

Forms 990 / 990-EZ Return Summary

For calendar year 2009, or tax year beginning 07/01/09, and ending 06/30/10

87-0359719

FAMILY SUPPORT CENTER

Net Asset / Fund Balance at Beginning of Year 2,802,541

Revenue

Contributions	<u>1,521,344</u>	
Program service revenue	<u>283,143</u>	
Investment income	<u>39,114</u>	
Capital gain / loss		
Special events:		
Gross revenue	<u>32,912</u>	
Direct expenses	<u>4,604</u>	
Net income	<u>28,308</u>	
Other income	<u>66,450</u>	
Total revenue		<u>1,871,909</u>

Expenses

Program services	<u>1,567,054</u>	
Management and general	<u>60,351</u>	
Fundraising	<u>58,550</u>	
Total expenses		<u>1,685,955</u>

Excess / (deficit) 185,954

Other changes 280

Net Asset / Fund Balance at End of Year 2,988,775

Client Copy - Do Not File

Reconciliation of Revenue

Total revenue per financial statements	<u>1,911,862</u>
Less:	
Unrealized gains	<u>280</u>
Donated services	<u>20,618</u>
Recoveries	
Other	<u>19,055</u>
Plus:	
Investment expenses	
Other	
Total revenue per return	<u>1,871,909</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>1,725,628</u>
Less:	
Donated services	<u>20,618</u>
Prior year adjustments	
Losses	
Other	<u>19,055</u>
Plus:	
Investment expenses	
Other	
Total expenses per return	<u>1,685,955</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>3,817,396</u>	<u>3,782,879</u>	
Liabilities	<u>1,014,855</u>	<u>794,104</u>	
Net assets	<u>2,802,541</u>	<u>2,988,775</u>	<u>186,234</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 02/15/11
 Failure to file penalty _____

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2009, or fiscal year beginning 7/01, 2009, and ending 6/30, 2010.

▶ Do not send to the IRS. Keep for your records.

▶ See instructions on back.

2009

Department of the Treasury
Internal Revenue Service

Name of exempt organization

FAMILY SUPPORT CENTER

Employer identification number

87-0359719

Name and title of officer

**BONNIE PETERS
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,871,909
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **SHAW MUMFORD & CO., P.C.** to enter my PIN **12345** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **12/01/10**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

87251684010

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

**ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2009)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10**

- B Check if applicable:
- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
FAMILY SUPPORT CENTER

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1760 W. 4805 S.

City or town, state or country, and ZIP + 4
TAYLORSVILLE UT 84118-1177

D Employer identification number
87-0359719

E Telephone number
801-955-9110

G Gross receipts \$ **1,890,964**

F Name and address of principal officer:
BONNIE PETERS
1760 W. 4805 S.
TAYLORSVILLE UT 84118-1177

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

H(b) Are all affiliates included? Yes No

If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **HTTP://WWW.FAMILYSUPPORTCENTER.ORG/**

H(c) Group exemption number ▶

K Type of organization: Corporation Trust Association Other ▶ **L** Year of formation: **M** State of legal domicile: **UT**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE ORGANIZATION IS TO PROTECT CHILDREN, STRENGTHEN FAMILIES, AND PREVENT CHILD ABUSE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a) 14	
	4	Number of independent voting members of the governing body (Part VI, line 1b) 14	
	5	Total number of employees (Part V, line 2a) 115	
	6	Total number of volunteers (estimate if necessary) 150	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	
	b Net unrelated business taxable income from Form 990-T, line 34 0		
Revenue	Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h) 2,215,986	1,521,344
	9	Program service revenue (Part VIII, line 2g) 43,753	283,143
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,636	972
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 98,423	66,450
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,359,798	1,871,909
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,089,635	1,107,614
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 58,550	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 522,441	578,341
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,612,076	1,685,955	
19	Revenue less expenses. Subtract line 18 from line 12 747,722	185,954	
Net Assets or Fund Balances	Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16) 3,817,396	3,782,879
	21	Total liabilities (Part X, line 26) 1,014,855	794,104
22	Net assets or fund balances. Subtract line 21 from line 20 2,802,541	2,988,775	

Part II Signature Block

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

Sign Here

Signature of officer: **BONNIE PETERS** Date: **EXECUTIVE DIRECTOR**

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: **JUSTIN R. SHAW, CPA CFE** Date: _____

Check if self-employed Preparer's identifying number (see instructions): **P00081558**

Firm's name (or yours if self-employed), address, and ZIP + 4: **SHAW MUMFORD & CO., P.C.**
1564 SOUTH 500 WEST SUITE 201
BOUNTIFUL, UT 84010-7400

EIN ▶ **84-1420542** Phone no. ▶ **801-294-3155**

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

THE MISSION OF THE ORGANIZATION IS TO PROTECT CHILDREN, STRENGTHEN FAMILIES, AND PREVENT CHILD ABUSE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No [X]

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No [X]

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,567,054 including grants of \$) (Revenue \$)

IMPLEMENTATION OF PROGRAM AND OPENING OF KIDSTART DAY CARE.

REFUND OF DEVELOPER FEE FROM RICHMAN FOR LIFESTART VILLAGE.

DEVELOPMENT AND IMPLEMENTATION OF 1ST AND 2ND ANNUAL CLINICAL CONFERENCES FOR THE SAFETY NET PROGRAM.

DEVELOPMENT AND IMPLEMENTATION OF CHILD NUTRITION PROGRAM FUNDING STREAM FOR THE NURSERIES AND DAY CARE.

UTAH STATE LICENSING AUDITS, HUD AUDITS, THE RICHMAN AUDIT AND OTHER

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,567,054

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	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		
6	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, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	<ul style="list-style-type: none"> 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 related 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. 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.		
		Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. information Returns. Enter -0- if not applicable		
	1a	6	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	115	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	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?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	UT
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: KATHY CUE 1760 W. 4805 S. TAYLORSVILLE UT 84118-1177 801-955-9110	

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARY BANGERTER BOARD MEMBER	1.00	X					0	0	0	
LISA GERNER BOARD MEMBER	1.00	X					0	0	0	
STACEY CRAWFORD BOARD MEMBER	1.00	X					0	0	0	
DJ DEJARNATT BOARD MEMBER	1.00	X					0	0	0	
TARA HANSEN BOARD MEMBER	1.00	X					0	0	0	
GARY HARDING PRESIDENT	1.00	X					0	0	0	
SCOTT JENSON TREASURER	1.00	X					0	0	0	
PAULA MARSH BOARD MEMBER	1.00	X					0	0	0	
ROBERT MCCONNELL BOARD MEMBER	1.00	X					0	0	0	
BEN NOBLE BOARD MEMBER	1.00	X					0	0	0	
SHELLEY OSTERLOH BOARD MEMBER	1.00	X					0	0	0	
WENDY PETERSON BOARD MEMBER	1.00	X					0	0	0	
LORETTA SAWYER BOARD MEMBER	1.00	X					0	0	0	
MARIA GAMVROULAS BOARD MEMBER	1.00	X					0	0	0	
BONNIE PETERS EX. DIRECTOR	40.00			X			59,592	0	400	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total							59,592		400	

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,106,683				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	414,661				
	g Noncash contributions included in lines 1a-1f: \$		88,412				
	h Total. Add lines 1a-1f		1,521,344				
Program Service Revenue	2a DEVELOPMENT FEES	Busn. Code	202,621	202,621			
	b CLIENT FEES		80,522	80,522			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		283,143				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		972			972
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6a Gross Rents		(i) Real	52,593				
		(ii) Personal					
b Less: rental exps.			14,451				
c Rental inc. or (loss)			38,142				
d Net rental income or (loss)			38,142	38,142			
7a Gross amount from sales of assets other than inventory		(i) Securities					
		(ii) Other					
b Less: cost or other basis & sales exps.							
c Gain or (loss)							
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	32,912				
	b Less: direct expenses		4,604				
	c Net income or (loss) from fundraising events		28,308			28,308	
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total Revenue. See instructions.			1,871,909	321,285	0	29,280	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
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	59,592	56,109	1,463	2,020
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	930,147	875,775	22,836	31,536
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	35,661	33,575	877	1,209
10 Payroll taxes	82,214	77,405	2,022	2,787
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	8,700	6,378	1,261	1,061
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	9,847	9,847		
12 Advertising and promotion	429	375	29	25
13 Office expenses	51,532	45,081	3,503	2,948
14 Information technology				
15 Royalties				
16 Occupancy	84,899	74,269	5,773	4,857
17 Travel	32,061	28,047	2,180	1,834
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,573	4,000	311	262
20 Interest	33,692	29,474	2,291	1,927
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	65,665	57,444	4,465	3,756
23 Insurance	25,376	22,198	1,726	1,452
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.)				
a IN-KIND DONATIONS	88,412	88,412		
b VILLAGE SUPPORT EXPENSES	84,837	84,837		
c LINK LINE EXPENSES	29,848	29,848		
d FOOD	10,931	9,563	743	625
e UNITED WAY EMERGENCY	8,195		8,195	
f All other expenses	39,344	34,417	2,676	2,251
25 Total functional expenses. Add lines 1 through 24f	1,685,955	1,567,054	60,351	58,550
26 Joint costs. Check here <input type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	45,974	1	51,741
	2 Savings and temporary cash investments	148,916	2	219,141
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	216,380	4	203,322
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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	
	7 Notes and loans receivable, net	499,241	7	499,241
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	25,461	9	17,360
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,814,738		
	b Less: accumulated depreciation	10b 641,525	2,060,222	10c 2,173,213
	11 Investments—publicly traded securities	4,840	11	5,120
	12 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	816,362	15	613,741
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,817,396	16	3,782,879	
Liabilities	17 Accounts payable and accrued expenses	76,584	17	81,454
	18 Grants payable		18	
	19 Deferred revenue	249,821	19	47,200
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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	688,450	23	665,450
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,014,855	26	794,104
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,739,516	27	2,988,775
	28 Temporarily restricted net assets	63,025	28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,802,541	33	2,988,775	
34 Total liabilities and net assets/fund balances	3,817,396	34	3,782,879	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: 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?

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?
 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?

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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2009)

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SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

FAMILY SUPPORT CENTER

Employer identification number

87-0359719

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,201,659	1,143,893	1,510,741	2,215,986	1,521,344	7,593,623
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,201,659	1,143,893	1,510,741	2,215,986	1,521,344	7,593,623
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						296,052
6 Public support. Subtract line 5 from line 4						7,297,571

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,201,659	1,143,893	1,510,741	2,215,986	1,521,344	7,593,623
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	595	6,941	10,241	1,594	972	20,343
9 Net income from unrelated business activities, whether or not the business is regularly carried on			52,442	61,551	28,308	142,301
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						7,756,267
12 Gross receipts from related activities, etc. (see instructions)					12	453,198
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	94.09 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	94.01 %
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

[Dotted lines for supplemental information]

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[Dotted lines for supplemental information]

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors
 ▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization FAMILY SUPPORT CENTER	Employer identification number 87-0359719
--	---

Organization type (check one):

- | | | |
|--------------------|--|--|
| Filers of: | Section: | |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | <input type="checkbox"/> 527 political organization | |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation | |

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization FAMILY SUPPORT CENTER	Employer identification number 87-0359719
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	UNITED WAY 175 S WEST TEMPLE, STE 30 SALT LAKE CITY UT 84101	\$ 75,390	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	UTAH DEPARTMENT OF HUMAN SERVICES DIVISION OF CHILD AND FAMILY SERVICE 195 N 1950 W, 4TH FLOOR SALT LAKE CITY UT 84116	\$ 690,561	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	STATE OF UTAH OFFICE OF THE ATTORNEY GENERAL 350 NORTH STATE STREET STE 230 SALT LAKE CITY UT 84114-2320	\$ 149,182	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

FAMILY SUPPORT CENTER

87-0359719

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: \$, \$, \$, \$. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		543,934		543,934
b Buildings		151,532	1,968	149,564
c Leasehold improvements		16,000	534	15,466
d Equipment		11,124	1,123	10,001
e Other		2,092,148	637,900	1,454,248
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,173,213

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (Including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other -----		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
INVESTMENT IN VILLAGE PROJECT	566,541
DEVELOPMENT FEES RECEIVABLE	47,200
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	613,741

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,871,909
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,685,955
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	185,954
4	Net unrealized gains (losses) on investments	4	280
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	280
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	186,234

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,911,862
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	280
b	Donated services and use of facilities	2b	20,618
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	19,055
e	Add lines 2a through 2d	2e	39,953
3	Subtract line 2e from line 1	3	1,871,909
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
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	1,871,909

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,725,628
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	20,618
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	19,055
e	Add lines 2a through 2d	2e	39,673
3	Subtract line 2e from line 1	3	1,685,955
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,685,955

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 1b and 2b; Part V, 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 provide any additional information.

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

<u>SPECIAL EVENTS EXPENSES</u>	\$	<u>4,604</u>
<u>RENTAL EXPENSES</u>	\$	<u>14,451</u>
<u>SPECIAL EVENTS EXPENSES</u>	\$	<u>-4,604</u>
<u>RENTAL EXPENSES</u>	\$	<u>-14,451</u>

PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

Part XIV Supplemental Information (continued)

SPECIAL EVENTS EXPENSES \$ 4,604

RENTAL EXPENSES \$ 14,451

PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

SPECIAL EVENTS EXPENSES \$ 4,604

RENTAL EXPENSES \$ 14,451

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

2009

Open To Public
Inspection

Name of the organization
FAMILY SUPPORT CENTER

Employer identification number
87-0359719

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is
to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from
registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>ANNUAL FUNDRAIS</u> (event type)	(event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	32,912		32,912
	2	Less: Charitable contributions			
	3	Gross revenue (line 1 minus line 2)	32,912		32,912
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	4,604		4,604
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				28,308

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities:		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain:		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

13a	%
13b	%

14 Provide 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 contract with a third party from whom the organization receives gaming revenue?

- 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 ▶

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

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**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization

FAMILY SUPPORT CENTER

Employer identification number

87-0359719

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		88,412	ESTIMATED VALUES
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.....)				
26 Other ▶ (.....)				
27 Other ▶ (.....)				
28 Other ▶ (.....)				

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29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

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SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009Open to Public
Inspection

Name of the organization

FAMILY SUPPORT CENTER

Employer identification number

87-0359719

FORM 990, PART III, LINE 4A - FIRST ACHIEVEMENT

COMMUNITY ENTITIES AUDITS ON OUR PROGRAMS REPORTED WE HAVE AN EXTREMELY
HIGH LEVEL OF PROFESSIONALISM, ACCURACY AND HONESTY.

OUR VOLUNTEER PROGRAM HAS DEVELOPED DRAMATICALLY. UNDER MIRIAH'S DIRECTION
THEY HAVE REVISED OUR WEBSITE AND UPGRADED IT WITH CURRENT INFORMATION ON
ALL OF OUR PROGRAMS. WE CAN NOW ACCEPT DONATIONS THROUGH THAT SITE. WE
HAVE BEEN ADDED AS AN INTERNSHIP SITE AT SEVERAL COLLEGES AT THE UNIVERSITY
OF UTAH, INCLUDING NURSING, ENGLISH, BENNION CENTER, ETC.

A DRUG RELAPSE PREVENTION GROUP WAS DEVELOPED AND IMPLEMENTED IN AUGUST,
2009 AT LIFESTART VILLAGE. THE RESULTS ARE ASTOUNDING. THERE HAS BEEN
ONLY ONE RELAPSE IN THE PAST ELEVEN MONTHS, AS OPPOSED TO NUMEROUS RELAPSES
BEFORE THE GROUP WAS IMPLEMENTED.

THE UNITED STATES DEPARTMENT OF DEFENSE CONTACTED FAMILY SUPPORT CENTER TO
BECOME INVOLVED IN PROVIDING SERVICES TO MILITARY PEOPLE AND THEIR
FAMILIES, PRE, DURING AND POST DEPLOYMENT.

THE FAMILY SUPPORT CENTER ADVISORY BOARD WAS ORGANIZED AND PUT INTO
PRACTICE.

THE PARENT ADVOCATE CURRICULUM WAS REVAMPED TO MAKE IT MORE EVIDENCE BASED.
DR. SUSAN EGBERT OF OUR FSC ADVISORY BOARD ASSISTED WITH THAT PROJECT.

Name of the organization

FAMILY SUPPORT CENTER

Employer identification number

87-0359719

NUMBERS IN OUR NURSERIES WERE INCREASED IN NUMBERS OF CHILDREN SERVED AS WELL AS IN NUMBERS OF HOURS OF CHILD CARE PROVIDED. HOURS OF CHILD CARE PROVIDED IS 63,555. NUMBER OF UNDUPLICATED CHILDREN SERVED IS 1,837.

THREE EXCEPTIONAL CLINICAL SOCIAL WORK INTERNS WERE PROVIDED FOR US FROM UTAH STATE UNIVERSITY.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A DRAFT COPY OF THE FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO FILING. BOARD MEMBERS MAY ASK QUESTIONS OR MAKE ANY CHANGES PRIOR TO FILING THE RETURN.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ANNUALLY ALL BOARD MEMBERS ARE SENT A CONFLICT OF INTEREST FORM TO BE RETURNED TO THE AGENCY WHERE IT IS THEN FILED AT THE FAMILY SUPPORT CENTER IN THE BOARD MINUTES. IT REQUIRES ANY CONFLICTS OF INTEREST TO BE DISCLOSED AND RECUSAL FROM DECISIONS RELATED TO ANY CONFLICT OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL PRIOR TO THE BEGINNING OF A FISCAL YEAR, THE BOARD IS PRESENTED WITH A DETAILED PROPOSED BUDGET FOR THEIR APPROVAL. THE BUDGET INCLUDES ALL COMPENSATION FOR ALL EMPLOYEES FOR THE UPCOMING FISCAL YEAR. THE BOARD EVALUATES COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS WHEN EVALUATING COMPENSATION LEVELS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS PRIOR TO THE BEGINNING OF A FISCAL YEAR, THE BOARD IS PRESENTED WITH A

Name of the organization

FAMILY SUPPORT CENTER

Employer identification number

87-0359719

DETAILED PROPOSED BUDGET FOR THEIR APPROVAL. THE BUDGET INCLUDES ALL
 COMPENSATION FOR ALL EMPLOYEES FOR THE UPCOMING FISCAL YEAR. THE BOARD
 EVALUATES COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS WHEN
 EVALUATING COMPENSATION LEVELS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
 ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND OTHER POLICIES
 AND PROCEDURES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST TO THE
 PUBLIC AT THE ADMINISTRATIVE OFFICES OF THE AGENCY AT 1760 WEST 4805 SOUTH
 TAYLORSVILLE, UTAH 84118.

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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

FAMILY SUPPORT CENTER

Employer identification number
87-0359719

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
FSC, INC. 1760 W. 4805 S. TAYLORSVILLE UT 84118-1177 47-0887068	REAL ESTAT	UT		23	N/A
FAMILY SUPPORT CENTER KIDSTART 1760 W. 4805 S. TAYLORSVILLE UT 84118-1177 27-1209651	CHILDCARE	UT	12,332	-12	N/A

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Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
FAMILY SUPPORT CENTER VILLAGE, LLC 1760 W. 4805 S. TAYLORSVILLE UT 84118-1177 87-0359719	HOUSING	UT	FSC, INC.	RELATED	237,575	3,609,698		X			X
FAMILY SUPPORT CENTER CROWN, LLC 1760 W. 4805 S. TAYLORSVILLE UT 84118-1177 87-0684670	HOUSING	UT	FSC, INC.	RELATED	52,518	964,715		X			X
.....											
.....											

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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
.....							
.....							
.....							
.....							
.....							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

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

	(a) Name of other organization	(b) Transaction type (e-f)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
.....										
.....										
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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**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

FAMILY SUPPORT CENTER

Identifying number

87-0359719

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)

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	
16	Other depreciation (including ACRS)	16	65,665

Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	0
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

(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) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	65,665
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)

THERE ARE NO AMOUNTS FOR PAGE 2

Forms 990 / 990-PF	Other Notes and Loans Receivable	2009
Name FAMILY SUPPORT CENTER		Employer Identification Number 87-0359719
For calendar year 2009, or tax year beginning 07/01/09 , and ending 06/30/10		

FORM 990, PART X, LINE 7 - ADDITIONAL INFORMATION

Name of borrower	Relationship to disqualified person
(1) FAMILY SUPPORT CENTER VILLAGE	
(2) FAMILY SUPPORT CENTER CROWN, LLC	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 55,991	06/30/03	06/30/33	SUBJECT TO AVAILABLE CASH	8.500
(2) 443,250	12/18/03	06/30/18	DUE AT MATURITY	3.000
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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Security provided by borrower	Purpose of loan
(1) REAL PROPERTY	CONSTRUCTION OF LOW-INCOME HOUSING
(2) REAL PROPERTY	CONSTRUCTION OF LOW-INCOME HOUSING
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	55,991	55,991	
(2)	443,250	443,250	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	499,241	499,241	

Forms 990 / 990-PF	Mortgages and Other Notes Payable	2009
For calendar year 2009, or tax year beginning 07/01/09 , and ending 06/30/10		
Name FAMILY SUPPORT CENTER		Employer Identification Number 87-0359719

FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION

Name of lender	Relationship to disqualified person
(1) UTAH COMMUNITY REINVESTMENT CORP	
(2) OLENE WALKER HOUSING LOAN FUND	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 390,000	06/01/07	06/01/37	PRINCIPAL & INTEREST PMTS	6.490
(2) 293,450	06/01/07	06/01/37	NO PAYMENTS 16 YEARS	0.000
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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Security provided by borrower	Purpose of loan
(1) REAL PROPERTY	CONSTRUCTION OF LOW-INCOME HOUSING
(2) REAL PROPERTY	CONSTRUCTION OF LOW-INCOME HOUSING
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	390,000	367,000
(2)	298,450	298,450
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	688,450	665,450

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Other Depreciation:											
1	Building - Lake Street	11/01/79	83,316				83,316	30	MO S/L	82,353	963
2	Building - MV	1/01/84	74,000				74,000	20	MO S/L	74,000	0
3	Building #4 - MV	6/01/87	140,511				140,511	40	MO S/L	77,284	3,513
4	Building - TT 580	9/21/07	290,314				290,314	40	MO S/L	12,702	7,258
5	Building - TT 576	9/21/07	259,630				259,630	40	MO S/L	11,359	6,491
6	Building - WVC	3/31/08	121,479				121,479	40	MO S/L	3,796	3,037
7	Building - Taylorsville	1/31/09	467,485				467,485	40	MO S/L	4,912	11,687
8	Furnace Repairs	12/01/89	601				601	20	MO S/L	588	13
9	Wall Admin	4/01/92	557				557	20	MO S/L	489	28
10	Exhaust Fan	5/01/92	750				750	20	MO S/L	661	38
11	Bldg Imp	6/01/92	1,212				1,212	20	MO S/L	1,064	61
12	Exhaust Fan	6/01/92	275				275	20	MO S/L	243	14
13	Louvered Doors	10/01/92	844				844	20	MO S/L	694	42
14	Carpeting	5/01/95	6,400				6,400	20	MO S/L	4,640	320
15	Painting	6/01/99	8,753				8,753	20	MO S/L	5,693	438
16	Carpeting	5/01/95	2,660				2,660	20	MO S/L	1,929	133
17	Improvements	1/01/82	31,205				31,205	27	MO S/L	31,205	0
18	Carpet	4/01/83	10,518				10,518	10	MO S/L	10,518	0
19	Basement Renovation	12/01/90	18,000				18,000	10	MO S/L	18,000	0
20	Basement Renovation	1/01/91	109				109	10	MO S/L	109	0
21	Cabinets	6/01/91	1,400				1,400	10	MO S/L	1,400	0
22	Wall Replace	1/01/92	912				912	10	MO S/L	912	0
23	Wall & Door Repair	4/01/92	930				930	10	MO S/L	930	0
24	Doors & Locks	4/01/92	371				371	10	MO S/L	371	0
25	Carpet	6/01/92	2,063				2,063	10	MO S/L	2,063	0
26	Building Imp	6/01/92	922				922	10	MO S/L	922	0
27	Paint - SHCN	9/01/92	4,822				4,822	10	MO S/L	4,822	0
28	Carpet Install	11/01/92	505				505	10	MO S/L	505	0
29	Labor - Wallcovering	3/01/93	118				118	10	MO S/L	118	0
30	Remodeling	5/01/93	1,140				1,140	10	MO S/L	1,140	0
31	Leveler Blinds	6/01/93	1,580				1,580	10	MO S/L	1,580	0
32	Improvements	7/01/93	79				79	10	MO S/L	79	0
33	Blinds	8/01/93	60				60	10	MO S/L	60	0
34	Improvements	12/01/97	12,790				12,790	10	MO S/L	12,790	0
35	Remodeling	11/01/84	7,443				7,443	20	MO S/L	7,443	0
36	Remodeling	12/01/84	19,166				19,166	20	MO S/L	19,166	0
37	Remodeling	1/01/85	859				859	20	MO S/L	859	0
38	Remodeling	2/01/85	4,769				4,769	20	MO S/L	4,769	0
39	Remodeling	3/01/85	3,832				3,832	20	MO S/L	3,832	0
40	Remodeling	11/01/85	1,000				1,000	20	MO S/L	1,000	0
41	Remodeling	12/01/85	677				677	20	MO S/L	677	0
42	Cottage Remodel	5/01/87	1,449				1,449	20	MO S/L	1,449	0
43	Cottage Painting	5/01/87	1,245				1,245	20	MO S/L	1,245	0
44	Cottage Wiring	5/01/87	278				278	20	MO S/L	278	0
45	Cottage sound	12/01/87	365				365	20	MO S/L	365	0
46	Painting - CN	8/01/88	2,541				2,541	20	MO S/L	2,541	0
47	Painting - downstairs	11/01/88	300				300	20	MO S/L	300	0
48	Painting - upstairs	12/01/88	775				775	20	MO S/L	775	0
49	Carpet	2/01/89	526				526	20	MO S/L	526	0
50	Carpet	2/01/89	526				526	20	MO S/L	526	0
51	Wallpaper	3/01/89	51				51	20	MO S/L	51	0
52	Wallpaper	3/01/89	139				139	20	MO S/L	139	0
53	Paint	4/01/89	140				140	20	MO S/L	140	0
54	Carpet	11/01/89	1,277				1,277	20	MO S/L	1,252	25
55	Canopy	2/07/90	1,712				1,712	20	MO S/L	1,666	46
56	Fence	9/01/90	400				400	20	MO S/L	376	20
57	Kitchen Bath/Flooring	3/01/91	686				686	20	MO S/L	625	34
58	Flooring	4/01/92	439				439	20	MO S/L	384	22
59	Roof	5/01/94	9,070				9,070	20	MO S/L	7,034	454
60	Capeting	6/01/85	1,950				1,950	20	MO S/L	1,950	0
61	Heating Carpet Remodel	7/01/85	1,369				1,369	20	MO S/L	1,369	0
62	Remodeling	9/01/85	1,300				1,300	20	MO S/L	1,300	0
63	Remodeling	10/01/85	1,846				1,846	20	MO S/L	1,846	0
64	Wallpaper	11/01/86	217				217	19	MO S/L	217	0
65	Capentry	12/01/86	150				150	19	MO S/L	150	0
66	Water Heater	2/01/87	271				271	20	MO S/L	271	0
67	Water Heater	7/01/88	363				363	20	MO S/L	363	0
68	Concrete Steps	6/01/92	752				752	20	MO S/L	661	38

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Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
69	Furnace	8/01/93	1,540			1,540	20 MO S/L	1,193	77
70	Paint & Remodel	4/01/94	1,500			1,500	20 MO S/L	1,161	75
71	Improvements	12/01/97	4,300			4,300	20 MO S/L	2,472	215
72	Sewer Improvements - SH	4/23/01	5,000			5,000	10 MO S/L	4,083	500
73	Storage Shed	9/05/01	1,047			1,047	10 MO S/L	822	105
74	Sewer Improvements - SH	3/04/02	2,616			2,616	10 MO S/L	1,921	262
75	Tile Improvement	9/18/03	6,074			6,074	10 MO S/L	3,491	607
76	Painting Improvement	11/05/03	3,410			3,410	10 MO S/L	1,932	341
77	Fence	6/30/05	13,487			13,487	10 MO S/L	5,396	1,349
78	Addition - SH	3/31/06	76,591			76,591	20 MO S/L	15,320	3,830
79	Painting - SH	2/28/06	460			460	7 MO S/L	264	66
80	Kitchen Bath Flooring	2/28/06	907			907	7 MO S/L	520	130
81	Shower - SH	3/31/06	3,484			3,484	10 MO S/L	1,392	348
82	Fence	6/30/07	1,309			1,309	10 MO S/L	273	131
83	West Valley Improvements	6/30/08	13,663			13,663	10 MO S/L	1,366	1,366
84	West Valley Improvements	10/31/08	192,309			192,309	40 MO S/L	3,205	4,808
85	Improvements - TT 576	8/31/08	4,524			4,524	10 MO S/L	377	452
86	Improvements - TT 580	7/31/08	693			693	10 MO S/L	63	69
87	New Furnaces & AC	4/13/09	14,892			14,892	20 MO S/L	186	745
88	Land - SH	11/01/79	23,734			23,734	0 -- Land	0	0
89	Land - MV	1/01/84	26,000			26,000	0 -- Land	0	0
90	Land - TT 580	9/21/07	120,700			120,700	0 -- Land	0	0
91	Land - TT 576	9/21/07	137,200			137,200	0 -- Land	0	0
92	Land - WVC	3/31/08	108,900			108,900	0 -- Land	0	0
93	Land- Taylorsville	7/31/08	127,400			127,400	0 -- Land	0	0
94	Computer Equip (Summary)	6/01/88	52,838			52,838	5 MO S/L	52,838	0
95	Laser Jet II	11/01/95	475			475	5 MO S/L	475	0
96	CYMA Software	12/01/95	1,250			1,250	5 MO S/L	1,250	0
97	CYMA Software	12/01/95	487			487	5 MO S/L	487	0
98	HP Laser 5p	12/01/95	1,244			1,244	5 MO S/L	1,244	0
99	Computer Equipment	11/01/00	725			725	5 MO S/L	725	0
100	Network/Printer	6/09/03	1,375			1,375	5 MO S/L	1,375	0
101	3 Computers	6/09/03	2,280			2,280	5 MO S/L	2,280	0
102	Computer - Gateway	12/03/02	1,878			1,878	5 MO S/L	1,878	0
103	Computers - Medex	1/29/03	1,455			1,455	5 MO S/L	1,455	0
104	Toshiba laptop computer	6/28/04	1,099			1,099	5 MO S/L	1,099	0
105	Toshiba laptop computer	6/28/04	1,099			1,099	5 MO S/L	1,099	0
106	Toshiba laptop computer	6/28/04	1,099			1,099	5 MO S/L	1,099	0
107	Toshiba laptop computer	6/28/04	1,099			1,099	5 MO S/L	1,099	0
108	Toshiba laptop computer	6/28/04	1,099			1,099	5 MO S/L	1,099	0
109	Terminal Server	4/29/04	1,198			1,198	5 MO S/L	1,198	0
110	Software	6/30/05	9,160			9,160	5 MO S/L	7,328	1,832
111	Software	7/31/06	3,418			3,418	5 MO S/L	2,736	682
112	CYMA Software	2/28/06	5,156			5,156	5 MO S/L	4,124	1,032
113	Peak Alarm Camera	6/30/06	2,950			2,950	5 MO S/L	2,360	590
114	Furniture - In-kind donation	6/30/07	13,400			13,400	5 MO S/L	5,360	2,680
115	Furniture - Walmart	4/22/08	1,500			1,500	5 MO S/L	350	300
116	Software & More Computers	1/29/09	23,864			23,864	5 MO S/L	1,989	4,773
117	Building #4 MV	1/01/10	151,532			151,532	40 MO S/L	0	1,968
118	Roof - Taylorsville	11/01/09	16,000			16,000	20 MO S/L	0	534
119	Security Camera - Village	2/28/10	5,206			5,206	5 MO S/L	0	434
120	Stove - Midvale	11/30/09	5,918			5,918	5 MO S/L	0	689
	Total Other Depreciation		<u>2,814,738</u>			<u>2,814,738</u>		<u>575,860</u>	<u>65,665</u>
	Total ACRS and Other Depreciation		<u>2,814,738</u>			<u>2,814,738</u>		<u>575,860</u>	<u>65,665</u>
	Grand Totals		2,814,738			2,814,738		575,860	65,665
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>2,814,738</u>			<u>2,814,738</u>		<u>575,860</u>	<u>65,665</u>

AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179BONUS	Basis for Depr	PerConv	Meth	Prior	Current	
Other Depreciation:											
1	Building - Lake Street	11/01/79	0				0	0	HY	0	0
2	Building - MV	1/01/84	0				0	0	HY	0	0
3	Building #4 - MV	6/01/87	0				0	0	HY	0	0
4	Building - TT 580	9/21/07	0				0	0	HY	0	0
5	Building - TT 576	9/21/07	0				0	0	HY	0	0
6	Building - WVC	3/31/08	0				0	0	HY	0	0
7	Building - Taylorsville	1/31/09	0				0	0	HY	0	0
8	Furnace Repairs	12/01/89	0				0	0	HY	0	0
9	Wall Admin	4/01/92	0				0	0	HY	0	0
10	Exhaust Fan	5/01/92	0				0	0	HY	0	0
11	Bldg Imp	6/01/92	0				0	0	HY	0	0
12	Exhaust Fan	6/01/92	0				0	0	HY	0	0
13	Louvered Doors	10/01/92	0				0	0	HY	0	0
14	Carpeting	5/01/95	0				0	0	HY	0	0
15	Painting	6/01/99	0				0	0	HY	0	0
16	Carpeting	5/01/95	0				0	0	HY	0	0
17	Improvements	1/01/82	0				0	0	HY	0	0
18	Carpet	4/01/83	0				0	0	HY	0	0
19	Basement Renovation	12/01/90	0				0	0	HY	0	0
20	Basement Renovation	1/01/91	0				0	0	HY	0	0
21	Cabinets	6/01/91	0				0	0	HY	0	0
22	Wall Replace	1/01/92	0				0	0	HY	0	0
23	Wall & Door Repair	4/01/92	0				0	0	HY	0	0
24	Doors & Locks	4/01/92	0				0	0	HY	0	0
25	Carpet	6/01/92	0				0	0	HY	0	0
26	Building Imp	6/01/92	0				0	0	HY	0	0
27	Paint - SHCN	9/01/92	0				0	0	HY	0	0
28	Carpet Install	11/01/92	0				0	0	HY	0	0
29	Labor - Wallcovering	3/01/93	0				0	0	HY	0	0
30	Remodeling	5/01/93	0				0	0	HY	0	0
31	Leveler Blinds	6/01/93	0				0	0	HY	0	0
32	Improvements	7/01/93	0				0	0	HY	0	0
33	Blinds	8/01/93	0				0	0	HY	0	0
34	Improvements	12/01/97	0				0	0	HY	0	0
35	Remodeling	11/01/84	0				0	0	HY	0	0
36	Remodeling	12/01/84	0				0	0	HY	0	0
37	Remodeling	1/01/85	0				0	0	HY	0	0
38	Remodeling	2/01/85	0				0	0	HY	0	0
39	Remodeling	3/01/85	0				0	0	HY	0	0
40	Remodeling	11/01/85	0				0	0	HY	0	0
41	Remodeling	12/01/85	0				0	0	HY	0	0
42	Cottage Remodel	5/01/87	0				0	0	HY	0	0
43	Cottage Painting	5/01/87	0				0	0	HY	0	0
44	Cottage Wiring	5/01/87	0				0	0	HY	0	0
45	Cottage sound	12/01/87	0				0	0	HY	0	0
46	Painting - CN	8/01/88	0				0	0	HY	0	0
47	Painting - downstairs	11/01/88	0				0	0	HY	0	0
48	Painting - upstairs	12/01/88	0				0	0	HY	0	0
49	Carpet	2/01/89	0				0	0	HY	0	0
50	Carpet	2/01/89	0				0	0	HY	0	0
51	Wallpaper	3/01/89	0				0	0	HY	0	0
52	Wallpaper	3/01/89	0				0	0	HY	0	0
53	Paint	4/01/89	0				0	0	HY	0	0
54	Carpet	11/01/89	0				0	0	HY	0	0
55	Canopy	2/07/90	0				0	0	HY	0	0
56	Fence	9/01/90	0				0	0	HY	0	0
57	Kitchen Bath/Flooring	3/01/91	0				0	0	HY	0	0
58	Flooring	4/01/92	0				0	0	HY	0	0
59	Roof	5/01/94	0				0	0	HY	0	0
60	Capeting	6/01/85	0				0	0	HY	0	0
61	Heating Carpet Remodel	7/01/85	0				0	0	HY	0	0
62	Remodeling	9/01/85	0				0	0	HY	0	0
63	Remodeling	10/01/85	0				0	0	HY	0	0
64	Wallpaper	11/01/86	0				0	0	HY	0	0
65	Capentry	12/01/86	0				0	0	HY	0	0
66	Water Heater	2/01/87	0				0	0	HY	0	0
67	Water Heater	7/01/88	0				0	0	HY	0	0
68	Concrete Steps	6/01/92	0				0	0	HY	0	0

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AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv	Meth	Prior	Current
69	Furnace	8/01/93	0			0	0	HY	0	0
70	Paint & Remodel	4/01/94	0			0	0	HY	0	0
71	Improvements	12/01/97	0			0	0	HY	0	0
72	Sewer Improvements - SH	4/23/01	0			0	0	HY	0	0
73	Storage Shed	9/05/01	0			0	0	HY	0	0
74	Sewer Improvements - SH	3/04/02	0			0	0	HY	0	0
75	Tile Improvement	9/18/03	0			0	0	HY	0	0
76	Painting Improvement	11/05/03	0			0	0	HY	0	0
77	Fence	6/30/05	0			0	0	HY	0	0
78	Addition - SH	3/31/06	0			0	0	HY	0	0
79	Painting - SH	2/28/06	0			0	0	HY	0	0
80	Kitchen Bath Flooring	2/28/06	0			0	0	HY	0	0
81	Shower - SH	3/31/06	0			0	0	HY	0	0
82	Fence	6/30/07	0			0	0	HY	0	0
83	West Valley Improvements	6/30/08	0			0	0	HY	0	0
84	West Valley Improvements	10/31/08	0			0	0	HY	0	0
85	Improvements - TT 576	8/31/08	0			0	0	HY	0	0
86	Improvements - TT 580	7/31/08	0			0	0	HY	0	0
87	New Furnaces & AC	4/13/09	0			0	0	HY	0	0
88	Land - SH	11/01/79	0			0	0	HY	0	0
89	Land - MV	1/01/84	0			0	0	HY	0	0
90	Land - TT 580	9/21/07	0			0	0	HY	0	0
91	Land - TT 576	9/21/07	0			0	0	HY	0	0
92	Land - WVC	3/31/08	0			0	0	HY	0	0
93	Land- Taylorsville	7/31/08	0			0	0	HY	0	0
94	Computer Equip (Summary)	6/01/88	0			0	0	HY	0	0
95	Laser Jet II	11/01/95	0			0	0	HY	0	0
96	CYMA Software	12/01/95	0			0	0	HY	0	0
97	CYMA Software	12/01/95	0			0	0	HY	0	0
98	HP Laser 5p	12/01/95	0			0	0	HY	0	0
99	Computer Equipment	11/01/00	0			0	0	HY	0	0
100	Network/Printer	6/09/03	0			0	0	HY	0	0
101	3 Computers	6/09/03	0			0	0	HY	0	0
102	Computer - Gateway	12/03/02	0			0	0	HY	0	0
103	Computers - Medex	1/29/03	0			0	0	HY	0	0
104	Toshiba laptop computer	6/28/04	0			0	0	HY	0	0
105	Toshiba laptop computer	6/28/04	0			0	0	HY	0	0
106	Toshiba laptop computer	6/28/04	0			0	0	HY	0	0
107	Toshiba laptop computer	6/28/04	0			0	0	HY	0	0
108	Toshiba laptop computer	6/28/04	0			0	0	HY	0	0
109	Terminal Server	4/29/04	0			0	0	HY	0	0
110	Software	6/30/05	0			0	0	HY	0	0
111	Software	7/31/06	0			0	0	HY	0	0
112	CYMA Software	2/28/06	0			0	0	HY	0	0
113	Peak Alarm Camera	6/30/06	0			0	0	HY	0	0
114	Furniture - In-kind donation	6/30/07	0			0	0	HY	0	0
115	Furniture - Walmart	4/22/08	0			0	0	HY	0	0
116	Software & More Computers	1/29/09	0			0	0	HY	0	0
117	Building #4 MV	1/01/10	0			0	0	HY	0	0
118	Roof - Taylorsville	11/01/09	0			0	0	HY	0	0
119	Security Camera - Village	2/28/10	0			0	0	HY	0	0
120	Stove - Midvale	11/30/09	0			0	0	HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
	Grand Totals		0			0			0	0
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
	Net Grand Totals		<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>

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258 Family Support Center
87-0359719
FYE: 6/30/2010

12/01/2010 10:35 AM

Depreciation Adjustment Report All Business Activities

AMT
Adjustments/
Preferences

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>
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There are no assets that meet the criteria of this report

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Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Building - Lake Street	11/01/79	83,316	0	0
2	Building - MV	1/01/84	74,000	0	0
3	Building #4 - MV	6/01/87	140,511	3,513	0
4	Building - TT 580	9/21/07	290,314	7,258	0
5	Building - TT 576	9/21/07	259,630	6,491	0
6	Building - WVC	3/31/08	121,479	3,037	0
7	Building - Taylorsville	1/31/09	467,485	11,687	0
8	Furnace Repairs	12/01/89	601	0	0
9	Wall Admin	4/01/92	557	28	0
10	Exhaust Fan	5/01/92	750	38	0
11	Bldg Imp	6/01/92	1,212	61	0
12	Exhaust Fan	6/01/92	275	14	0
13	Louvered Doors	10/01/92	844	42	0
14	Carpeting	5/01/95	6,400	320	0
15	Painting	6/01/99	8,753	438	0
16	Carpeting	5/01/95	2,660	133	0
17	Improvements	1/01/82	31,205	0	0
18	Carpet	4/01/83	10,518	0	0
19	Basement Renovation	12/01/90	18,000	0	0
20	Basement Renovation	1/01/91	109	0	0
21	Cabinets	6/01/91	1,400	0	0
22	Wall Replace	1/01/92	912	0	0
23	Wall & Door Repair	4/01/92	930	0	0
24	Doors & Locks	4/01/92	371	0	0
25	Carpet	6/01/92	2,063	0	0
26	Building Imp	6/01/92	922	0	0
27	Paint - SHCN	9/01/92	4,822	0	0
28	Carpet Install	11/01/92	505	0	0
29	Labor - Wallcovering	3/01/93	118	0	0
30	Remodeling	5/01/93	1,140	0	0
31	Levelor Blinds	6/01/93	1,580	0	0
32	Improvements	7/01/93	79	0	0
33	Blinds	8/01/93	60	0	0
34	Improvements	12/01/97	12,790	0	0
35	Remodeling	11/01/84	7,443	0	0
36	Remodeling	12/01/84	19,166	0	0
37	Remodeling	1/01/85	859	0	0
38	Remodeling	2/01/85	4,769	0	0
39	Remodeling	3/01/85	3,832	0	0
40	Remodeling	11/01/85	1,000	0	0
41	Remodeling	12/01/85	677	0	0
42	Cottage Remodel	5/01/87	1,449	0	0
43	Cottage Painting	5/01/87	1,245	0	0
44	Cottage Wiring	5/01/87	278	0	0
45	Cottage sound	12/01/87	365	0	0
46	Painting - CN	8/01/88	2,541	0	0
47	Painting - downstairs	11/01/88	300	0	0
48	Painting - upstairs	12/01/88	775	0	0
49	Carpet	2/01/89	526	0	0
50	Carpet	2/01/89	526	0	0
51	Wallpaper	3/01/89	51	0	0
52	Wallpaper	3/01/89	139	0	0
53	Paint	4/01/89	140	0	0
54	Carpet	11/01/89	1,277	0	0
55	Canopy	2/07/90	1,712	0	0
56	Fence	9/01/90	400	4	0
57	Kitchen Bath/Flooring	3/01/91	686	27	0
58	Flooring	4/01/92	439	22	0
59	Roof	5/01/94	9,070	454	0
60	Capeting	6/01/85	1,950	0	0
61	Heating Carpet Remodel	7/01/85	1,369	0	0
62	Remodeling	9/01/85	1,300	0	0
63	Remodeling	10/01/85	1,846	0	0
64	Wallpaper	11/01/86	217	0	0
65	Capentry	12/01/86	150	0	0
66	Water Heater	2/01/87	271	0	0
67	Water Heater	7/01/88	363	0	0

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Asset	Description	Date In Service	Cost	Tax	AMT
68	Concrete Steps	6/01/92	752	38	0
69	Furnace	8/01/93	1,540	77	0
70	Paint & Remodel	4/01/94	1,500	75	0
71	Improvements	12/01/97	4,300	215	0
72	Sewer Improvements - SH	4/23/01	5,000	417	0
73	Storage Shed	9/05/01	1,047	105	0
74	Sewer Improvements - SH	3/04/02	2,616	262	0
75	Tile Improvement	9/18/03	6,074	607	0
76	Painting Improvement	11/05/03	3,410	341	0
77	Fence	6/30/05	13,487	1,349	0
78	Addition - SH	3/31/06	76,591	3,830	0
79	Painting - SH	2/28/06	460	66	0
80	Kitchen Bath Flooring	2/28/06	907	130	0
81	Shower - SH	3/31/06	3,484	348	0
82	Fence	6/30/07	1,309	131	0
83	West Valley Improvements	6/30/08	13,663	1,366	0
84	West Valley Improvements	10/31/08	192,309	4,808	0
85	Improvements - TT 576	8/31/08	4,524	452	0
86	Improvements - TT 580	7/31/08	693	70	0
87	New Furnaces & AC	4/13/09	14,892	745	0
88	Land - SH	11/01/79	23,734	0	0
89	Land - MV	1/01/84	26,000	0	0
90	Land - TT 580	9/21/07	120,700	0	0
91	Land - TT 576	9/21/07	137,200	0	0
92	Land - WVC	3/31/08	108,900	0	0
93	Land- Taylorsville	7/31/08	127,400	0	0
94	Computer Equip (Summary)	6/01/88	52,838	0	0
95	Laser Jet II	11/01/95	475	0	0
96	CYMA Software	12/01/95	1,250	0	0
97	CYMA Software	12/01/95	487	0	0
98	HP Laser 5p	12/01/95	1,244	0	0
99	Computer Equipment	11/01/00	725	0	0
100	Network/Printer	6/09/03	1,375	0	0
101	3 Computers	6/09/03	2,280	0	0
102	Computer - Gateway	12/03/02	1,878	0	0
103	Computers - Medex	1/29/03	1,455	0	0
104	Toshiba laptop computer	6/28/04	1,099	0	0
105	Toshiba laptop computer	6/28/04	1,099	0	0
106	Toshiba laptop computer	6/28/04	1,099	0	0
107	Toshiba laptop computer	6/28/04	1,099	0	0
108	Toshiba laptop computer	6/28/04	1,099	0	0
109	Terminal Server	4/29/04	1,198	0	0
110	Software	6/30/05	9,160	0	0
111	Software	7/31/06	3,418	0	0
112	CYMA Software	2/28/06	5,156	0	0
113	Peak Alarm Camera	6/30/06	2,950	0	0
114	Furniture - In-kind donation	6/30/07	13,400	2,680	0
115	Furniture - Walmart	4/22/08	1,500	300	0
116	Software & More Computers	1/29/09	23,864	4,773	0
117	Building #4 MV	1/01/10	151,532	3,788	0
118	Roof - Taylorsville	11/01/09	16,000	800	0
119	Security Camera - Village	2/28/10	5,206	1,041	0
120	Stove - Midvale	11/30/09	5,918	1,184	0
Total Other Depreciation			<u>2,814,738</u>	<u>63,565</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>2,814,738</u>	<u>63,565</u>	<u>0</u>
Grand Totals			<u>2,814,738</u>	<u>63,565</u>	<u>0</u>

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Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>
INTEREST INCOME	\$ 972			14	
TOTAL	<u>\$ 972</u>				

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258 Family Support Center
 87-0359719
 FYE: 6/30/2010

12/1/2010 10:35 AM

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER PROFESSIONAL SERVICES	\$ 9,847	\$ 9,847	\$	\$
TOTAL	\$ 9,847	\$ 9,847	\$ 0	\$ 0

Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
CLIENT REWARDS	\$ 7,809	\$ 6,831	\$ 531	\$ 447
HOUSEHOLD ITEMS	6,391	5,590	435	366
MISCELLANEOUS	5,595	4,894	381	320
LICENSES	5,111	4,471	348	292
BANK CHARGES	5,078	4,443	345	290
EQUIPMENT RENT	4,870	4,260	331	279
PROGRAM SUPPLIES	4,490	3,928	305	257
TOTAL	\$ 39,344	\$ 34,417	\$ 2,676	\$ 2,251

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Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
AIR TERMINAL GIFTS	\$ 11,000	\$
ALLY BANK	11,000	
AMERICAN EXPRESS	60,000	
ASHTON FAMILY FOUNDATION	5,000	
BAMBERGER FOUNDATION	15,000	
BURTON FOUNDATION	10,000	
CASTLE FOUNDATION	2,000	
DESERET COMMUNITY PARTNERS	13,500	
ESKUCHE FOUNDATION	4,000	
GE CAPITAL	38,000	
GEORGE S. AND DOLORES DORE ECCLES	109,000	
IN-N-OUT BURGER	5,000	
INTERMOUNTAIN HEALTH CARE	447,000	291,875
LAWRENCE & JANET DEE FOUNDATION	2,500	
MARINER ECCLES FOUNDATION	4,000	
MASONIC FOUNDATION	2,000	
MERRILL LYNCH	49,500	
MICHAEL FOUNDATION	4,000	
MORGAN STANLEY BANK	20,000	
PITNEY BOWES	1,680	
RIVERTON HIGH SCHOOL	75,069	
ROCKY MOUNTAIN POWER FOUNDATION	2,000	
SORENSEN LEGACY FOUNDATION	50,000	
UBS BANK	10,000	
UNITED WAY	159,302	4,177
UTAH FAMILIES FOUNDATION	10,000	
WATKINS CHARITABLE FOUNDATION	5,000	
TOTAL	\$ <u>1,125,551</u>	\$ <u>296,052</u>

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