Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

Open to Public

-		The organization may have to use a copy of this retain to satisfy state		in orriorito.	mspection
<u>A</u>	For the 2011	calendar year, or tax year beginning , and ending			
В	Check if applicable:	C Name of organization		D Emplo	yer identification number
	Address change	The Park City Foundation			
П	Name change	Doing Business As		30-	-0171971
\equiv		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Teleph	none number
Щ	Initial return	PO Box 681499		435	5-214-7475
	Terminated	City or town, state or country, and ZIP + 4			
	Amended return	Park City UT 84068		G Gross red	ceipts\$ 1,145,503
=		F Name and address of principal officer:		a 01033100	
Ш	Application pending		H(a) Is this a g	roup return fo	r affiliates? Yes X No
			H(b) Are all af	filiates includ	ed? Yes No
					st. (see instructions)
_	_	V	1	.,	(
<u> </u>	Tax-exempt status				
J		ww.theparkcityfoundation.org	H(c) Group ex	_	
	Form of organization		ear of formation: 2	004	M State of legal domicile: UT
		ummary			
	1 Briefly de	escribe the organization's mission or most significant activities:			
ည	See	Schedule O			
nar					
ē					
Governance	2 Check th	his box \blacktriangleright if the organization discontinued its operations or disposed of more than 2	5% of its net a	ssets.	
æ	3 Number	of voting members of the governing body (Part VI, line 1a)		3	21
es		of independent voting members of the governing body (Part VI, line 1b)			21
Activities &	5 Total nu	mber of individuals employed in calendar year 2011 (Part V, line 2a)		5	5
Ę		mber of volunteers (estimate if necessary)			20
⋖		related by single-service from Dest VIII and one (O) line 40			0
		lated business revenue from Part VIII, column (C), line 12			0
	D NOT UNIT	iated business taxable income from 1 offit 550 1, line 54	Prior Yea		Current Year
ø)	8 Contribu	tions and grants (Part VIII, line 1h)	2,167	7,403	934,363
Revenue		service revenue (Part VIII, line 2g)	•	0	, 0
š		ent income (Part VIII, column (A), lines 3, 4, and 7d)	36	5,461	58,793
æ	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	00,100
		renue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,203	3.864	993,156
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		5,391	374,542
		paid to or for members (Part IX, column (A), lines 1–3)		0	0,1,012
"			240	0,038	255,009
enses	15 Salaries	enal fundraining face (Part IV column (A) line 116)	230	0,030	233,003
en	b Total fun	other compensation, employee benefits (Part IX, column (A), lines 5–10) conal fundraising fees (Part IX, column (A), line 11e) Idraising expenses (Part IX, column (D), line 25) 147, 438		0	0
Expe	D Total fur		15/	1 105	168,735
_	11 Other CA	penses (Part IX, column (A), lines 11a–11d, 11f–24e)		1,185	
		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		9,614	798,286
<u> </u>	19 Revenue	e less expenses. Subtract line 18 from line 12	1,504 Beginning of Cur		194,870 End of Year
Net Assets or Fund Balances	20 Total acc	sets (Part X, line 16)	2,948		3,164,645
Asse	20 Total liek	illation (Doubly library)		5,152	220,048
let/	21 TOTAL HAL	ets or fund balances. Subtract line 21 from line 20		L, 999	2,944,597
		gnature Block	2,041	L, 999	2,344,331
		perjury, I declare that I have examined this return, including accompanying schedules and state complete. Declaration of preparer (other than officer) is based on all information of which prepare			ly knowledge and belief, it is
- 11	L .	semples. 2 200 and of property (office that officer) to be 200 of all information of which property	ao arry kirow		
0:	-	Signature of officer		Date	
Sig	j., ,				
He			tive Di	recto	<u>r</u>
		Type or print name and title	T _	-	
		pe preparer's name Preparer's signature	Date	Check	if PTIN
Pai	Scepii	anie Russell		self-en	nployed P00748183
	eparer Firm's na	mme > Niederhauser & Davis, LLC	F	irm's EIN ▶	87-0624335
Use	e Only	PO Box 680460			
	Firm's a	Darel Gites III 04000 0400	Р	hone no.	435-655-3300
Ma		ss this return with the preparer shown above? (see instructions)			X Yes No
=	<u> </u>				000

Form 990 (20	11) The Park City	Foundation	30-017	71971	Page 2
Part III		n Service Accomplishm			
		ontains a response to an	<u>y question in this Par</u>	t III	X
•	describe the organization's miss	sion:			
See S	chedule O				
O Did the			a the consulting our and the	inted on the	
	organization undertake any sig rm 990 or 990-EZ?				Yes X No
	' describe these new services of	n Schedule O			[163 21 110
	organization cease conducting		how it conducts, any proc	ıram	
services	-2				Yes X No
	' describe these changes on So	:hedule O.			🗀 100 📇 110
	e the organization's program s		ch of its three largest progra	am services, as measured by	
	es. Section 501(c)(3) and 501(c				
grants a	and allocations to others, the to	al expenses, and revenue, if a	ny, for each program service	ce reported.	
4a (Code:) (Expenses \$	486,065 including (grants of \$ 321	, 307) (Revenue \$	<u>.</u>)
The o	rganization was	able to donate	to fifty six	different cha	ritable
	izations in Sum				
organ	izations outsid	e Summit County	7.•		
4b (Code:) (Expenses \$	including	arants of \$) (Revenue \$)
,	/		•		······ /
4c (Code:) (Expenses \$	including (grapte of \$) (Revenue \$	
40 (Code.) (Expenses \$\pi\$		grants or \$) (Nevenue φ	
	rogram services. (Describe in S				
(Expens			53,235) (Rev	enue \$)
4e Total p	rogram service expenses 🕨	539,300			

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		37	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
2			Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		х
4	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		Λ
4	alastian in affect during the tay year? If "Vas " complete Cahadula C. Dort II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4	Λ	
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ū	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			-
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schodule D. Part III	8		х
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 Schodule D. Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	***************************************	************	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			37
00	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>a</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	Щ

			Yes	No
1	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
2	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
_	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
,	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			Λ
)		26		X
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	20		Λ
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	0.7		X
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Λ
3	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):			3,
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
)	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			_
	complete Schedule N, Part II	32		X
}	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
ļ	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34		X
а	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	. (), 240/1/40/01/69/	35b		X
į	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related annualization of 60/co. 2 consulate Calculula D. Dout V. Box C.	36		X
,	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			41
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Doy VI	37		y
,	Part VI	31		X
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		v	
	19? Note. All Form 990 filers are required to complete Schedule O		X ₁ 990	

Form 990 (2011) The Park City Foundation 30-03

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part	V				
		1 1			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5	_		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c	X	
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	5		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re			2b	X	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction lines 1a and 2a is greater than 250, you may be required to e-file (see instruction).	ons)		20		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3a 3b		Λ
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or oth	or auth	ority	30		
чu	over, a financial account in a foreign country (such as a bank account, securities account, or other		-			
	account)?	mano	ui .	4a		х
b	If "Yes," enter the name of the foreign country: ▶					
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance	ial Acc	ounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the				
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	utions o	or			
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	or good	S			
				7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was		7-		v
٨	required to file Form 8282?	7d	• • • • • • • • • • • • • • • • • • • •	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		not?	7e		X
e f	Did the organization receive any forms, directly of indirectly, to pay premiums on a personal benefit co			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file		899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ			7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) support		••			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsor	_				
	organization, have excess business holdings at any time during the year?			8		X
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
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:	المما				
a	Gross income from members or shareholders	11a		\dashv		
b	Gross income from other sources (Do not net amounts due or paid to other sources	11b				
12a	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F		1/12	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	/ - 1:	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		\dashv		
а	In the expenitation licensed to issue qualified health plane in more than one state?			13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any nayments for indeer tanning convices during the tay year?			14a		X
h	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in School			14b		1

Form 990 (2011) The Park City Foundation 30-0171971 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 21 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 21 1b 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 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 X The governing body? **b** Each committee with authority to act on behalf of the governing body? 8b 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 Did the organization have local chapters, branches, or affiliates? X 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ **None** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the

organization: ▶ Niederhauser & Davis, LLC

PO Box 680460

UT 84068

435-655-3300

Park City

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Form 990 (2011) The Park City Foundation

30-0171971

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe	òox	k, unle	ss pe	ition more rson i	than one s both ar r/trustee)	n	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	П	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Susan Graham Ma										
Audit Chair	1.00	X						0	0	0
(2)Bill Coleman	1 00	.,						0		
Director	1.00	X					_	0	0	0
(3) Robert M. La Fo Director	rgıa 1.00	х						0	0	0
(4) John Cumming		1								
Director	1.00	X						0	0	0
(5)Bob Richer										
Director	1.00	X						0	0	0
(6) Myles Rademan Director	1.00	x						0	0	0
(7) Steve Sloan	1.00	Λ					-		<u> </u>	
Director	1.00	x						0	0	0
(8) J Taylor Cranda	11									
Inv Chair	1.00	X						0	0	0
(9) Tom Bakaly										
Director	1.00	X						0	0	0
(10) Jolie Iacobelli										
Director	1.00	X						0	0	0
(11)Elizabeth Locke	tte									
Gov & Ed Chair	1.00	X						0	0	0
(12) Hank Louis										
Director	1.00	X						0	0	0
(13) Sydney Reed										
Director	1.00	X						0	0	0
(14)Chris Conabee										
Director	1.00	X						0	0	0

Form **990** (2011)

Form 990 (2011) The Park City Foundation 30-0171971 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Reportable Name and title Average Position Reportable Estimated hours per (do not check more than one compensation compensation from amount of box, unless person is both an week from related other organizations (describe officer and a director/trustee) the compensation organization (W-2/1099-MISC) from the hours for Individual trustee or director Former Institutional trustee Highest compensated employee (W-2/1099-MISC) organization related and related organizations employee organizations in Schedule O) (15)Mark J. Fischer Director 1.00 X 0 0 (16)Linda Warren X 0 0 Director 1.00 0 (17)Christa Reipe X 0 0 Director 1.00 (18) Emily Scott Pottruck 0 0 1.00 X 0 Vice Chair (19) Stephen Tyler X 0 0 Treasurer 1.00 (20) Judith Billings Secretary 1.00 X 0 0 (21) Jack Mueller Board Chair 1.00 X 0 0 (22)Trisha Worthington Exec Direct 45.00 X 110,854 (24) (25) 110,854 1b Sub-total c Total from continuation sheets to Part VII, Section A 110,854 d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization $\triangleright 1$ 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 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 4 X individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person X **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) Description of services (C) Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

Pε	Part VIII Statement of Revenue													
29							(A) Total rever	nue	(B) Relate exem functi reven	pt on	Uni bu	(C) related siness venue	exclu und	(D) Revenue uded from tax der sections , 513, or 514
Contributions, Gifts, Grant and Other Similar Amounts	1a b c d	Federated car Membership of Fundraising e Related organ	lues vents	1a 1b 1c 1d										
ributions, Other Simi	e f	Government grants All other contributio and similar amount	(contributions)	1e 1f		934,363								
/enue Cont		Total. Add lin	ons included in lines 1 es 1a–1f			42,110 Busn. Code	934	1,363						
Program Service Revenue	2a b c d													
Program	e f	All other progr	ram service reve es 2a–2f	enue .		▶								
	3	and other sim Income from i	come (including ilar amounts) nvestment of ta	x-exem	pt bond p	oroceeds	57	7,444	5	57,444				
	_	Gross rents Less: rental exps.	(i) Real			Personal								
	d	Rental inc. or (loss) Net rental inco Gross amount from sales of assets	ome or (loss) (i) Securities			Other								
		other than inventory Less: cost or other basis & sales exps.	152,											
nue	d	• ,	oss)oss) om fundraising ev	ents		>	1	L,349		1,349				
Other Reven	b	of contributions See Part IV, line	reported on line 10 e 18 expenses	c). a										
ō	С	Net income or Gross income fr	r (loss) from function gaming activities 19	draising es.	g events	>								
	С	Less: direct ex Net income or Gross sales o	xpenses (loss) from gan f inventory, less	b ning ac	tivities .	>								
		Less: cost of g	lowancesgoods sold	b	ventory.									
	11a b c		cellaneous Revenue			Busn. Code								
	d e	All other rever Total. Add lin	nue es 11a–11d e. See instructio				993	3,156	5	58,793		C		0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respons	so to any question in this I	Part IV		
Dr	o not include amounts reported on lines 6b.		(B)	(C)	(D)
	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		expenses	general expenses	expenses
•	organizations in the U.S. See Part IV, line 21	321,307	321,307		
2	Grants and other assistance to individuals in	321/307	321,307		
-	the U.S. See Part IV, line 22	53,235	53,235		
3	Grants and other assistance to governments,	33,133	33,233		
•	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				
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	207,398	74,033	64,697	68,668
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	31,997	11,884	7,771	12,342 5,170
10	Payroll taxes	15,614	5,573	4,871	5,170
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	17,776	6,044	5,866	5,866
d	, , , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 1	7			
f	Investment management fees				
g	Other	0.614			0.64
12	Advertising and promotion	2,644	1 016	1 017	2,644 1,048
13	Office expenses	3,081	1,016	1,017	1,048
14	Information technology	12,051	4,097	3,977	3,977
15	Royalties	8,999	3,767	2,738	2 40/
16	Occupancy	8,506	4,253	2,136	2,494 4,253
17	Travel Payments of travel or entertainment expenses		4,233		4,200
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,649		530	2,119
20	- ·	2,043		330	2,113
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7.995	3,348	2,432	2,215
23	Insurance	7,995 1,233	419	407	407
24	Other expenses. Itemize expenses not covered	_,	-20	-0.	10.
	above. (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Fund Expense	29,137	29,137		
b	Community Initiatives	11, 972	8,380		3,592
С	Bad Debt	10,000		10,000	
d	Web Maint and Develop	8,170	4,085	•	4,085
е	A 11	44,522	8,722	7,242	28,558
25	Total functional expenses. Add lines 1 through 24e	798,286	539,300	111,548	147,438
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				

P	art)	Balance Sheet				
*********				(A)		(B)
				Beginning of year		End of year
	1	Cash—non-interest bearing			1	575,260
	2	Savings and temporary cash investments		2,369,152		2,249,905
	3	Pledges and grants receivable, net		561,722	3	326,305
	4	Accounts receivable, net		•	4	2,016
	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)), persons described in section 4958(c)(3)(B), and contributi	•			
		employers and sponsoring organizations of section 501(c)(9) voluntary				
Assets	_	employees' beneficiary organizations (see instructions)			6	
Ass	7	Notes and loans receivable, net			7	
•	8	Inventories for sale or use		,	8	
	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or	6E 17	10		
		other basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 10b	65,17 54,01	.3 17,278	40-	11 150
		Less: accumulated depreciation [100]	54,01		111	11,159
	11 12	Investments—publicly traded securities Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14				14	
	15	Other assets. See Part IV, line 11		.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		2,948,152		3,164,645
	17	Accounts payable and accrued expenses				4,532
	18	Grants payable	2,561	18	16,000	
	19	Deferred revenue			19	,
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
S	22	Payables to current and former officers, directors, trustees, key				
Liabilities		employees, highest compensated employees, and disqualified person	s.			
abi		Complete Part II of Schedule L			22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Pa	rt X			
		of Schedule D				199,516
	26	Total liabilities. Add lines 17 through 25		106,153	26	220,048
S		Organizations that follow SFAS 117, check here X and comple	te			
Š		lines 27 through 29, and lines 33 and 34.		0 074 550		0 610 566
ala	27	Unrestricted net assets		2,274,552		2,612,566
Fund Balances	28	Temporarily restricted net assets		561,722		326,306
ä	29	Permanently restricted net assets Organizations that do not follow SFAS 117, check here and		5,725	29	5,725
Net Assets or	30	complete lines 30 through 34. Capital stock or trust principal, or current funds			30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
₹	32	Retained earnings, endowment, accumulated income, or other funds			32	
ž	33	Total net assets or fund balances		0 044 000		2,944,597
	34	Total liabilities and net assets/fund balances				3,164,645
	<u> </u>					Form 990 (2011)

Form **990** (2011)

P	art XI Reconciliation of Net Assets									
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>								
1	Total revenue (must equal Part VIII, column (A), line 12)		3,15							
2	Total expenses (must equal Part IX, column (A), line 25)	798	3,28	<u> 36</u>						
3	Revenue less expenses. Subtract line 2 from line 1	194	1,87	<u>70</u>						
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2									
5	Other changes in net assets or fund balances (explain in Schedule O) 5	-92	2,2	<u> 72</u>						
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,									
		, 944	1,59	<u>97</u>						
P	art XII Financial Statements and Reporting									
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>								
		Y	'es N	No						
1	Accounting method used to prepare the Form 990: Cash X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain in									
	Schedule O.									
2	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u>X</u>						
ŀ		2b 2	X							
(If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight									
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c 2	X							
	If the organization changed either its oversight process or selection process during the tax year, explain in									
	Schedule O.									
(If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were									
	issued on a separate basis, consolidated basis, or both:									
	X Separate basis Consolidated basis Both consolidated and separate basis									
3	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in									
	the Single Audit Act and OMB Circular A-133?	3a		<u>X</u>						
k	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the									
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b								

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

The Park City Foundation

Employer identification number 30-0171971

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P	art I	Reas	on for Public Cha	rity	Stat	tus (All o	rgani	izatio	ns mus	t con	npl	ete this	s part.) See	instru	ction	s.		
The	orga	nization is not	t a private foundation be	caus	se it is	: (For	lines	1 thro	ugh 11	, check o	only or	ne b	ox.)							
1	Ň		nvention of churches, o						-		-			i).						
2	П		cribed in section 170(I									•	,,,,,,							
3	П		a cooperative hospital							ection 1	70(b)((1)(A)(iii).							
4	Н	•	search organization ope		_)(b)(1)(Δ)/iii) F	nter th	e hosr	nital's n	ame	
•	Ш	city, and stat		raioc	a	Jinjain	JUIOIT V	vitir a i	Toopito	. 4050115	00 111 2			/(D /(1/(/	٠,(٠٠٠)٠ ١		C 1100k	Jitai 5 II	arrio,	
5		•	ion operated for the ber	ofit o			or uni	ivorcit		d or opo	rated k		govorn	 montal i	unit dos	ceribod	 in			
J	Ш	=	•			nege	or urn	iversity	y Owne	d or ope	i aleu i	Ју а	govern	meman	Jilli Ges	scribed				
_			(b)(1)(A)(iv). (Complete				-1 !4		SIL 1 S		470/1	. \ / 4 \	\ A \ \ - \							
6	37		ate, or local government	_							-									
7	X	_	ion that normally receiv				-	its su	upport	from a go	overnn	nen	tal unit d	or from t	ne gen	eral pul	Olic			
			section 170(b)(1)(A)(v		•		,													
8	Ц	-	trust described in sect																	
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.)																			
	_	acquired by t	the organization after Ju	ıne 3	0, 197	75. Se	e sec	tion 5	509(a)(2). (Com	plete F	Part	: III.)							
10		An organizat	ion organized and opera	ated 6	exclus	sively	to tes	t for pu	ublic sa	afety. Se	e sect	ion	509(a)((4).						
11		An organizat	ion organized and opera	ated 6	exclus	sively	for the	e bene	efit of, t	o perforn	n the f	unc	tions of,	or to ca	arry out	the				
		purposes of	one or more publicly su	pport	ed org	ganiza	ations	descri	ibed in	section (509(a)	(1)	or section	on 509(a	a)(2). S	ee sect	ion			
		509(a)(3). CI	neck the box that descri	bes t	he typ	oe of	suppo	rting o	rganiz	ation and	comp	lete	lines 1	1e throu	igh 11h	١.				
	 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 																			
е		By checking	this box, I certify that the	e org	anizat	tion is	not c	ontroll	led dire	ctly or in	directl	y by	one or	more di	squalifi	ied pers	sons			
	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 50	9(a)(2).					-	-		_									
f			ation received a written	dete	rmina	tion f	rom th	e IRS	that it	is a Type	e I, Typ	oe II	l, or Typ	e III sup	porting	1				
		_	check this box							,,			, ,,							
g		Since Augus	t 17, 2006, has the orga	anizat	tion a	ccept	ed anv	, aift o	r contr	ibution fr	om an	v of	the							. Ш
9		following pe	=				,	, 3				, -								
		• .	n who directly or indirec	tlv co	ntrols	eith	er alor	ne or to	ogethe	r with ne	rsons	des	cribed in	n (ii) and	1				Yes	No
			w, the governing body o	-					-	po								11g(i)	1	1
			member of a person de				_	izatioi										11g(ii)		
			controlled entity of a per					(ii) ah	 			• • •						11g(iii		
h		• •	following information ab				. ,	. ,				• • •						119(111	<u> </u>	<u> </u>
<u>n</u>	\ Nom			out ti						(iv) lo tho	orgoniza	otion	(v) Did	ou potifu	(vi)	lo tho		(rii) Am	ount of	
(I		e of supported ganization	(ii) EIN				-	ganizatio lines 1–9		(iv) Is the in col. (i)				ou notify		Is the tion in col.		(vii) Am supp		
		,				,		section		governing				of your		ized in the				
						(see	instruc	tions))						oort?		S.?				
<i>(</i> •)										Yes	No)	Yes	No	Yes	No				
(A)																				
(B)																				
(C)																				
											1									
(D)																				
(E)																				
				$\neg \top$																
Tota	al																			

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5. 7, or 8 of Part I or if the organization failed to qualify up

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	•	•		<u> </u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	749,261	389,432	532,195	2,167,403	934,	363	4,772,654
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	749,261	389,432	532,195	2,167,403	934,	363	4,772,654
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							0.107.011
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4							2,107,311
	etion B. Total Support	l .						2,665,343
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011		(f) Total
7	Amounts from line 4	749,261	389,432	532,195	2,167,403	934,	363	4,772,654
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,334			19,998		444	105,681
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10							4,878,335
12	Gross receipts from related activities, etc	c. (see instructions)			L	12	57,444
13	First five years. If the Form 990 is for the	e organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section t	501(c)(3)		
	organization, check this box and stop he						<u></u>	
Sec	tion C. Computation of Public							
14	Public support percentage for 2011 (line			mn (f))			14	54.64%
15	Public support percentage from 2010 Sc						15	48.94%
16a	33 1/3% support test—2011. If the orga				s 33 1/3% or more	e, check this		
	box and stop here. The organization qua							> X
b	33 1/3% support test—2010. If the orga				e 15 is 33 1/3% or	r more,		
47-	check this box and stop here. The organ	•			40 40			
17a	10%-facts-and-circumstances test—2	_						
	10% or more, and if the organization meet Part IV how the organization meets the "la				•	•		
	organization							▶ □
h	organization							
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organizatio	_						
	Explain in Part IV how the organization m				-			
				G	•			▶ □
18	Private foundation. If the organization of	lid not check a ho						
								▶ □
	instructions							<u> </u>

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

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

<u></u>	tion A Dublic Cumpart	quality arraor	the teete hete	a bolotti, ploac	o oompioto i c	<u> </u>	
	tion A. Public Support				(0		
Calei	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
С	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 th	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop he		· · · · · · · · · · · · · · · · · · ·	<u></u>			▶ 🔽
Sec	tion C. Computation of Public S						
15	Public support percentage for 2011 (line	8, column (f) divid	ed by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2010 Sch	nedule A, Part III, I	line 15				%
Sec	tion D. Computation of Investm	<u>ient Income P</u>	Percentage				
17	Investment income percentage for 2011	(line 10c, column ((f) divided by line	13, column (f))		17	%
18	Investment income percentage from 201					4.0	%
19a	33 1/3% support tests—2011. If the org	anization did not d					_
	17 is not more than 33 1/3%, check this b	oox and stop here	. The organization	n qualifies as a pu	blicly supported o	rganization	
b	33 1/3% support tests—2010. If the org						
	line 18 is not more than 33 1/3%, check t	his box and stop l	here. The organiz	ation qualifies as	a publicly support	ed organization	▶ 🔲
20	Private foundation. If the organization of						▶ □

Schedule A (Form 990 or 990-EZ) 201	1 The Park	City	Foundation	n	30-0171971	Page 4
Part IV	Supplemental Inf Part II, line 17a or instructions).	formation. Com 17b; and Part II	plete this I, line 12.	part to provide Also complete	the explanations this part for any a	30-0171971 required by Part II, line 10; additional information. (See	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No. 1545-0047
2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

 $If the organization \ answered \ ``Yes" \ to \ Form \ 990, Part \ IV, line \ 5 \ (Proxy \ Tax) \ or \ Form \ 990-EZ, Part \ V, line \ 35c \ (Proxy \ Tax), then$

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nam	ne of organization The Park City Founda	tion		Employer identifica 30-01719	71			
Pai	Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.							
1	Provide a description of the organization's direct and indir	ect political campaign activitie	s in Part IV.					
2	Political expenditures			▶\$				
3	Volunteer hours							
Dai	t I-B Complete if the organization is exe							
1	Enter the amount of any excise tax incurred by the organi			▶ \$				
2	Enter the amount of any excise tax incurred by organization	on managers under section 49	 155					
3	If the organization incurred a section 4955 tax, did it file F	orm 4720 for this year?		· · · · · · · · · · · · · · · · · · ·	Yes No			
-	Was a correction made?				= =			
	If "Yes," describe in Part IV.							
Pai	t I-C Complete if the organization is exe	mpt under section 501	(c), except se	ection 501(c)(3).				
1	Enter the amount directly expended by the filing organizat	tion for section 527 exempt fur	nction		_			
	activities			▶\$				
2	Enter the amount of the filing organization's funds contribution	uted to other organizations for	section					
	527 exempt function activities			▶\$				
3	Total exempt function expenditures. Add lines 1 and 2. Er							
	line 17b			▶\$				
4	Did the filing organization file Form 1120-POL for this year	ar?			Yes No			
5	Enter the names, addresses and employer identification n				-			
	organization made payments. For each organization listed	•						
	the amount of political contributions received that were pro-			-				
	as a separate segregated fund or a political action commi							
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and			
				funds. If none, enter -0	promptly and directly			
					delivered to a separate			
					political organization. If none, enter -0			
(1)								
(2)								
(3)								
(3)								
(4)								
(5)								
(6)								

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

Schedule C (Form 990 or 990-EZ) 2011

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total			
2a Lobbying nontaxable amount								
b Lobbying ceiling amount (150% of line 2a, column(e))								
c Total lobbying expenditures								
d Grassroots nontaxable amount								
e Grassroots ceiling amount (150% of line 2d, column (e))								
f Grassroots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2011

_	2
Page	J

The Park City Foundation Schedule C (Form 990 or 990-EZ) 2011 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (b) For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? X X **b** Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? X c Media advertisements? **d** Mailings to members, legislators, or the public? X X e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? X g Direct contact with legislators, their staffs, government officials, or a legislative body? 600 h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 600 X 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? **b** If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) if Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 2a **b** Carryover from last year Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbving and political expenditure next year? 4 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information. Schedule C, Part II-B, Line 1 Attended a conference with congressional members intended to educate elected officials on the issues facing not-for-profit organizations.

Schedule C (Form 99	0 or 990-EZ) 2011	The P	ark Cit	y Foun	dation	30-0171971	Page 4
Part IV	90 or 990-EZ) 2011 Supplement	al Inform	nation (cont	tinued)			
	• •		,	,			

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2011
Open to Public Inspection

Name of the organization

Employer identification number

T	he Park City Foundation		30-0171971
Pi	organizations Maintaining Donor Advised organization answered "Yes" to Form 990, Par		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	35	24
2	Aggregate contributions to (during year)	226,725	766,434
3	Aggregate grants from (during year)	273,359	
4	Aggregate value at end of year	1,901,317	2,320,776
5	Did the organization inform all donors and donor advisors in writing to	that the assets held in donor advised	
	funds are the organization's property, subject to the organization's e		X Yes No
6	Did the organization inform all grantees, donors, and donor advisors		
	only for charitable purposes and not for the benefit of the donor or d		.
	conferring impermissible private benefit?		X Yes No
	rt II Conservation Easements. Complete if the or		orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (che		
	Preservation of land for public use (e.g., recreation or education		
	Protection of natural habitat	Preservation of a certified histor	ic structure
2	Preservation of open space Complete lines 2a through 2d if the organization held a qualified con	accruation contribution in the form of a con	occupation.
2	easement on the last day of the tax year.	iservation contribution in the form of a con	iservation
	the last day of the last year.		Held at the End of the Tax Year
а	Total number of conservation easements		_
	T		01.
	Number of conservation easements on a certified historic structure i		0-
	Number of conservation easements included in (c) acquired after 8/	* *	
	historic structure listed in the Netional Decistor	· · · · · · · · · · · · · · · · · · ·	2d
3	Number of conservation easements modified, transferred, released,		ization during the
	tax year ▶		•
4	Number of states where property subject to conservation easement	is located ▶	
5	Does the organization have a written policy regarding the periodic m	nonitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enf	forcing conservation easements during the	e year
	>		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	ng conservation easements during the yea	ar
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satis	sfy the requirements of section 170(h)(4)(l	
_			
9	In Part XIV, describe how the organization reports conservation eas balance sheet, and include, if applicable, the text of the footnote to t	·	
	organization's accounting for conservation easements.	ne organization's illiancial statements tha	it describes the
Pá	int III Organizations Maintaining Collections of A	Art. Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" t		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958)		nd balance sheet
	works of art, historical treasures, or other similar assets held for pub	•	
	public service, provide, in Part XIV, the text of the footnote to its fina	ancial statements that describes these iter	ns.
b	If the organization elected, as permitted under SFAS 116 (ASC 958)), to report in its revenue statement and be	alance sheet
	works of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	rtherance 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,		provide the
	following amounts required to be reported under SFAS 116 (ASC 95		
a	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ \$

	dule D (Form 990) 2011 THE PAIX				LILVIL	rage	
************	rt III Organizations Maintaini					sets (continue	a)
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other recor	ds, check any of the fo	ollowing that are a sigi	nificant use of its		
а	Public exhibition	d 🔲 1	Loan or exchange pro	grams			
b	Scholarly research	е 🗌 (Other				
С	Preservation for future generations						
4	Provide a description of the organization's	collections and expla	in how they further the	e organization's exemp	ot purpose in Part		
	XIV.						
5	During the year, did the organization solicit	or receive donations	of art, historical treas	ures, or other similar			
	assets to be sold to raise funds rather than	to be maintained as	part of the organization	n's collection?		Yes 🗌 I	No
Pa	rt IV Escrow and Custodial A	rrangements. C	omplete if the org	anization answer	ed "Yes" to For	n 990, Part IV,	
************	line 9, or reported an amo						
1a	Is the organization an agent, trustee, custo	dian or other interme	diary for contributions				
	included on Form 990, Part X?					Yes I	No
b	If "Yes," explain the arrangement in Part X	IV and complete the f	ollowing table:				
						Amount	
С	Beginning balance				1c		_
	Additions during the year						_
е	Distributions during the year				1e		_
f	Ending balance						_
2a	Did the organization include an amount on	Form 990. Part X. lin	e 21?			Yes	No
	If "Yes," explain the arrangement in Part X		· - · · · · · · · · · · · · · · · · · ·			🗀 🗀 -	
	rt V Endowment Funds. Con	nplete if the organ	nization answered	"Yes" to Form 99	00. Part IV. line	10.	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years bac	
1a	Beginning of year balance	270,973	100	, , ,			
	Contributions	49,710	262,273	100			
	Net investment earnings, gains, and	- ,	- , -			+	-
·		-6,469	8,664				
ч		1,400	0,001				
	Grants or scholarships Other expenditures for facilities and	1,100				+	
-		147					
£	programs	578	64			+	
	Administrative expenses	312,089	270,973	100		_	
g	End of year balance			Į.			
2	Provide the estimated percentage of the co	3.00 %	ce (line 1g, column (a)	neid as:			
a	Board designated or quasi-endowment ► Permanent endowment ► 97.00 %						
		0/					
C	Temporarily restricted endowment ▶	%					
•	The percentages in lines 2a, 2b, and 2c sh	•					
за	Are there endowment funds not in the pos	session of the organiz	ation that are held and	d administered for the		[V] A	
	organization by:						No.
						·· 	<u>X</u>
	(ii) related organizations						X
b	If "Yes" to 3a(ii), are the related organization					3b	
4	Describe in Part XIV the intended uses of						
_ <u></u>	rt VI Land, Buildings, and Eq						
	Description of property	(a) Cost or other b	` '	` '	ccumulated	(d) Book value	
		(investment)	(othe	n) de	preciation		
	Land						
	Buildings						
	Leasehold improvements						
	Equipment						
	Other			55,172	54,013	11,15	<u>9</u>
Tota	I. Add lines 1a through 1e. (Column (d) mus	st equal Form 990, Pa	rt X, column (B), line	10(c).)		11,15	59

Part VII Investments—Other Securities. See Form 99	90, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method o	of valuation:
(including name of security)		Cost or end-of-ye	ear market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related. See Form 9	90, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method o	of valuation:
		Cost or end-of-ye	ear market value
(1)			
(2)			
_(3)			
_(4)			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
(10)			
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
(1)			
(2)			
_(3)			
_(4)			
(5)			
(6)			
(7) (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		•	
Part X Other Liabilities. See Form 990, Part X, line 2	5.		
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) Agency Endowment Fund	199,516		
(3)			
_(4)			
(5)			
(6)			
(7)		1	
(8) (Q)			
<u>(9)</u> (10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	199,516		

2. FIN 48 (ASC 740) 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 (ASC 740).

e D (Form 990) 2011 The Park City Foundation	10 to A - 111	30-0171971		Page 4
XI Reconciliation of Change in Net Assets from Form 99				000 150
otal revenue (Form 990, Part VIII, column (A), line 12)			1	993,156
otal expenses (Form 990, Part IX, column (A), line 25)			2	798,286
ccess or (deficit) for the year. Subtract line 2 from line 1			3	194,870
et unrealized gains (losses) on investments			4	-92,272
onated services and use of facilities			5	
vestment expenses			6	
ior period adjustments			7	
her (Describe in Part XIV.)			8	00 070
otal adjustments (net). Add lines 4 through 8			9	-92,272
ccess or (deficit) for the year per audited financial statements. Combine lines 3 a			10	102,598
XII Reconciliation of Revenue per Audited Financial Stat				000 004
tal revenue, gains, and other support per audited financial statements			1	900,884
nounts included on line 1 but not on Form 990, Part VIII, line 12:	1 . 1	00 000		
et unrealized gains on investments	. 2a	-92,272		
onated services and use of facilities	2b			
ecoveries of prior year grants	2c			
her (Describe in Part XIV.)	2d			
ld lines 2a through 2d			2e	-92,272 993,156
ubtract line 2e from line 1			3	993,156
nounts included on Form 990, Part VIII, line 12, but not on line 1:				
vestment expenses not included on Form 990, Part VIII, line 7b				
her (Describe in Part XIV.)	4b			
Id lines 4a and 4b			łc	
otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) \dots			5	993,156
XIII Reconciliation of Expenses per Audited Financial Sta	tements W	<u>′ith Expenses per</u>	Return	1
otal expenses and losses per audited financial statements			1	798,286
nounts included on line 1 but not on Form 990, Part IX, line 25:				
onated services and use of facilities	. 2a			
ior year adjustments	2b			
her losses	2c			
her (Describe in Part XIV.)	2d			
ld lines 2a through 2d			2e	
ıbtract line 2e from line 1	,,		3	798,286
nounts included on Form 990, Part IX, line 25, but not on line 1:				
vestment expenses not included on Form 990, Part VIII, line 7b	4a			
her (Describe in Part XIV.)	4b			
ld lines 4a and 4b			4c	
stal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	798,286
XIV Supplemental Information				
e this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part $$				
ine 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines	2d and 4b. Also	o complete this part to	provide	
tional information.				
t V, Line 4 - Intended Uses for Endowm	ent Fun	ds		
	tuity	All earnin	as fr	om the fu
s endowment fund will be held in perpe				
s endowment fund will be held in perpe			_	
s endowment fund will be held in perpe be expended to support the operations		Foundation		
·····		Foundation	······	
be expended to support the operations	of the	Foundation		
·····	of the	Foundation		
be expended to support the operations	of the			ıt. Fund

Schedule D (Form 990) 2011 The Park City Foundation	30-0171971	Page 5
Part XIV Supplemental Information (continued)		
manage. Therefore we recognize the assets plu	ıs any net	
appreciation/depreciation as a liability on ou	ır consolidated	financial
statements.		
*		
•		
• • • • • • • • • • • • • • • • • • • •		

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

Open to Public Inspection

Name of the organization						dentification number	
The Park City Fo					30-0:	<u> 171971 </u>	
Part I General Information on Grants							
 Does the organization maintain records to substanti the selection criteria used to award the grants or as Describe in Part IV the organization's procedures for 	sistance?or monitoring the use o	f grant fun	ds in the United States				
Part II Grants and Other Assistance to Form 990, Part IV, line 21, for Part II can be duplicated if additional	o Governments a any recipient that	and Organical Procession	anizations in the dimore than \$5,000	United States. O. Check this bo	x if no one reci	pient received	more than \$5,000.
 (a) Name and address of organization or government 	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Friends of Animals Utah							
PO Box 682155							Animal Protection
Park City UT 84068	87-0482464		8,274				
(2) KPCW							
PO Box 1372							Community
Park City UT 84060	94-2528451		7,200				
(3) KPCW							
PO Box 1372							Community
Park City UT 84060	94-2528451		6,750				_
(4) Mountainlands Community Housing	J Tru						
1960 Sidewinder Drive, Suite 10)7						Health & Human Resou
Park City UT 84060	87-0514438		8,000				
(5) National Ability Center							
PO Box 682799							Sports & Recreation
Park City UT 84068	94-3025807		5,900				
(6) Park City Day School							
3120 Pinebrook Rd							Education
Park City UT 84098	87-0530835		10,075				
(7) Park City High School							
1750 Kearns Boulevard							Education
Park City UT 84060	87-6000509		25,000				
(8) Peace House, Inc							
1960 Sidewinder Drive, Suite 21	L4.						Health & Human Resou
Park City UT 84060	87-0500067		8,500				
(9) People's Health Clinic, Inc							
PO Box 681558							Health & Human Resou
Park City UT 84068	87-0638042		8,616				
2 Enter total number of section 501(c)(3) and governr	nent organizations list	ed in the lir	ne 1 table				<u>109</u>
3 Enter total number of other organizations listed in the	e line 1 table						▶

SCHEDULE I (Form 990)

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

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization The Park City Foundation						Employer identification number 30-0171971		
Part I General Information on Grants a					30-0	1/19/1		
Does the organization maintain records to substantiate the selection criteria used to award the grants or assist Describe in Part IV the organization's procedures for matter and Other Assistance to Compart II of Form 990, Part IV, line 21, for an Part II can be duplicated if additional contents.	the amount of the tance?onitoring the use of the control of the use of the control of the tance? The control of the tance of tance of tance of tance of the tance of t	grants or a of grant fun and Org received	ds in the United States anizations in the more than \$5,00	United States.	Complete if the	e organization sipient received	answered "Yes" I more than \$5,000.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisa other)		(h) Purpose of grant	
(1) People's Health Clinic, Inc PO Box 681558 Park City UT 84068	87-0638042	11	7,658		,		Health & Human Resou	
(2) Recycle Utah 1951 Woodbine Way Park City UT 84068	87-0480848		7,500				Environment	
(3) Ski Utah School Program 150 West 500 South Salt Lake City UT 84101	87-0350943		37,000				Sports & Recreation	
(4) The Park City Education Foundation PO Box 681499 Park City UT 84068	74-2552454		9,000				Education	
(5) The Park City Education Foundation PO Box 681499 Park City UT 84068	74-2552454		7,500				Education	
(6) Uinta Headwaters Resource PO Box 683595 Park City UT 84068	87-0622430		5,541				Community	
(7) Utah Symphony & Opera 1912 Sidewinder Drive Suite 207 Park City UT 84060	51-0145980		10,300				Arts & Culture	
(8) Youth Winter Sports Alliance PO Box 681698 Park City UT 84068	52-2383750		10,875				Sports & Recreation	
(9)								
 Enter total number of section 501(c)(3) and government Enter total number of other organizations listed in the limitation 	no ditable		ne 1 table				>	

Part III Grants and Other Assistance Part III can be duplicated if addi			mplete if the organiz	zation answered "Yes" to I	Form 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV, appraisal, other)	(f) Description of non-cash assistant
1 Scholarships for Athletes	5	50,500			
2 Educational Supplies Gran	1	2,735			
3					<u> </u>
4					
5					
6					
7					
Part IV Supplemental Information. Co	mplete this part to pr	ovide the informatio	n required in Part I,	line 2, and any other addi	tional information.
Part I, Line 2 - Procedure	s for Monitor	ring the Use	of Grant Fur	nds	
The Organization visits ea	ch nonprofit	grantee rece	eiving funds	from our	
competitive grant process.	Site visits	s are conduct	ed by staff	and board	
members of each organizati	on and result	t in a summar	ry report ava	ailable to	
all of The Park City Found	ation board r	members.			
•					
•		• • • • • • • • • • • • • • • • • • • •			

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► See separate instructions.

The Park City Foundation 30-0171971 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction No (1) (2) (3)(4) (5) (6)Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (c) Original (a) Name of interested person and purpose (b) Loan to (d) Balance due (e) In default? (f) Approved (g) Written or from the principal amount by board or agreement? organization? committee? To From Yes No Yes No Yes No (9) (10)Total **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount and type of assistance organization (1) (2)(3)(4) (5)(6)

(7) (8) (9)

Schedule L (Form 990 or 990-EZ) 2011

	(a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Description of transaction		(e) Sharing of org. revenues?	
		interested person and the organization	transaction				
(1) Powdr	Corporation	owner/director	9,000	Rent office space		Х	
(3)							
(2) (3) (4) (5)							
(5)							
(6)							
(/) (Q)							
(0) (9)							
(7) (8) (9)							
Part V	Supplemental Information Complete this part to provide addition	al information for responses to ques	tions on Schedule L ((see instructions).			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Name of the organization The Park City Foundation Employer identification number 30-0171971

Pa	irt I Types of Property	CICY	roundacton		30 017	1371
	- ,,p	(a)	(b)	(c)	(d)	
		Check if	Number of contributions or	Noncash contribution	Method of dete	erminina
		applicable	items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contributi	
1	Art Works of art			Tomi 990, Fait Viii, line 1g		
2	Art—Works of art Art—Historical treasures					
3	Art—Fractional interests					
4						
	Books and publications					
5	Clothing and household					
	goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property	х	2	42 110	Fair Market V	201110
9	Securities—Publicly traded		_ _	42,110	rail Market v	alue
10	Securities—Closely held stock					
11	Securities—Partnership, LLC,					
10	or trust interests					
12	Securities—Miscellaneous					
13	Qualified conservation					
	contribution—Historic					
4.4	structures					
14	Qualified conservation					
4-	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 29	Other ►() Number of Forms 8283 received by	the ergen	ization during the tay ye	ar for contributions for		
23	which the organization completed F	J	,		29	
	which the organization completed F	01111 0203	, Fait IV, Donee Acknow	neugement	29	Yes No
30a	During the year, did the organization	n roccivo l	ay contribution any prop	orty reported in Part I. lines	a 1 00 that	les No
Jua	it must hold for at least three years					
						30a X
h	used for exempt purposes for the e If "Yes," describe the arrangement i		ig periou?			30a A
b 21	· · · · · · · · · · · · · · · · · · ·		nalicy that requires the	ravious of any non atandar	d	
31	Does the organization have a gift acceptable to the contributions?	•		-		31 X
20-					noncoch	31 X
32a	Does the organization hire or use the	•	•	•		200
L						32a X
b	If "Yes," describe in Part II.	omoviet !	aclumn (a) far a tur	nronarty for which actions	a (a) is shooked	
33	If the organization did not report an	amount in	column (c) for a type of	property for which column	i (a) is checked,	
	describe in Part II.					

Schedule M (For	m 990) (2011)	The Par	k City	Foundatio	n	30-01719	971	Page 2
Part II	Suppler and 33,	nental Infor and whether	mation. Cor the organiza	nplete this part ation is reportir	t to provide the in ng in Part I, colum noth. Also comple	formation requing (b), the number	red by Part I per of contrib	, lines 30b, 32b, outions, the
				_				
Part	I, Line	≥ 32b - '	Third Pa	arty Used	to Process	Noncash	Contrib	utions
The F	oundati	lon uses	a third	d party,	JP Morgan,	to sell s	tock gi	fts.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

The Park City Foundation

Employer identification number 30-0171971

Form 990 - Organization's Mission or Most Significant Activities							
The Park City Foundation connects private philanthropy with the greater							
Park City community by optimizing the impact of each charitable gift. As community foundation, we offer professional strategies and services for ou							
the community.							
Form 990, Part I, Line 6							
In 2011, we used the services of about 20 volunteers primarily with a							
community-wide giving campaign. This included a volunteer who did							
philanthropy education in schools, a team of three volunteers who did							
geographic design/branding, a volunteer who wrote and crafted our campaign							
website, newsletter, Public Service Announcements, etc. Highly skilled							
volunteers are used to create professional campaigns at minimal costs.							
Form 990, Part III, Line 4d - All Other Accomplishment							
The organization was able to offer five different Athletic							
Scholarships and one grant for educational supplies.							
Form 990, Part VI, Line 11b - Organization's Process to Review Form 990							
The Audit Committee was given a copy of the 990 before it was filed with							
the IRS. They were given a chance to review the 990 and offer any							
suggested changes.							
Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy							

Name of the organization The Park City Foundation	Employer identification number 30-0171971
Board Members are required to report any relat	ionship prior to grant
decisions, and abstain from decision making who	en there is a conflict of
interest. Each board member fills out a confl	ict of interest form annuall
during the competitive grant decisions.	
Form 990, Part VI, Line 15a - Compensation Pro-	cess for Top Official
Executive Director's compensation was approved	by the Board of Directors.
Form 990, Part VI, Line 19 - Governing Document	ts Disclosure Explanation
The Park City Foundation's audit and 990 are a	vailable on their website.
All other governing documents and policies are	available upon request.

Form **4562**

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Identifying number

Department of the Treasury Internal Revenue Service

▶ See separate instructions.

► Attach to your tax return.

The Park City Foundation 30-0171971 Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 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) 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 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 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 2012. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 7.995 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2011 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 2011 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (a) Depreciation deduction only-see instructions) 19a 3-year property b 5-year property 7-year property C 10-year property 15-year property 20-year property S/L 25-year property 25 yrs. Residential rental S/L 27.5 yrs. MM property MM S/L 27.5 yrs. MM Nonresidential real 39 yrs. S/L property MM S/L Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/L 40-year 40 yrs. S/L Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 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 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs