01/2002		
TO WHOM SOLD			
GROSS SALES PRICE.	0.		
COST OR OTHER BASIS.	165.		
DEPRECIATION	165		
		GAIN (LOSS)	0
DESCRIPTION	SOFTWARE		
DATE ACQUIRED:	11/15/1996		
HOW ACQUIRED	PURCHASE		
DATE SOLD.	3/01/2002		

**STATEMENT 1 (CONTINUED)**  
**FORM 990, PART I, LINE 8**  
**NET GAIN (LOSS) FROM NONINVENTORY SALES**

TO WHOM SOLD.				
GROSS SALES PRICE		0		
COST OR OTHER BASIS		1,430		
DEPRECIATION		1,430		
			GAIN (LOSS)	0
DESCRIPTION.	OKIDATA PRINTER			
DATE ACQUIRED	1/21/1997			
HOW ACQUIRED	PURCHASE			
DATE SOLD	3/01/2002			
TO WHOM SOLD.				
GROSS SALES PRICE		0.		
COST OR OTHER BASIS		355		
DEPRECIATION		355		
			GAIN (LOSS)	0
DESCRIPTION.	TECHNIDYNE EQUIPMENT			
DATE ACQUIRED	7/31/1998			
HOW ACQUIRED	PURCHASE			
DATE SOLD	7/01/2002			
TO WHOM SOLD.				
GROSS SALES PRICE		0		
COST OR OTHER BASIS		103		
DEPRECIATION		81		
			GAIN (LOSS)	-22
TOTAL GAIN (LOSS) OTHER ASSETS			\$	<u>-798</u>
TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES			\$	<u>-798</u>

**STATEMENT 2**  
**FORM 990, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

NET UNREALIZED LOSS ON INVESTMENT		\$	-96,923
	TOTAL	\$	<u>-96,923</u>

**STATEMENT 3**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
ADVERTISING	21,991	20,684	151	1,156
INSURANCE	26,576	21,420	4,684	472
OFFICE EXPENSE	138,802	97,439	4,185	37,178
OTHER EXPENSES	33,081	25,559	6,438	1,084
OUTSIDE SERVICES	43,188.	32,534	5,546	5,108
REPAIRS & MAINTENANCE	45,551.	33,302.	9,126	3,123
RETAIL STORE	8,254	8,254		

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03 31PM

**STATEMENT 3 (CONTINUED)**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
UTILITIES	44,763	38,717	4,631	1,415
WASTE REMOVAL	4,654	4,088	433	133
TOTAL	<u>\$ 366,860</u>	<u>\$ 281,997</u>	<u>\$ 35,194</u>	<u>\$ 49,669</u>

**STATEMENT 4**  
**FORM 990, PART III, LINE E**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
OUTREACH ADOPTION		123,302
TOTAL	<u>\$ 0</u>	<u>\$ 123,302</u>

**STATEMENT 5**  
**FORM 990, PART IV, LINE 54**  
**INVESTMENTS - SECURITIES**

OTHER PUBLICLY TRADED SECURITIES	VALUATION METHOD	AMOUNT
MERRILL LYNCH	MARKET VALUE	\$ 171,723
PRUDENTIAL	MARKET VALUE	109,424
PAINE WEBBER	MARKET VALUE	3,497
TOTAL		<u>\$ 284,644</u>
TOTAL INVESTMENTS - SECURITIES		<u>\$ 284,644</u>

**STATEMENT 6**  
**FORM 990, PART IV, LINE 57**  
**LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 144,921	\$ 83,263	\$ 61,658
FURNITURE AND FIXTURES	15,731	13,023	2,708
MACHINERY AND EQUIPMENT	430,183	359,822	70,361
BUILDINGS	1,817,187	659,521	1,157,666
LAND	427,516		427,516
TOTAL	<u>\$ 2,835,538</u>	<u>\$ 1,115,629</u>	<u>\$ 1,719,909</u>

8/19/03

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**STATEMENT 7  
FORM 990, PART IV, LINE 58  
OTHER ASSETS**

INVESTMENT - RESTRICTED TRUST  
LIFE INSURANCE - CASH VALUE

	\$	87,897
		<u>6,158</u>
TOTAL	\$	<u>94,055.</u>

**STATEMENT 8  
FORM 990, PART IV, LINE 65  
OTHER LIABILITIES**

ACCRUED EXPENSES & PAYROLL W/H

	\$	48,638
TOTAL	\$	<u>48,638</u>

**STATEMENT 9  
FORM 990, PART V  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
RANDY JOHN 9070 S. NEWCASTLE CIRCLE SANDY, UT 84093	TREASURER NONE	\$ 0	\$ 0	\$ 0
CRAIG S. COOK 3645 EAST 3100 SOUTH SALT LAKE CITY, UT 84109	PRESIDENT NONE	0	0.	0
JANET E HASKELL 7108 EAST KILLYONS CANYON SALT LAKE CITY, UT 84108	BOARD MEMBER NONE	0	0	0.
TIM J WILLIAMS 992 SOUTH VISTA VIEW DRIVE SALT LAKE CITY, UT 84108	BOARD MEMBER NONE	0	0	0
DR JOANN SEGHINI 7890 PIONEER ST MIDVALE, UT 84047	SECRETARY NONE	0	0	0.
GENE BAIERSCHMIDT 1398 EAST DOWNINGTON AVENUE SALT LAKE CITY, UT 84105	EXECUTIVE DIREC 40	51,800	0	1,800.
ERIC D BELNAP 845 EAST 500 SOUTH BOUNTIFUL, UT 84010	EXECUTIVE COMMI NONE	0	0.	0.

8/19/03

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**STATEMENT 9 (CONTINUED)**  
**FORM 990, PART V**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
RICHARD G SAILER 4509 S. ABINADI ROAD SALT LAKE CITY, UT 84124	VICE PRESIDENT NONE	\$ 0.	\$ 0	\$ 0
LYNN WARD 480 NORTH HILLS DRIVE SALT LAKE CITY, UT 84103	BOARD MEMBER NONE	0	0	0
		TOTAL \$ 51,800	\$ 0	\$ 1,800

# Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (or page 2 of this form)

**Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I**  **Automatic 3-Month Extension of Time** — Only submit original (no copies needed)

**Note:** Form 990-T corporations requesting an automatic 6 month extension — check this box and complete Part I only

All other corporations (including Form 990 C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

<b>Type or print</b> File by the due date for filing your return. See instructions	Name of Exempt Organization <b>HUMANE SOCIETY OF UTAH</b>	Employer Identification Number <b>87-0256350</b>
	Number Street and Room or Suite Number if a P.O. Box see instructions <b>P O BOX 573659</b>	
	City Town or Post Office For a foreign address see instructions <b>SALT LAKE CITY, UT 84157</b>	
	State	ZIP Code

**Check type of return to be filed** (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041 A                                 | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **group return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 month, for **990-T corporation**) extension of time until 8/15, 20 02, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶  calendar year 20 01 or
- ▶  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

2 If this tax year is for less than 12 months check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_ 0

b If this application is for Form 990 PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_ 0

c **Balance Due** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ \_\_\_\_\_ 0

**Signature and Verification**

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 and that I am authorized to prepare this form

Signature  Title ▶ CPA Date ▶ 5/8/02

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8868 (12 2000)

**INTERNAL REVENUE SERVICE  
RECEIVED**

**MAY 08 2002**

Wage & Investment Area 6 Director  
Phoenix, Arizona  
6-0092

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Name of Exempt Organization: HUMANE SOCIETY OF UTAH
Employer Identification number: 87-0256350
Address: P O BOX 573659, SALT LAKE CITY, UT 84157

Check type of return to be filed (file a separate application for each return)

Form 990 [X] Form 990-EZ [ ] Form 990 T (Section 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870 [ ]
Form 990-BL [ ] Form 990-PF [ ] Form 990 T (trust other than above) [ ] Form 4720 [ ] Form 6069 [ ]

Stop Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

If the organization does not have an office or place of business in the United States, check this box [ ]
If this is for a Group Return, enter the organizations four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box [ ] If it is part of the group, check this box [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15, 20 03
5 For calendar year 2002, or other tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_ and ending \_\_\_\_\_, 20 \_\_\_\_\_
6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period
7 State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO GATHER INFORMATION IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount already credited with Form 8868 \$ \_\_\_\_\_
c Balance due Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTDC coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ \_\_\_\_\_

Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete and that I am authorized to prepare this form

Signature [Signature] Title CPA Date 8/5/03

Notice to Applicant - To be Completed by the IRS

We have approved this application Please attach this form to the organization's return [ ]
We have not approved this application However, we have granted a 10 day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return Please attach this form to the organization's return [ ]
We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period [ ]
We cannot consider this application because it was filed after the due date of the return for which an extension was requested [ ]
Other [ ]

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Name: PINNOCK, ROBBINS, POSEY&RICHINS
Address: 136 E SOUTH TEMPLE SUITE 2250, SALT LAKE CITY, UT 84111