### Form 990

### **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Department of the Treasury

_		ue Service						equirements					
B	For the	2009 calendar yea	·		1 , 20	009, and e	nding	Jun 30		, 2010			
	Check if a	pplicable Please u	C Name of org	_					_	ntification Number	,		
	Addre	ess change IRS lab	el FRIENDS C		VALANCHE FOREC				-0481				
	Name	e change or type	Number and	street (or PO box if	mail is not delivered to stre	et addr) Ro	oom/suite	E Tele	phone nun	mber			
	Initia	l return See	c P.O. BOX	ለ 521353				(8	01) 4	455-9782			
	Term	Instruction tions.		r country	s	tate ZIP cod	de + 4						
	Ame	nded return	SALT LAF	KE CITY	τ	JT 841	52-13	53 <b>G</b> Gros	s receipts	\$ 226,8	78.		
i	Apple	ication pending F Nam	ne and address of pri					Is this a group re			es X N		
	Ш	, ,	DIEGEL P.O	BOX 52135	3 SALT LAKE CITY	UT 84152	-135BH(b)	Are all affiliates		Πy	es N		
	Tax-e	xempt status X 5		) ◀ (insert no )	4947(a)(1) or	$\overline{}$		If 'No,' attach a l	ist (see in	nstructions) —			
J				necenter.or		1 1 0 2 /	<del></del>	Group exemption	numher	<b>&gt;</b>			
<u>-</u>		f organization X Corp		Association	Other ►	L Year of F	. , , ,		-	f legal domicite	<u></u>		
Pai		Summary	oracion   Trust	7-Sociation	Cario	, = rear or r	omation	1333	o otate of	riegal domicie			
1 (4)		riefly describe the	organization's m	nission or most si	anificant activities			-					
					Forest Servic	e IItah	Aval	anche Ce	nter				
을					ety and prov								
Activities & Governance					various chan		<u> </u>	10110 511.9					
Š	_						more th	an 25% of its	accets				
ဗိ		Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its assets  Number of voting members of the governing body (Part VI, line 1a)  3 8											
න්					ning body (Part VI, li	ne 1b)			4	8			
Ë∣		otal number of emp				•		5	0				
≨਼ੇ		otal number of volu							6	8			
ĕ	7a T	otal gross unrelated	d business rever	nue from Part VII	I, Icolumn (C), ine 12	2			7 a	3	0		
	<b>b</b> N	let unrelated busine	ss taxable incor	me from Form 99	0-T, line 34				7 b	0			
								Prior Ye	ar	Curren	t Year		
	<b>8</b> C	ontributions and gr	ants (Part VIII, I	line 1h)					,049.		28,143		
ᇍ		rogram service rev				,715.		0,920					
Revenue		nvestment income (		Ο,	and 7d)				,		,		
۳		ther revenue (Part						59	,688.	. 6	8,129		
1		otal revenue – add											
		Frants and similar a				,000.	<u> </u>	07,192 71,522					
		senefits paid to or fo							,				
					ırt IX, column (A), lın	es 5-10\				-	7,885		
e e		•		-		163 3-10)				<del> </del>	1,005		
eng		rofessional fundrais	,		•			enski v skot v i	, Av	<del>                                     </del>	, * 1		
Expenses	bΤ	otal fundraising exp	enses (Part IX,	. column (D), line	25) •	24,70	03.		<u> </u>	1	\$1 Ju		
_	<b>17</b> C	Other expenses (Par	rt IX, column (A)	), lines 11a-11d,	11f-24f)			105	,891.	. 108,902			
	18 T	otal expenses Add	Ines 13-17 (mu	ust equal Part IX.	column (A), line 25)	)	_, L	170	,891.	. 19	98,309		
	<b>19</b> R	Revenue less expen	ses Subtract lin	ne 18 from line 12	) and the same and	-	1	29	,561.		8,883		
5 g				-	RECEIVE		21	Beginning o	f Year	End of			
8 × 1	<b>20</b> T	otal assets (Part X	line 16)	1	Section of the Parties of the Partie	000	31 H	<u> </u>	,761.	+	0,775		
<u> </u>	- T				1-1 22	2011 1	" \ \ \		,,,,,,	-	707113		
Aeset 1 Balar		otal liabilities (Part let assets or fund b	-la C.:ht	-4 l 01 f l	is feb 4 a	1	&/ ㅏ	174	7.61	1 1			
Net Asset	22 1			ct line 21 from lir		117	<u> </u>	1/4	<u>,761.</u>	·  T;	90,775		
	22 N		ack		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1					<del></del>		
	22 N rt	Signature Bl			1 UCDEN	1				and bac anhalwon			
	22 N rt II	Signature Bl		ave examined this return reparer (other than off	()(コンー・	1	nd stateme h preparer l	nts, and to the be has any knowledg	estofmyk e	and bei	iei, it is		
Pa	rt II	Signature Bl		ave examined this retuireparer (other than off		1	nd stateme h preparer i	nts, and to the behas any knowledg	est of my k	criowieuge and ber	iei, il is		
Pa Sig	<u>rt II</u> jn	Signature Bl Under penalties of perjutue, correct, and comp		ave examined this retuireparer (other than off	()(コンー・	1	ind stateme h preparer l	nts, and to the behas any knowledg	Ist of my k	niowieuge and bei			
Par Parents or Pind Balances	<u>rt II</u> jn	Signature Bl			rn including accompanying icer) is based on all inform	1	ind stateme h preparer l	nts, and to the behas any knowledg	st of my k	Nowledge and bei	er, it is		
Pa Sig	<u>rt II</u> jn	Signature Bl Under penalties of perutue, correct, and comp Signature of officer	iry, I declare that I have the Declaration of p		()(コンー・	1	ind stateme h preparer I	nts, and to the behas any knowledge   2/11 Date	/ I I	Nowieuge and bei	er, it is		
Pa Sig	<u>rt II</u> jn	Signature Bl Under penalties of perjutue, correct, and comp	iry, I declare that I have the Declaration of p		rn including accompanying icer) is based on all inform	1	nd stateme h preparer i	nts, and to the be nas any knowledg	/11				
Pa Sig Her	ırt II ıın re	Signature Bl Under penalties of perutue, correct, and comp Signature of officer	iry, I declare that I have the Declaration of p		rn including accompanying icer) is based on all inform	1	nd stateme h preparer i	Date Check if	/11				
Pa Sig	ırt II ıın re	Signature Bl Under penalties of peruture, correct, and comp Signature of officer Type or print name	iry, I declare that I have the Declaration of p		rn including accompanying icer) is based on all inform	schedules are alion of which	nd stateme h preparer i	Date Check if self-	/11	Preparer's identify (see instructions)			
Pai Sig Her	rt II .	Signature Bl Under penalties of perutue, correct, and comp Signature of officer	iry, I declare that I have the Declaration of p		rn including accompanying icer) is based on all inform	schedules are alion of which	nd stateme h preparer i	Date Check if	/11				
Pai Pai Pre	rt II .	Signature Bl Under penalties of perutue, correct, and comp Signature of officer Type or print name  Preparer's signature	iry, I declare that I have the Declaration of p		rn including accompanying icer) is based on all inform	schedules are alion of which	nd stateme h preparer I	Date Check if self-	/11				
Pai Pai Pre par Use	rt II .  jn re  id rer's e	Signature Bl Under penalties of periture, correct, and comp Signature of officer Type or print name  Preparer's signature Firm's name (or yours if self-	iry, I declare that I have the Declaration of p		rn including accompanying icer) is based on all inform	schedules are alion of which	nd stateme h preparer i	Date  Check if self-employed	/11				
Pai Pai Pre par Use	rt II .  jn re  id rer's e	Signature Bl Under penalties of periture, correct, and comp Signature of officer Type or print name  Preparer's signature  Firm's name (or yours if self-employed), address, and	iry, I declare that I have the Declaration of p		rn including accompanying icer) is based on all inform	schedules are alion of which	nd stateme h preparer i	Date  Check if self-employed	/11				
Pai Pai Pre par Use On	int II  jn re  id rer's e ly	Signature Bl Under penalties of perjutue, correct, and comp Signature of officer Type or print name  Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4	ary, I declare that I have the Declaration of p	J, Exe	rn including accompanying icer) is based on all inform	schedules are alion of which	nd stateme h preparer i	Date  Check if self-employed	/11				

Forn	1 990 (2009) FRIENDS OF THE UTAH AVALANCHE FORECAST CENTER, INC.	87-048	1 <u>453</u>		Page 2
Pai	T'III Statement of Program Service Accomplishments				
	Briefly describe the organization's mission				
	To provide support to the U.S. Forest Service Utah Avalanche Cent	er			
	(UAC) in promoting avalanche safety and providing and promoting				
	education to the public through various channels.				
2	Did the organization undertake any significant program services during the year which were not listed on the	prior			
_	Form 990 or 990-EZ?		Ye	s X	No
	If 'Yes,' describe these new services on Schedule O	l	、	2 21	110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	2	Υe	s X	No
3		.2.		2 V	NO
	If 'Yes,' describe these changes on Schedule O		4	01(-)(0)	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and all	expenses s locations to d	ection a others, t	ne total	
	expenses, and revenue, if any, for each program service reported		,		
				_	
_	(O   ) /F			200 0	22 \
4;	(Code) (Expenses \$ 140,561. including grants of \$ 0.) (R				
	To provide support to the U.S. Forest Service Utah Avalanche				
	Center ("UAC") in promoting avalanche safety and providing				
	education to the public. The UAC provides daily weather and				
	avalanche advisories and public safety information via telephone				
	lines, radio programs and internet services to the general public	2			
			_ <b></b> _		
	1 - 1/ <del>1/2</del> - 1/2				
4		evenue \$_		10,9	<u> 20.</u> )
	The Friends of the Utah Avalanche Forecast Center ("FUAC")				
	also provides education on avalanche awareness and safety				
	directly to the public by sponsoring avalanche awareness				
	seminars, lectures, videos and avalanche education courses				
	to educate the general public on safe practices and methods				
	of backcountry travel.				
			<b>-</b> -		
			<del>-</del> -		
	1 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				
4	c (Code ) (Expenses \$ 22,809. including grants of \$ 0.) (R	evenue \$		15,7	25.)
	Know Before You Go Program: this program was implemented in				
	2004 to focus on youth avalanche education presenting				<b>-</b>
	programs in middle, junior high and high schools throughout				- <del>-</del>
					<del>-</del>
	Utah (see statement 2, as this program has its own revenue				
	to_support_its_expenses).				<b>– –</b> – –
4	d Other program services (Describe in Schedule O )				
	(Expenses \$ including grants of \$ ) (Revenue \$			)	
4	e Total program service expenses ► 173,147.				

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? 2 Х 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 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 X Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 X Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV 9 Х Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 10 'Yes,' complete Schedule D, Part V X Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or 11 Х X as applicable • Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI • 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 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 • 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 • Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X • 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? If 'Yes,' complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 Х 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A Х Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Х 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I 14b 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, Part II 15 Х 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, Part III 16 Х 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 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 X 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 Х

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

X

20

Form **'990** (2009) FRIENDS OF THE UTAH AVALANCHE FORECAST CENTER, INC. 87-0481453 Page 4 Part:IV Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 21 Х 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 Х 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 Х 23 Schedule I 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 24a X 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a X b is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Schedule L. Part I Х Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L. Part III 27 X 28 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV Х 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Schedule L, Part IV X c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 X Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35

38 BAA

37

Form 990 (2009)

Х

Х

Х

Х

35

36

37

38

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

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

Note. All Form 990 filers are required to complete Schedule O

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

ran v	Statements Regarding Other IKS Fillings and Tax Compilance				
	1	1 [		Yes	No
<b>1 a</b> Er In	nter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S formation Returns. Enter -0- if not applicable	1a 24		, ,	******
<b>b</b> Er	nter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		4 2	*(************************************
<b>c</b> Di (g	d the organization comply with backup withholding rules for reportable payments to vendors ambling) winnings to prize winners?	and reportable gaming	1 c	x	-
2a En	ter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the lendar year ending with or within the year covered by this return	2a 0	,	•	
	at least one is reported on line 2a, did the organization file all required federal employment	ax returns?	2b		
N	ote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this retur	n (see instructions)			
<b>3 a</b> Di	d the organization have unrelated business gross income of \$1,000 or more during the year is return?	covered by	3a		Х
<b>b</b> If	'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3ь		
<b>4a</b> Af	t any time during the calendar year, did the organization have an interest in, or a signature on ancial account in a foreign country (such as a bank account, securities account, or other fin	r other authority over, a ancial account)?	4a		х
<b>b</b> If	'Yes,' enter the name of the foreign country				
S <sub>F</sub>	ee the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Fornancial Accounts	oreign Bank and			
5a W	as the organization a party to a prohibited tax shelter transaction at any time during the tax	year <sup>?</sup>	5 a		X
<b>b</b> D	d any taxable party notify the organization that it was or is a party to a prohibited tax shelter	transaction?	5ь		X
c If	'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Enti ax Shelter Transaction?	ty Regarding Prohibited	5с		
<b>6a</b> D	oes the organization have annual gross receipts that are normally greater than \$100,000, an olicit any contributions that were not tax deductible?	d did the organization	6a		х
<b>b</b> If	'Yes,' did the organization include with every solicitation an express statement that such coreductible?	ntributions or gifts were not	6 b		
7 0	rganizations that may receive deductible contributions under section 170(c).				\ \ \
a D	id the organization receive a payment in excess of \$75 made partly as a contribution and pa	rtly for goods and services		~~~	
p	rovided to the payor?	, ,	7a		X
	'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
F	id the organization sell, exchange, or otherwise dispose of tangible personal property for white perm 8282?	1 1	7с		x
d If	'Yes,' indicate the number of Forms 8282 filed during the year	7d		<u></u>	ļ
	id the organization, during the year, receive any funds, directly or indirectly, to pay premium enefit contract?	s on a personal	7e		x
f D	id the organization, during the year, pay premiums, directly or indirectly, on a personal bene	fit contract?	7 f		Х
	or all contributions of qualified intellectual property, did the organization file Form 8899 as re		7 g		
hF	or contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form	1098-C as required?	7h		
S	ponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting upporting organization, or a donor advised fund maintained by a sponsoring organization, hare oldings at any time during the year?	g organizations. Did the ve excess business	8	•	
	ponsoring organizations maintaining donor advised funds.				$\vdash$
	id the organization make any taxable distributions under section 4966?		9a	^~	
	id the organization make any distribution to a donor, donor advisor, or related person?		9b		
	ection 501(c)(7) organizations. Enter		<u> </u>		1
	nitiation fees and capital contributions included on Part VIII, line 12	10a		. `	
	iross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	,×;>		
	ection 501(c)(12) organizations. Enter	· · · · · · · · · · · · · · · · · · ·	1		
	iross income from other members or shareholders	11a		٠,	
<b>b</b> G	iross income from other sources (Do not net amounts due or paid to other sources against mounts due or received from them )	11 b	*		<u> </u>
12a S	ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12 a	Į	
b If	'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			

Form **990** (2009)

Form 990 (2009) FRIENDS OF THE UTAH AVALANCHE FORECAST CENTER, INC. 87-0481453 Page 6 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Governing Body and Management

-	tion A. Governing Body and management		Yes	No
	a Enter the number of voting members of the governing body b Enter the number of voting members that are independent  1 a 8 1 b 8	,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents	4		Х
	since the prior Form 990 was filed?			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	_	Х
6	Does the organization have members or stockholders?	6		X
7	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		x
1	<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		nomina Rocalità	p.1990-0.0
	a The governing body?	8 a	X	
	<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		x

Sec	t <b>ion B. Policies</b> (This Section B requests information about policies not required by the internal			
Reve	enue Code )			N.
	D. II	10 a	Yes	No
	a Does the organization have local chapters, branches, or affiliates?	IUa	_	<u>X</u>
	o If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11 /	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990	L	ţ	
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X
t	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		***********************	
a	a The organization's CEO, Executive Director, or top management official	15a		X
t	b Other officers of key employees of the organization	15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions )		_^,	
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	<u> </u>	X
ŀ	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
500	ction C. Disclosures	100	<u> </u>	<u> </u>
17				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection indicate how you make these available. Check all that apply  Own website  Another's website  X Upon request	allable	tor pi	JDIIC
			finan	n a l
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy statements available to the public			Jidi
	State the name, physical address, and telephone number of the person who possesses the books and records of the organ			
1	Paul Diegel P.O. Box 521353 Salt Lake City UT 84152 (8	01)_	455-	9782

Page 7

Form 990 (2009)

BAA

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed
- 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
     See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not	compens	ate an	у сі	ırrer	nt of	ficer, i	dire	ctor, or trustee				
(A)	(B)	(c)						(D)	(E)	(F)		
Name and Title	Average hours	Position (check all that apply)						Reportable compensation from	Reportable	Estimated amount of other		
	per week	institutional fusiee aidivid el frasce or director		Offir el	Key employee	สินากย Highest ดหกุวชารฟed employee		the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
Paul Diegel												
Executive Director	15.00	Х		X			<u></u>	18,085.	0.	0.		
Mike Brehm	,											
Secretary	2.00	Х		Х				0.	0.	0.		
Richard Mrazik												
President	2.00	Х		Х				0.	0.	0.		
John Curtis												
Treasurer	2.00	Х	ļ	X	<u> </u>	-		0.	0.	<u> </u>		
Jennifer Logan								_	_	_		
Director	2.00	<u> </u>	<b> </b>		<u> </u>			0.	0.	0.		
Curtis Kennedy										•		
Director	2.00	X	ļ .		_			0.	0.	0.		
Colleen Graham Nipkow					İ	1				•		
Director	2.00	X	-			<del> </del>		0.	0.	0.		
Reid Persing	2.00	•					1		0.	0		
Director	2.00	_^_	┼		$\vdash$			0.	0.	0.		
			ļ									
										-		
	<u> </u>	ļ ———	T	†	1							
										· · · · · · · · · · · · · · · · · · ·		

TEEA0107

11/10/09

Part VII   Section A. Officers, Directors, Trus	tees, K	(ey	Em	ıplo	ye	es,	an	d Highest Con	pensated Emp	loyees (cont.)		
(A)	(B)	(c)						(D)	(E)	(F)		
Name and Title	Average hours per week			Officer	_	High		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
			ee			ated						
					<u> </u>				•			
	-											
	-											
	-											
	-											
	-											
										_		
1 h Total	-						<u> </u>	18,085.	0.			
<ul><li>1 b Total</li><li>2 Total number of individuals (including but not limited</li></ul>	I to thos	م ارد	ted	ahov	(e) i	who	rece			le compensation		
from the organization • 0										Yes		
<ul> <li>Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in</li> <li>For any individual listed on line 1a, is the sum of retundividual</li> </ul>	ortable nan \$150	com 0,000	npen 0? <i>l</i> :	ısatı f 'Ye	on a	nd ( omp	othe olete	r compensation fro Schedule J for su	om ch	3		
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch ection B. Independent Contractors	edule J	for s	i fro such	m a per	ny u s <i>on</i>	nrei	ated	organization for s	services	5		
Complete this table for your five highest compensate compensation from the organization	ed indep	end	ent (	cont	ract	ors	that	received more that	n \$100,000 of			
(A) Name and business addres	ss							Description	of Services	(C) Compensation		
		-										
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►	but not I	ımıte	ed to	o tho	se	liste	d ab	ove) who received	d more than			

rai	t viii   Statement of Nevenue	<del></del>	<del></del>	· · · · · · · · · · · · · · · · · · ·	
		(A) Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) 1 All other contributions, gifts, grants, and				
CONTRIB AND OTH	similar amounts not included above  g Noncash contribus included in lns 1a-1f  h Total. Add lines 1a-1f	128,143.			
PROGRAM SERVICE REVENUE	Business Code  2a EDUCATION: 3 DAY AVALANCHE CLASSES  b	10,920.	10,920.	Ô.	0.
RAM SERVI	c d				
PROG	f All other program service revenue g Total. Add lines 2a-2f	10,920.		<i>ii</i>	
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> <li>Royalties</li> </ul>				
	(i) Real (ii) Personal  6 a Gross Rents b Less rental expenses c Rental income or (loss)		di ge	,	, \$1° \$1,0 s
	7 a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses c Gain or (loss)				\$
OTHER REVENUE	d Net gain or (loss)  8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a 87,270.  b Less direct expenses b 18,436.	4	,		-
Ф	c Net income or (loss) from fundraising events	68,834.	68,834.	0.	0.
	9a Gross income from gaming activities See Part IV, line 19  b Less direct expenses  b				
	c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less cost of goods sold  b 1,250.			-	
	c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code	-705.	-705.	0.	0.
	11a b				
	d All other revenue e Total. Add lines 11a-11d	207 192	79 049	0	0

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D	).
--	----

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	71,522.	71,522.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22		· · · · · · · · · · · · · · · · · · ·		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	17,885.	17,885.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
á	a Management		<del></del>		
	b Legal			9 507	
	c Accounting	3,607.	0.	3,607.	0.
	d Lobbying	15,000.	0.	0.	15,000.
	e Prof fundraising svcs See Part IV, In 17	<u> </u>			
	Investment management fees				
	g Other				
12	```` <b>`</b>	1,949.	1,949.	0.	0.
13 14	Office expenses Information technology	19,406.	9,703.	0.	9,703.
15	Royalties	19,400.	3, 105.		3,703.
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	-			
19	Conferences, conventions, and meetings				_
20	Interest		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,986.	1,986.	0.	0.
23 24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )	3,393.	0.	3,393.	0.
	a Subcontractor observer expense	14,139.	14,139.	0.	0.
	b Awareness/education expense	12,155.	12,155.	0.	0.
	c Miscellaneous	3,440.	3,440.	0.	0.
	d Telephone expense	6,188.	6,188.	0.	0.
	e Equipment expense	2,826.	2,826.	0.	0.
	f All other expenses	24,813.	24,813.	0.	0.
	Total functional expenses Add lines 1 through 24f	198,309.	166,606.	7,000.	24,703.
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form <b>990</b> (2009)

**Balance Sheet** (A) Beginning of year (B) End of year Cash - non-interest-bearing 79,355 1 70,225. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis 10a 9,931. Complete Part VI of Schedule D b Less accumulated depreciation. 10b 4,966. 6,951 10 c 4,965. 11 Investments - publicly-traded securities 88,455. 11 115,585. Investments - other securities. See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 174,761 16 190,775 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 0 26 0. Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. ASSETS 27 Unrestricted net assets <u>65,9</u>88. 70,020. 27 28 Temporarily restricted net assets 104,741 28 124,787. Permanently restricted net assets 29 P Organizations that do not follow SFAS 117, check here and complete FUZD lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 BALANCES Paid-in or capital surplus, or land, building, and equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 33 Total net assets or fund balances 174,761 33 190,775. 34 Total liabilities and net assets/fund balances 174,761. 190,775.

BAA

Form 990 (2009)

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

BAA

Form 990 (2009)

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

**Public Charity Status and Public Support** 

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

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

					FORECAST CENTER			4- 4			81453			
Par		•			is (All organizations					See II	istructi	ions		
	orga				se it is (For lines 1 throu	•		-	•					
1	$\vdash$				ociation of churches desc		section	1 /U(b)(1	χΑχι).					
2	$\vdash$				A)(ii). (Attach Schedule E	-	4704	****						
3	$\vdash$	•	•	•	e organization described i		٠,		•					
4	Ш			-	d in conjunction with a ho	ospitai de	escribea	ın secti	on 170(	у, ка	III) Ente	r the hospital	S	
5		name, city, an An organization 170/by/1y/Ayi	on oper		of a college or university	owned o	r operat	ed by a	governr	nental u	nit descri	ibed in <b>sectio</b> i		
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II)												
8		A community	trust de	escribed in section 1	170(b)(1)(A)(vi). (Complet	e Part II	)							
9	X	from activities investment in	s relate come a	d to its exempt funct	more than 33-1/3 % or tions — subject to certain ss taxable income (less s omplete Part III)	exception	ns, and	(2) no r	nore tha	an 33-1/3	3 % of its	support from	aross	
10		An organizati	on orga	inized and operated	exclusively to test for put	blic safet	y See s	ection 5	509(a)(4	).				
11		more publicly	suppor	rted organizations d	exclusively for the beneficescribed in section 509(a sation and complete lines	a)(1) or s	ection 5	09(a)(2)	ions of, See s	or carry ection 50	out the post out the post of t	purposes of or Check the bo	ne or x that	
		a Type I		<b>b</b> Type II	c Type II	I – Fund	tionally	integrate	ed		d 🗌	Type III- Oth	ner	
•	• 🗌	By checking t than foundation 509(a)(2)	his box on man	, I certify that the organizers and other than	ganization is not controllent one or more publicly su	ed directl ipported	y or indi organiza	rectly by	y one or escribed	more di	squalifie on 509(a	d persons oth )(1) or section	ner I	
f				eceived a written det	ermination from the IRS t	that is a	Type I, 1	Type II o	r Type	III suppo	rting org	anızatıon,		
ç	1			06, has the organiza	tion accepted any gift or	contribu	ition fror	n anv of	the foll	owina pe	ersons?			
		3	•	,	, , , ,			. ,				Ye	es No	
		(i) a person below, t	n who d he gove	directly or indirectly of erning body of the si	controls, either alone or to upported organization?	ogether	with pers	sons des	scribed	ın (ıı) an	d (III)	11 g (i)		
		(ii) a family	memb	er of a person desc	ribed in (i) above?							11 g (ii)		
		(iii) a 35% d	controlle	ed entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)		
ŀ	1	Provide the fo	ollowing	ınformatıon about t	he supported organization	ns								
	(	i) Name of Supporti Organization	ed	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiza (i) liste gove	ls the tion in col d in your erning ment?	(v) Did you notify the organization in col (i) of your support?		(vi) le organizati (i) organiz U S	on in col	(vii) Amount of	Support	
						Yes	No	Yes	No	Yes	No			
		· · · · · · · · · · · · · · · · · · ·					ļ							
						<del>                                     </del>	<u> </u>							
				•										
						<del> </del> -		<u>.                                    </u>				·····		
Tota	1								. , *,,,					

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

Schedule A (Form 990 or 990-EZ) 2009

	shown on line 11, column (f)		· · · · · · · · · · · · · · · · · · ·			· •			
6	<b>Public support.</b> Subtract line 5 from line 4				* `	, (			
Sec	tion B. Total Support								
Caler begir	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	,	(f) Tota	ıl
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							<del></del>	
11	Total support. Add lines 7 through 10			:					
12	Gross receipts from related activ	ities, etc (see ins	tructions)			Ĺ	12		
13	First five years. If the Form 990 organization, check this box and		tion's first, secon	d, third, fourth, or	fifth tax year as a	section 501	(c)(3)		▶ 🗍
	tion C. Computation of Pu								
	Public support percentage for 20			e 11, column (f)		-	14		<u>%</u>
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14			Ĩ	15		%_
16 a	<b>33-1/3 support test</b> – <b>2009.</b> If the and <b>stop here.</b> The organization				the line 14 is 33-1/.	3 % or more	, check	this box	<b>-</b>
b	<b>33-1/3 support test</b> – <b>2008.</b> If the and <b>stop here.</b> The organization				and line 15 is 33-1	1/3% or mor	e, chec	k this box	► 🗌
17 a	10%-facts-and-circumstances to or more, and if the organization is the organization meets the 'facts'	meets the 'facts a	nd-circumstances	' test, check this b	oox and stop here.	Explain in F	Part IV h	% 10 <b>w</b>	▶ []
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	nď-circumstances test The organiz	' test, check this bation qualifies as	oox and stop here. a publicly supporte	Explain in F d organizat	Part IV h	now the	▶ 🔲
	Private foundation. If the organiz	zation did not ched	ck a box on line,	13, 16a, 16b, 17a,		•			<b>&gt;</b>
BAA					Sc	hedule A (F	orm 990	) or 990-EZ	Z) 2009
			TEEA0402	10/08/09					
			12240402	10/00/03					

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

(Complete only if you checked the box on line 9 of Part I.)

<u></u>	(Complete only if you check	kea the box on line	e 9 of Part I)					· · · · · · · · · · · · · · · · · · ·
	tion A. Public Support	(-) 0005	(h) 0000	(a) 2007 T	(4) 2000	(=) 0000	, –	(6 Tatal
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	<del>,</del>	(f) Total
'	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	69,667.	85,902.	57,556.	128,049.	128,1	43.	469,317.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	50,449.	45,388.	82,480.	92,683.	87,2	70	358,270.
3	Gross receipts from activities that are not an unrelated trade or business under section 513	30,449.	43,300.	02,400.	32,003.	0,,2	70.	33072101
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							·
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons	120,116.	131,290.	140,036.	220,732.	215,4	13.	827,587.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year							
(	: Add lines 7a and 7b					····		
8	Public support (Subtract line	y .*	, ,	,				
	7c from line 6)	<i>\$\ilde{\gamma}</i> ;	*				~	827,587.
Sec	tion B. Total Support							
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 200°	9	(f) Total
	Amounts from line 6	120,116.	131,290.	140,036.	220,732.	215,4	13.	827,587.
_	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	189.	454.	22070501		120,		643.
I	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	109.	454.					043.
	Add lines 10a and 10b	189.	454.					643.
11	Net income from unrelated business activities not included inline 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 Ins 9, 10c, 11, and 12)							828,230.
14	First five years. If the Form 990 organization, check this box and	is for the organiza	tion's first, second	, third, fourth, or	fifth tax year as a	section 50	1(c)(3)	
				<del> </del>	<del></del>			
	ction C. Computation of Pu			10 1				
	Public support percentage for 20	, ,		13, column (f))			15	99.92%
	Public support percentage from 2						16	99.89%
Sec	ction D. Computation of Inv							·
17	Investment income percentage for	or <b>2009</b> (line 10c, d	column (f) divided	by line 13, colum	nn (f))		17	0.08%
18							18	0.11%
	<b>a 33-1/3 support tests</b> — <b>2009.</b> If the more than 33-1/3%, check this be	ox and stop here.	The organization of	qualifies as a pub	olicly supported or	ganızatıon		► <u>X</u>
	b 33-1/3 support tests — 2008. If the	ne organization did	I not check a box of	on line 14 or 19a	, and line 16 is mo	re than 33-	1/3%, a	nd line 18
	Is not more than 33-1/3%, check Private foundation. If the organization	•	•	•		•		[ ]

Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.	<del>gc -</del>

#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

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

OMB No 1545-0047

Open to Public

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answere	d 'Yes,' to Form 990, Par	rt IV, line 5 (Proxy Tax), then
-----------------------------	---------------------------	---------------------------------

• 5	Section 501(c)(4), (5), or (6) or	ganizations Complete Part III			
Name	of organization			Employer identifica	tion number
FRI	ENDS OF THE UTAH A	VALANCHE FORECAST CENTER,	INC.	87-048145	3
Pai	t I-A Complete if the or	rganization is exempt under section	on 501(c) or is a s	section 527 organiz	ration.
1	Provide a description of the o	organization's direct and indirect political ca	mpaign activities in P	art IV	
2	Political expenditures			<b>►</b> \$	
3	Volunteer hours				
Pai	t I-B   Complete if the or	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exci-	se tax incurred by the organization under se	ection 4955	<b>►</b> \$	
2	Enter the amount of any exce	se tax incurred by organization managers u	nder section 4955	<b>►</b> \$	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for t	hıs year <sup>?</sup>		Yes No
4 8	Was a correction made?				Yes No
ŀ	If 'Yes,' describe in Part IV				
Pai	t I-C Complete if the or	rganization is exempt under section	on 501(c) , except	t section 501(c)(3).	
		pended by the filing organization for section			
2	Enter the amount of the filing	organization's funds contributed to other o	roanizations for sectio	n 527 evemnt	
2	function activities	organization's funds contributed to other o	rganizations for section	► \$	
3	Total of exempt function expe	enditures Add lines 1 and 2 Enter here and	d on Form 1120-POL,	<b>⊳</b> \$	
4		Form 1120-POL for this year?		Ψ,	Yes No
5	~ ~	and employer identification number (EIN) o	f all section 527 politic	cal organizations to whic	
,	made For each organization	listed, enter the amount paid from the filing	organization's funds	Also enter the amount	of political
	or a political action committee	ere promptly and directly delivered to a sep e (PAC) If additional space is needed, pro-	arate political organiz vide information in Pa	ation, such as a separat	te segregated fund
	or a pointear action committee	(1710) II additional space is ficeded, pro	ide illiornation illi a	1,11	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds	(e) Amount of political contributions received and
				If none, enter-0-	promptly and directly delivered to a separate
					political organization If none, enter -0-
	- <del></del>				
					·
				,	
		L			

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 200					
Part II-A Complete if section 501(		n is exempt under sec	tion 501(c)(3) and	l filed Form 5768 (el	ection under
		ngs to an affiliated group			
B Check ► If the filing	ng organization chec	ked box A and 'limited cont	rol' provisions apply		
(The term	Limits on Lobbyin 'expenditures' mea	g Expenditures — ns amounts paid or incurre	ed.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1 a Total lobbying expenditu	res to influence pub	lic opinion (grass roots lobb	oying)		
<b>b</b> Total lobbying expenditu	ires to influence a le	gıslatıve body (dırect lobbyı	ng)		
c Total lobbying expenditu	ires (add lines 1a an	d 1b)			
<b>d</b> Other exempt purpose e	•				. <u>.</u>
e Total exempt purpose ex	kpenditures (add line	es 1c and 1d)			·
f Lobbying nontaxable am both columns	ount Enter the amo	unt from the following table	e in		
If the amount on line 1e, coli	umn (a) or (b) is	he lobbying nontaxable ar	nount is		
Not over \$500,000		20% of the amount on line 1e			*
Over \$500,000 but not over \$1,		\$100,000 plus 15% of the excess			,
Over \$1,000,000 but not over \$	-i	\$175,000 plus 10% of the excess		- A	
Over \$1,500,000 but not over \$		\$225,000 plus 5% of the excess o	ver \$1,500,000	\ \frac{\sigma}{}	`
Over \$17,000,000		\$1,000,000			
g Grassroots nontaxable a					
h Subtract line 1g from lin	•			-	
i Subtract line 1f from line	e ic if zero or less,	enter -U-			<u></u> ,
j If there is an amount off section 4911 tax for this		er line 1h or line 1i, did the	organization file Form	4720 reporting	Yes No
Section 4511 tax for this		4-Year Averaging Period U	nder Section 501(h)		1103 110
(Son	ne organizations tha	it made a section 501(h) eless below. See the instruction	ection do not have to o	complete all of the five h 2f.)	
	Lobb	ying Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	(d) 2009	<b>(e)</b> Total
2a Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))	,	. #		2	
c Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	` ` }	, q			
f Grassroots lobbying expenditures					000 000 000
BAA				Schedule C (Forr	n 990 or 990-EZ) 2009

Part II-B						t under section	on 501(c)(3	) and has	NOT filed	Form 5768
	(election	under	r sec	tion 501 <i>(</i>	h)).					

	(a)		(b)
	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			- '
a Volunteers?		х	and the second of the second
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	!
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		Х	·
f Grants to other organizations for lobbying purposes?		Х	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		15,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	·
i Other activities? If 'Yes,' describe in Part IV		Х	
i Total Add lines 1c through 1i			15,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Х	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	section 501(c)(6).
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?  Part III-B   Complete if the organization is exempt under section 501(c)(4), section 501	(-\/E\		3      tion E01(a)(6)
if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3	) 15 a	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
a Current year		2a	
<b>b</b> Carryover from last year		2b	
c Total		2 c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
• Tiggrogatio amount reported in coolid resolvent, the first control of		-	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditure next year?	al	4	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	
Part IV Supplemental Information			
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Also, complete this part for any additional information			
Pt II-B Line 1i Lobbying expense was incurred to help protect and	· <del>-</del>	- <b>-</b> -	
increase government funding to support the Forest	. – – -		
Service Utah Avalanche Center, which is supported	by_		
the US Government, the State of Utah, Salt Lake Co	unty	Z	
and other local municipalies. With budget cuts, i	t	- <b>-</b> -	
was important to educate legislators on the import	ance	•	

Schedule C Part IV	(Form 990 or 990-EZ) 2009 FRIENDS OF THE UTAH AVALANCHE FORECAST CENTER, INC. 87-0481453  Supplemental Information (continued)	Page 4
	of the Utah Avalanche Center in promoting public safety.	
	·	
	·	
	·	
		<b>-</b>
	·	
	·	
	<del>-</del>	

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

#### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions OMB No 1545-0047

2009

Open to Public Inspection
Employer Identification number

				07 0401452	
Par	ENDS OF THE UTAH AVALANCHE FO			87-0481453	· ··f
Fai	the organization answered 'Yes' to	r Advised Funds or Other Similar Funds Form 990. Part IV. line 6.	illus of Acce	Julius Complete	: 11
	and organization and real real	(a) Donor advised funds	(b) F	unds and other acc	ounts
1	Total number at end of year	(a) belief davised lands			<u> </u>
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)		1		
4	Aggregate value at end of year				
-	55 5	or advisors in writing that the assets hold in di	oper advised		
5	Did the organization inform all donors and done funds are the organization's property, subject to	o the organization's exclusive legal control?		Yes	☐ No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private benefits the conferring impermissible private bending in the conferring impermissible private benefits the confer	ne benefit of the donor or donor advisor or for fit?	any other	Yes	No No
Par	t II   Conservation Easements Comple	ete if the organization answered 'Yes	s' to Form 99	0, Part IV, line	7
1	Purpose(s) of conservation easements held by				
	Preservation of land for public use (e.g., re	· · · · · · · · · · · · · · · · · · ·		Ily important land a	irea
	Protection of natural habitat	Preservation	n of certified his	toric structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization last day of the tax year	n held a qualified conservation contribution in	the form of a c	onservation easem	ent on the
	last day of the tax your			Held at the End o	f the Year
á	a Total number of conservation easements		2a		
	Total acreage restricted by conservation easen	nents	2b	-	
	Number of conservation easements on a certification		2c		
	Number of conservation easements included in	(c) acquired after 8/17/06	2 d		
3	Number of conservation easements modified, t	ransferred, released, extinguished, or termina	ited by the orga	nization during the	tax
	year ►				
4	Number of states where property subject to con	nservation easement is located •			
5	Does the organization have a written policy regard enforcement of the conservation easemen		indling of violati	ons, Yes	No
6	Staff and volunteer hours devoted to monitorin during the year ▶				<del></del>
7	Amount of expenses incurred in monitoring, in during the year ►	specting, and enforcing conservation easemen	nts <b>\$</b> _		
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of se	ection	☐ Yes	□ No
9	In Part XIV, describe how the organization rep	orte conservation easements in its revenue or	nd evnence state		ш .
9	include, if applicable, the text of the footnote to conservation easements	the organization's financial statements that o	describes the or	ganization's accou	nting for
Pa	Organizations Maintaining Collection Complete if the organization ans	ections of Art, Historical Treasures, wered 'Yes' to Form 990, Part IV, lin	or Other Sin ie 8.	nilar Assets	
1:	a If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial statement	ic exhibition, education, or research in further	nent and balanc ance of public s	e sheet works of ar service, provide, in	t, historical Part XIV,
1	b If the organization elected, as permitted under treasures, or other similar assets held for publ amounts relating to these items	SFAS 116, to report in its revenue statement ic exhibition, education, or research in further.	and balance sh ance of public s	neet works of art, his ervice, provide the	storical following
	(i) Revenues included in Form 990, Part VIII,	line 1		<b>&gt;</b> \$	
	(ii) Assets included in Form 990, Part X			<b>-</b> \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	t, historical treasures, or other similar assets 16 relating to these items:	for financial ga	in, provide the follo	wing
;	a Revenues included in Form 990, Part VIII, line	1		<b>►</b> \$	
	<b>b</b> Assets included in Form 990, Part X			<b>-</b> \$	

Schedule D (Form 990) 2009 FRIENI					87-048			Page 2
Part III Organizations Maintai	ning Colle	ctions of Art, F	Historica	l Treasures, or	Other Similar Ass	ets (co	ntınu	ed)
3 Using the organization's acquisition items (check all that apply)	n accession a	and other records,	check any	of the following that	are a significant use o	of its coll	ection	
a Public exhibition		<b>d</b> _ L	Loan or exc	change programs				
<b>b</b> Scholarly research		e (	Other		.,			
c Preservation for future genera	itions							
4 Provide a description of the organ Part XIV						ın		
5 During the year, did the organizat assets to be sold to raise funds ra						Yes		No
Part IV Escrow and Custodia 9, or reported an amo	Arrangen unt on Forr	nents Complete n 990, Part X,	e if orgar line 21.	nization answere	ed 'Yes' to Form 9	90, Par ———	t IV, I 	line 
1a Is the organization an agent, trust included on Form 990, Part X?	ee, custodian	, or other intermed	diary for co	ntributions or other	assets not	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	n Part XIV ar	nd complete the fol	llowing tabl	е	<del></del>			
						Amount		
c Beginning balance					1c			<del></del>
<b>d</b> Additions during the year					1 d			
e Distributions during the year					1e			
f Ending balance					1f			٦
2a Did the organization include an ai		m 990, Part X, line	217			Yes	L	No
b If 'Yes,' explain the arrangement			owered "	/as' to Form 000	Dort IV June 10	<del>_</del>		
Part V Endowment Funds Co				ľ	(d) Three years back	(0) 5	our years	
1 - Decimand of year halance	(a) Current	year (b) Pri	rior year	(c) Two years back	(u) Three years back	(e) r	Jus years	S DACK
1 a Beginning of year balance		<del></del>	<del></del>	13,500		<del> </del>		
<b>b</b> Contributions						<b>-</b>	<b></b>	-
c Net Investment earnings, gains, and losses				,		ļ ·		
<b>d</b> Grants or scholarships						- C - C - C - C - C - C - C - C - C - C		
<ul> <li>Other expenditures for facilities and programs</li> </ul>	,,,,,,,			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			•	* 5 %
f Administrative expenses								
g End of year balance				<u> </u>		<u>. J</u>		
2 Provide the estimated percentage	-	end balance held as	ıs					
a Board designated or quasi-endow	ment -							
b Permanent endowment ►	*							
c Term endowment	—₹							
3a Are there endowment funds not in organization by	n the possess	ion of the organiza	ation that a	re held and adminis	tered for the	Γ	Yes	No
(i) unrelated organizations						3a(i)		
(ii) related organizations						3a(ii)		<b></b>
<b>b</b> If 'Yes' to 3a(ıı), are the related of	rganizations i	listed as required o	on Schedul	e R?		3b		
4 Describe in Part XIV the intended	_							
Part VI Investments-Land, B	uildings, a	and Equipment	t. See Fo	rm 990, Part X,	line 10.			
Description of investment		(a) Cost or other to (investment)	basis (l	b) Cost or other basis (other)	(c) Accumulated Deprectation	( <b>d</b> ) E	Book Va	alue
1 a Land								
<b>b</b> Buildings								
c Leasehold improvements								
<b>d</b> Equipment				9,931.	4,966.		4	,965.
e Other		<u> </u>						
Total. Add lines 1a through 1e (Column	n (d) must eq	ual Form 990, Part	t X, columr	(B), line 10(c))	<u> </u>			<u>,965.</u>
ΒΔΔ					Sche	dule D (F	orm 99	90) 2009

Schedule <b>D</b>	(Form 990) 2009	FRIENDS OF THE UTAH AV	ALANCHE FORECAST C	ENTER, INC.	<b>87-0481453</b> Pa	age <b>3</b>
		- <b>Other Securities</b> See Fo	orm 990, Part X, line	e 12.		
	(a) Description of ( (including nat	security or category me of security)	(b) Book value	(c) M Cost or en	ethod of valuation d-of-year market value	
Financial de	erivatives				-	
Closely-held	d equity interests					
Other		- <b></b>				
	<del>_</del>					
	<del>_</del> _	<b></b>				
	<b>_</b>					
		990 Part X, col (B) line 12)				
Part VIII		-Program Related (See F	Form 990, Part X, Iır	ne 13)		
	(a) Description of	of investment type	(b) Book value	(c) M	ethod of valuation	
				Cost or en	d-of-year market value	
		-,				
	<del></del>			· · · · · · · · · · · · · · · · · · ·		
	<del></del>					
	<del> </del>		-			
<del></del>				-		
<del></del>						
Total (Column	n (h) must squal Form	990, Part X, Col (B) line 13 )				<del></del> ,
Part IX	Other Assets	(See Form 990, Part X,	line 15)			
1 alt IX	Other Assets		scription		<b>(b)</b> Book value	
		(a) De	Scription	·	(b) Book Value	
		*				
				7		
				<u></u>		
			<del> </del>			
			***			
			<del></del>	<del></del>		
Total. (Colu	umn (b) must eaua	al Form 990, Part X, col (B), lin	ne 15)	7.30	<b>&gt;</b>	
Part X		ies (See Form 990, Part			<u> </u>	
·		ption of Liability	(b) Amount			
Federal Inco			\-\(\frac{1}{2}\)			
						1
		-				
			·	<del>-</del>   '		
	···		· · · · · · · · · · · · · · · · · · ·			i i
						ł
Total (Columi	n (b) must equal Form	990, Part X, col (B) line 25)				
			te to the organization's f	financial statements that	reports the organization's liabilit	——'

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

	1481453 Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	
1 Total revenue (Form 990, Part VIII,column (A), line 12)	
2 Total expenses (Form 990, Part IX, column (A), line 25)	
3 Excess or (deficit) for the year Subtract line 2 from line 1	
4 Net unrealized gains (losses) on investments	
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV)	
9 Total adjustments (net) Add lines 4 through 8	
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	
Part XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	<u>rn</u>
	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	<u>.</u>
a Net unrealized gains on investments	
b Donated services and use of facilities 2b	
c Recoveries of prior year grants d Other (Describe in Part XIV) 2c 2d	
d Other (Describe in Part XIV)	ž.
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	<b>3.</b>
a Investments expenses not included on Form 990, Part VIII, line 7b	
<b>b</b> Other (Describe in Part XIV)	*
c Add lines 4a and 4b	4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Part XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	eturn
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities 2a	
<b>b</b> Prior year adjustments	
c Other losses 2c	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	
<b>b</b> Other (Describe in Part XIV)	
	4c
<del></del>	5
Part XIV: Supplemental Information	·
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 line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to information	is 1b and 2b, Part V, provide any additional
·	

Schedule D	(Form 990) 2009 FRIENDS OF THE UTAH AVALANCHE FORECAST CENTER, INC.  Supplemental Information (continued)	87-0481453	Page 5
Part XIV	Supplemental Information (continued)		
			~
		<b></b>	
		<del>-</del>	

## SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047 2009

Open to Public Inspection

Departr Interna	nent of the Treasury	or 19, or	Attach to Form	n990 or Fo	red more t orm 990-E	nan \$15,000 on Form 9: Z. ► See separate insti	ructions.	Inspection
Name o	of the organization		<del></del>				Employer identifica	ation number
FRT	ENDS OF THE	IITAH AVALA	ANCHE FORI	ECAST (	CENTER.	INC.	87-048145	3
-		Activities. Comple	ete if the organ	ization ans	swered 'Ye	es' to Form 990, Part IV		
						wing activities Check at	II that apply	
•	Mail solicitatio	-				Solicitation of non-		
	<del>  </del>	mail solicitations				Solicitation of gove	-	
	Phone solicita					Special fundraising		
	In-person solid						CVOING	
2a	Did the organization	on have written or	r oral agreemer VII) or entity ir	nt with any	/ individual	l (including officers, dire ofessional fundraising se	ectors, trustees or key ervices?	Yes No
b	If 'Yes,' list the ter compensated at le	n highest paid ind east \$5,000 by the	ividuals or enti	ties (fundr	aisers) pu	rsuant to agreements ur	nder which the fundraise	er is to be
				T-		-	(v) Amount paid to	
	(i) Name of inc		(ii) Activity		fundraiser	(iv) Gross receipts	(or retained by)	(vi) Amount paid to
	or entity (fund	iraiser)		nave custo	dy or control ibutions?	from activity	fundraiser listed in col (i)	(or retained by) organization
				Yes	No			
				163	110			
			-			<u> </u>		
				1				
	<del></del>							
					<u> </u>	<u></u>	<u> </u>	
				<u> </u>			ļ	
_				<u> </u>	<u>L</u>			
	Total				<b>&gt;</b>			
3	List all states in wor licensing	hich the organiza	ition is register	ed or licer	sed to sol	icit funds or has been n	otified it is exempt from	registration
		- <del>-</del>						
		- <b></b>						·
		<b> </b>					<b></b>	<b></b>
							<b></b> -	<b> </b>
		<del></del>						
		- <del></del>						
						. <b>-</b>		<del></del>

Sche	dule	<b>G</b> (Form 990 or 990-EZ) 2009 <b>FRIENDS</b>	OF THE UTAH AVALA	NCHE FORECAST CEN	NTER, INC. 87-048	31453	Ρá	age <b>2</b>	
Par	<u>t II</u>	Fundraising Events. Complete if reported more than \$15,000 on F	the organization a orm 990-EZ, line 6	nswered 'Yes' to Fo a. List events with	orm 990, Part IV, III gross receipts grea	ne 18, or iter than :	\$5,00	٥.	
R			(a) Event #1  Black Diamond Fundr (event type)	(b) Event #2  Utah Snow and Avala  (event type)	(c) Other Events  MISC EVENTS  (total number)	(d) Tota (Add col. ( col	l Event (a) thro (c))	s ugh	
RE>EZUE	1	Gross receipts	56,037.	14,430.	16,803.		87,2	70.	
Ē	2	Less Charitable contributions				-			
	3	Gross income (line 1 minus line 2)	56,037.	14,430.	16,803.		87,2	<u>70.</u>	
	4	Cash prizes							
D	5	Noncash prizes					_		
DIRECT	6	Rent/facility costs							
	7	Food and beverages							
Y P	8	Entertainment							
EXPENSES	9	Other direct expenses	7,549.	8,764.	2,123.		18,436. 18,436. 68,834.		
\$	10	Direct expense summary Add lines 4- th	rough 9 in column (d)		<b>•</b>				
	11 Net income summary Combine lines 3, column (d) and line 10  Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or report								
Par	t III	Gaming. Complete if the organize \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye ·	s' to Form 990, Pai	rt IV, line 19, or rep	oorted mo	re tha	an	
REVENUE	(a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (d)							(d) Total gaming (Add col (a) through col (c))	
E —	1	Gross revenue							
D X	2	Cash prizes							
DIRECT	3	Non-cash prizes							
Š	4	Rent/facility costs							
~	5	Other direct expenses							
	6	Volunteer labor	Yes%	Yes%	Yes%				
7 Direct expense summary Add lines 2 through 5 in column (d)									
	8	Net gaming income summary Combine Ii	nes 1, column (d) and l	ine 7	▶				
9	Ent	er the state(s) in which the organization op	erates gaming activities				YES	NO	
		ne organization licensed to operate gaming lo,' explain	activities in each of the	se states?		9a			
		e any of the organization's gaming licenses	s revoked, suspended of	r terminated during the t	 ax year <sup>2</sup>	10a			
11		s the organization operate gaming activitie				11			
12	ls ti adn	ne organization a grantor, beneficiary or tru ninister charitable gaming?	stee of a trust or a men	nber of a partnership or	other entity formed to	12			

	453	YES	age NO
13 Indicate the percentage of gaming activity operated in			
	e		
- · · · · · · · · · · · · · · · · · · ·	·		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			*
Name	-		
Address	-		****
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a		
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount			
of gaming revenue retained by the third party \$			
c If 'Yes,' enter name and address of the third party			
Name •	-		
Address •	_		
16 Gaming manager information			
Name •	-		
Gaming manager compensation ► \$			
Description of services provided	-   ,		
	2	<u> </u>	
☐ Director/officer ☐ Employee ☐ Independent contractor		,	
Director/officer Employee Independent contractor  Mandatory distributions		1500	
	17 a		
17 Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the	<del></del>		

SCHEDULE I (Form 990)		Goo	Grants and Oth overnments an	Grants and Other Assistance to Organizations, Governments and Individuals in the United States	o Organization the United Sta	s, tes		2009 .
Department of the Treasury Internal Revenue Service		Complet	e if the organization	Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.	m 990, Part IV, lines 2 <sup>.</sup> .	l or 22.		Open to Public Inspection
Name of the organization							Employer identification number	ation number
	UTAH AVALANCHE	HE FORECAST	CENTER, INC.				8/-0481453	0.3
Part I General Int	General Information on Grants and Assistance	ints and Assista	ince	och cocception	off you whilehold for the	onetarase to attend	fue	
	Does the organization maintain records to substantiate the amount of it the selection criteria used to award the grants or assistance.	grants or assistance	amount of the grant.	le grants or assistance, the grantees engionity for the grants or assistance, and	rees engionity for the	טומונט טו מטטוטומונטל, פ	2	X Yes No
Part II Grants and	1 Other Assistance  Volume 21 for any	ce to Governme	nts and Organic	Describe in Part IV the organization's procedures for monitoring the use of grain forms.  II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form any IV line 21 for any recipient that received more than \$5,000. Use	ed States. Completed bus box if no one r	te if the organizat	ion answered 'Y	es' to Form 00. Use
Part IV and	Part IV and Schedule I-1 (Form 990) if additional space is needed	orm 990) if addit	tional space is r	needed				<b>A</b>
1 (a) Name and address of organization or government	ss of organization nent	(b) EiN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Forest_Service_Utah 2242 West_North_Tem Salt Lake City UT 8	<u>Utah Avala</u> h <u>Temple</u> UT 84116			71,522.				Support
2 Enter total number	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	and government org	ganizations					
	nd Paperwork Reduct	tion Act Notice, see	the Instructions for	r Form 990.	TEEA3901	02/10/10	Sche	Schedule I (Form 990) 2009

Page 2 Schedule I (Form 990) 2009 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 87-0481453 qovernment. Support is also provided to the Forest Service UAC from the A check or transfer is made to the Forest Service Utah Avalanche Center (e) Method of valuation (book, FMV, appraisal, other) as part of a cost sharing agreement. The account is with the federal (d) Amount of non-cash assistance FRIENDS OF THE UTAH AVALANCHE FORECAST CENTER, INC. State of Utah and other local municipalities. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Pt\_I Line 2 Pt\_I Line\_2 Pt\_I\_Line\_2 Pt\_I Line\_2 Part III

BAA

## SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545-0047 2009

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

► Attach to Form 990.

Open to Public

Department of th Internal Revenue	e Treasury Service	F	orm 990 or to p	rovide any ac Attach to Fo	dditional information. m 990.		Open to Public
Name of the orga	nızatıon					Employer identific	ation number
FRIENDS	OF THE	UTAH AVALANCHE	FORECAST	CENTER,	INC.	87-048145	3
			<b></b>				
			-				
							~
				_			

#### Form **4562**

Department of the Treasury Internal Revenue Service (99)

# **Depreciation and Amortization** (Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment Sequence No 67

Name(s) shown on return

FRIENDS OF THE UTAH AVALANCHE FORECAST CENTER, INC.
Business or activity to which this form relates

Identifying number 87-0481453

	m 990 / Form 9901								
Par	t I Election To Exp Note: If you have ar	ense Certain I	Property Under Sec complete Part V before y	tion 179 you complete Pa	art I				
1	Maximum amount See the							1	\$250,000.
2	Total cost of section 179 pr		=					2	
3	Threshold cost of section 1				)			3	\$800,000.
4	Reduction in limitation Sub	· · · · ·			•			4	
5	Dollar limitation for tax yea separately, see instructions		from line 1 If zero or les	s, enter -0- If r	narried	filing		5	
6		Description of property		(b) Cost (busines	s use only	) (	C) Elected cos	st -	
									;
							-		
7	Listed property Enter the a	amount from line 2	29		7				
8	Total elected cost of section	n 179 property Ad	dd amounts in column (c	), lines 6 and 7				8	
9	Tentative deduction Enter		10						
10									
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 2010 Add lines 9 and 10, less line 12  Note: Do not use Part II or Part III below for listed property Instead, use Part V									
			<u> </u>					<i>(</i> 2 ·	
	Part II   Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions )								instructions )
14	14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)							14	
15	Property subject to section	168(f)(1) election						15	
	Other depreciation (including						- · · -	16	<u> </u>
Par	t III   MACRS Depred	ciation (Do not in	nclude listed property) (	See instructions	)		·		
			Section	n A				<b></b>	
17 MACRS deductions for assets placed in service in tax years beginning before 2009								17	1,986.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here									
Section B — Assets Placed in Service During 2009 Tax Year Using the General Depreciation System								m	
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period		(e) vention	<b>(f)</b> Method	<del>d</del>	(g) Depreciation deduction
19 a	3-year property						<del></del>		
	5-year property	`			İ				
	: 7-year property	1 ' '							
	10-year property	1				İ			
	15-year property	1-/							
	20-year property	1		-	ĺ				
	25-year property	1		25 yrs	İ		S/I	,	-
	Residential rental			27.5 yrs	1	4M	S/I		
	property			27.5 yrs	l l	4M	S/I		
i	Nonresidential real			39 yrs	ı	1M	S/I		
	property				ı	MM	S/I		
	Section C -	- Assets Placed in	n Service During 2009 T	ax Year Using t		<del></del>			tem
20 a	Class life				T	1	S/I		
	12-year	1		12 yrs			S/I		
	: 40-year	1		40 yrs	ז	MM	S/I		
_	t IV Summary (See in	nstructions )		20 120	, .			-	<u> </u>
21	Listed property Enter amo							21	
22	Total Add amounts from line 12, the appropriate lines of your retuined.	lines 14 through 17, li			re and on		ŀ	22	1 000
23	For assets shown above a	nd placed in service	ce during the current yea			•	<u> </u>		1,986.
	the portion of the basis att	ributable to sectioi	n 263A costs	_	23				

Form **4562** (2009)

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, 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

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) No 24b If 'Yes,' is the evidence written? No 24a Do you have evidence to support the business/investment use claimed? Yes Yes (e) (i) (b) (c) Business/ (f) Elected section 179 Type of property (list vehicles first) Date placed in service Cost or other basis Basis for depreciation Method/ Depreciation deduction Recovery investment (business/investment period Convention use use only) cost percentage Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use (see instructions) Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. **(f)** (a) (b) (c) (d) (e) Total business/investment miles driven 30 Vehicle 6 Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 during the year (do not include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) Total miles driven during the year Add lines 30 through 32 Yes Nο Yes No Yes No Yes No Yes No Yes No Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person Is another vehicle available for 36 personal use? Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles Amortization Part VI **(f)** (a) (b) (c) (d) (e) Amortizable Amortization Amortization Description of costs Date amortization Code period or percentage begins section for this year Amortization of costs that begins during your 2009 tax year (see instructions) Amortization of costs that began before your 2009 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report FDIZ0812 07/07/09 Form 4562 (2009)