

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2008 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

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

**C Name of organization**  
**The Park City Foundation**  
 Doing Business As \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**PO Box 681499**  
 City or town, state or country, and ZIP + 4  
**Park City UT 84068**

**D Employer identification number**  
**30-0171971**

**E Telephone number**  
**435-640-8581**

**G Gross receipts \$** **438,718**

**F Name and address of principal officer:** \_\_\_\_\_

**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:** **www.theparkcityfoundation.org**

**K Type of organization:**  Corporation  Trust  Association  Other

**L Year of formation:** **2004** **M State of legal domicile:** **UT**

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>The Park City Foundation connects private philanthropy with the greater Park City community by optimizing the impact of each charitable gift. As a community foundation, we offer professional strategies and services for our</b>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3 13</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4 13</b>
	5 Total number of employees (Part V, line 2a)	<b>5 2</b>
	6 Total number of volunteers (estimate if necessary)	<b>6 6</b>
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>
b Net unrelated business taxable income from Form 990-T, line 34	<b>7b 0</b>	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	<b>Prior Year 486,762 Current Year 425,195</b>
	9 Program service revenue (Part VIII, line 2g)	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>9,194 13,523</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>495,956 438,718</b>
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>82,045 213,525</b>
	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)	<b>55,975 206,121</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	
	b Total fundraising expenses (Part IX, column (D), line 25)	<b>134,876</b>
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>50,123 103,390</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>188,143 523,036</b>
19 Revenue less expenses. Subtract line 18 from line 12	<b>307,813 -84,318</b>	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	<b>Beginning of Year 476,032 End of Year 1,637,713</b>
	21 Total liabilities (Part X, line 26)	<b>22,954</b>
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>476,032 1,614,759</b>

**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: **Trisha Worthington** Date: \_\_\_\_\_  
 Type or print name and title: **Executive Director**

**Paid Preparer's Use Only**  
 Preparer's signature: \_\_\_\_\_ Date: **11/16/09**  
 Check if self-employed:  Preparer's identifying number (see instructions): **87-0624335**  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **Niederhauser & Davis, LLC PO Box 680460 Park City, UT 84068-0460**  
 EIN: **87-0624335**  
 Phone no.: **435-655-3300**

**Part III Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission:

**The Park City Foundation connects private philanthropy with the greater Park City community by optimizing the impact of each charitable gift. As a community foundation, we offer professional strategies and services for our**

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

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

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 \$ **281,768** including grants of \$ **213,525** ) (Revenue \$ )

**The organization was able to donate to forty six different organizations in the greater Park City area.**

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

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 ► \$ **281,768** (Must equal Part IX, Line 25, column (B).)

