Form **990**

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

OMB No. 1545-0047

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.

Α	For the	2012 calen	dar year, or tax year begir	ining	, 2012,	and ending	J		,		
В	Check if ap	pplicable:	C				D Emp	loyer Iden	tification Number		
	Addre	ess change	UTAH PRIDE CENTE	87	87-0504077						
	Name	e change	GAY AND LESBIAN		ER OF UTA	.H		hone nun			
	-	return	355 NORTH 300 WE	ST			/9	01) 5	539-8800		
	\vdash	inated	SALT LAKE CITY,	UT 84103-1215				01/	133-0000		
	\vdash						۔ ا		Å 0.000.04E		
	H	nded return	<u> </u>					s receipts			
	Applic	cation pending	F Name and address of principa	officer:			(a) Is this a group re				
			SAME AS C ABOVE				f (b) Are all affiliates i If 'No,' attach a fi	ncluded? st. (see in	structions) Yes No		
<u> </u>	Tax-exe	mpt status	X 501(c)(3) 501(c) ()◀ (insert no.)	4947(a)(1) or	527					
J	Websi	ite: ► WW	W.UTAHPRIDECENTE	R.ORG			(c) Group exemption	number ^l	-		
K	Form of	organization:	X Corporation Trust	Association Other►	LY	ear of Formatio	on: 1992 M	State of	legal domicile: UT		
Pa	irt l	Summar	v		•		•		· .		
	1 Br	riefly descri	be the organization's miss	ion or most significant a	activities: тн	IE UTAH	PRIDE CENT	ER TS	S A		
ď.	l c	OMMUNIT	Y-BASED ORGANIZA	TION THAT PROVI	DES SUPPO	ORT. EDI	ICATION. O	ITREA	CH AND		
& Governance	Ā	DVOCACY	FOR LESBIAN, GA	Y, BISEXUAL, TR	ANSGENDE	R. OUEE	RINDIVIDU	LS A	ND THETR		
Ë	Ā		THROUGH PROGRAMS						<u></u>		
š	2 Ĉł		x F if the organization				e than 25% of it	s net as	ssels.		
Ö	3 Nu	umber of vo	ting members of the gover	rning body (Part VI, line	e la)			. 3	13		
တ			dependent voting members						13		
ë	5 To	tal number	of individuals employed in	ı calendar year 2012 (P	art V, line 2a))		. 5	27		
Activities			of volunteers (estimate if						20		
Ă			d business revenue from l						0.		
	b Ne	et unrelated	business taxable income	from Form 990-T, line 3	34 <u></u>	• • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	7 b	0.		
							Prior Yea		Current Year		
ø			and grants (Parl VIII, line					585.	1,521,473.		
ᇎ			ice revenue (Part VIII, line					919.	239,221.		
Revenue			come (Part VIII, column (A					019.	579.		
"			e (Part VIII, column (A), lîr					764.	232,102.		
			- add lines 8 through 11				1,224,	287.	1,993,375.		
			milar amounts paid (Part I		•						
	1 4 Be	enefits paid	to or for members (Part I)	(, column (A), line 4)							
اير	1 5 Sa	laries, othe	r compensation, employee	e benefits (Part IX, colu	mn (A), lines	5-10)	484,	204.	706,133.		
Expenses	16a Pro	ofessional f	undraising fees (Part IX, o	column (A), line 11e)				354.	32,675.		
힕	h To	tal fundrais	ing expenses (Part IX, col	umn (D) line 25) ►	1.0	5,581.		X-1 (
ă			es (Part IX, column (A), lir				670	100			
							679,		774,711.		
			es. Add lines 13-17 (must e				1,178,		1,513,519.		
8 8	19 Re	venue less	expenses. Subtract line 18	8 from line 12		• • • • • • • • • • • • • • • • • • • •		607.	479,856.		
2 2	00 Tal	1all- (DLV E 16)				Beginning of Curre		End of Year		
Assets d Balanc			Part X, line 16)		• • • • • • • • • • • • • • • • • • • •		620,		2,168,878.		
謳			s (Part X, line 26)	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	36,	553.	1,105,575.		
			fund balances. Subtract lin	ne 21 from line 20			583,	447.	1,063,303.		
Pa		Signature	e Block								
Unde	r penalties	of perjury, I dec	clare that I have examined this returer (other than officer) is based on a	rn, including accompanying sch	edules and statem	ents, and to the	e best of my knowledg	e and bel	ief, it is true, correct, and		
сопр	iele. Deciai	iauon oi piepar	er (other than officer) is based on a	all illionnation of which prepare	r nas any knowledg	ge.					
		Diameter	e of officer								
Sig	n						Date				
Hei	re		I BOYER				PRESIDENT				
			print name and title.	r=				· · · · · ·			
		Print/Type pri	eparer's name	Preparer's signature		Date	Check	if	PTIN		
Pai		TED L.	HILL			8/07/1	.3 self-emplo	yed	P00097426		
Pre	parer	Firm's name	► EIDE BAILLY I	LP					-		
Use	Only	Firm's addres				,	Firm's EIN	► 45·	-0250958		
			SALT LAKE CIT				Phone no.				
Mav	the IRS	discuss this	s return with the preparer		tructions)				X Yes No		
			duction Act Notice see the	•					- M Tes NO		

art III Statement of Progr	am Service Accomplishments	87-0504077	Pag
	ntains a response to any question in this Part III		
Briefly describe the organization			
SEE SCHEDULE O			
Did the organization undertake a			
	ny significant program services during the year which were not		a
If 'Yes,' describe these new se	nices on Schodulo O	∐ Yes [∑	g N
	ducting, or make significant changes in how it conducts, a	ny program conject 7	71 x,
If 'Yes,' describe these change		ny program services? Yes	N
_	gram service accomplishments for each of its three largest organizations and section 4947(a)(1) trusts are required to report revenue, if any, for each program service reported.	l program services, as measured by exp rt the amount of grants and allocations lo	ense
a (Code:) (Expenses	750,335, including grants of \$) (Revenue \$	
IN ADDITION TO BEIN	G THE CENTRAL CLEARING HOUSE FOR GLBT		
FRIENDS, THE CENTER	HAS AN EXPANSIVE OUTREACH AND EDUCAT	TION PROGRAM THAT SERVES T	o -
	MAL TRAINING, FILMS, DISCUSSIONS, SOC		
COMMUNITY-WIDE EVEN	TS. THIS ARM INCLUDES CULTURAL COMPET	PENCY EDUCATION DESIGNED	
SPECIFICALLY FOR UT	AH SOCIAL SERVICES AGENCIES, SCHOOLS	AND HEALTH CARE FACILITIE	S.
IT ALSO INCLUDES EX	PANSIVE EFFORTS TO EDUCATE THOSE WHO	WORK TO SUPPORT OUT OF HO)ME
YOUTH. THE CENTER A	ND OUR VOLUNTEER ARMY ARE RESPONSIBLE	FOR UTAH'S SECOND LARGES	ST_
FESTIVAL (THE UTAH	PRIDE FESTIVAL) WHICH ATTRACTS OVER 2	20,000 PARTICIPANTS. MUCH	<u>OF</u>
AND BETTER UNDERSTA	UCATION WORK IS SUPPORTED BY VOLUNTEE NDING WITHIN THE GLBT COMMUNITY AND E	RS COMMITTED TO HUMAN RIG	HT
		~~~~~~	
(Codo: \(\sigma\)	A 000 FGC 1 / F		
	\$ 271,566. including grant of \$	) (Revenue \$ 239,	<u> 221</u>
SEE_SCHEDULE_O			. — —
	~		
(Code:) (Expenses	\$ including grants of \$	) (Revenue \$	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Other program services. (Descri (Expenses \$		(Revenue \$)	
Total program service expense		, , , , , , , , , , , , , , , , , , , ,	
	TEEA0102L 08/08/12	Form 990	(20

<u>F.C</u>	official to required schedules			
		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 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 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		х
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 Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9	:	Х
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	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	11 b		Х
	c Did the organization report an amount for investments – program relation Fig. 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	11 c		Х
	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.	11 d	Х	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a foolnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a	Х	
	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 and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		х
	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		X
	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		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17	х	
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	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Forn	n 990 (2012) UTAH PRIDE CENTER, INC.	87-0504077	F	age 4
Pär	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	in the 21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States of IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	on Part 22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	s current		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b throug complete Schedule K. If 'No,'go to line 25	ih 24d and		х
ŀ	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to do any tax-exempt bonds?			•
c	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transact disqualified person during the year? If 'Yes,' complete Schedule L, Part I	tion with a 25a		Х
Ŀ	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior ye that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' composition's prior Prior Forms 990 or 990-EZ? If 'Yes,' composition's prior Prior Forms 990 or 990-EZ? If 'Yes,' composition's prior Prior Forms 990 or 990-EZ? If 'Yes,' composition's prior Prior Forms 990 or 990 or 990 or 990 or 990 or	plete		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule	, or L., Part II 26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantia contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family me of any of these persons? If 'Yes,' complete Schedule L, Part III.	al ember 27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		### ####	
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yas,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key emprove of a family member thereof) was officer, director, trustee, or direct or indirect owner? If 'Yes' complete Bosedule L, Part IV	as an		Х
29	Did the organization receive more than \$25,000 in non-cash costributions? If 'Yes,' complete Schedule Management of the organization receive more than \$25,000 in non-cash costributions?	M29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified contributions? If 'Yes,' complete Schedule M	conservation 30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule	N, Part I 31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II			Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations set 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	ections		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts In and V, line 1			Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a content of the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	ontrolled 35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable re organization? If 'Yes,' complete Schedule R, Part V, line 2	elated		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization are treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	nd that is		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19 Note. All Form 990 filers are required to complete Schedule O	? 38	Х	
BAA		Form	990 (2012)

<u>u</u>	Check if Schedule O contains a response to any question in this Part V			. Г
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			F/7.10.3
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	116011		¥ 13
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		製掘	
•	(gambling) winnings to prize winners?	1 c	X	
2 a	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 27			1
				12.0
Ł	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	TELEFIE
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		Х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	TE CONTRACT	24.504
t	o 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 Financial Accounts.			1
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	100.10	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	the 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
		- 30		
6 8	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not lax deductible as charitable contributions?	6a		X
		- 0a		
Ł	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	<u> </u>	Towns	Til.
			27.10 h	
ā	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	13.2.12.3	X
ı	of the sprovided to the peyor	7 b		
	Did the organization sell, exchange, or otherwise dispose of langible personal property for which it was required to file	<u> </u>		T
	Form 8282?	7с	L	X
	If 'Yes,' indicate the number of Forms 8282 filed during the year	1000000 100000000000000000000000000000		-
6	Did the organization receive any funds, directly or indirectly to pay promums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or instructly, on a personal benefit contract?	7 f		Х
ç	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
	as required?	7 g		-
ŀ	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
_		400 m		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business	Lillin	10000	distinct.
	holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		11111	
	a Did the organization make any taxable distributions under section 4966?	9 a	ļ	
ŀ	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			****
	Initiation fees and capital contributions included on Part VIII, line 12		10	3
ŀ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:		111	##
	a Gross income from members or shareholders		1	127
ŀ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		727	11 (1 C
		12a	THE	
	Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in fieu of Form 1041?	124	12.12	Wai:
	· · · · · · · · · · · · · · · · · · ·			200
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	-1127.72.2	1531
ē	Note. See the instructions for additional information the organization must report on Schedule O.	200	133145	30.5
١	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		iei.	
	Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor lanning services during the tax year?	14 a		Х
	alf 'Yes' has it filed a Form 720 to report these payments? If 'No.' provide an explanation in Schedule O	14b		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or	w, and for	oc in		
Schedule O. See instructions.	_			_
Check if Schedule O contains a response to any question in this Part VI				X
Section A. Governing Body and Management			'es	No
1 a Enter the number of voting members of the governing body at the end of the tax year	13			NO L
b Enter the number of voting members included in line 1a, above, who are independent 1 b	13			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		2		Χ
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		Х
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		_		v
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	ı	5		X
6 Did the organization have members or stockholders?		6	+	X
7 a 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?		7 a	+	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		7 b		<u>х</u>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				<u>, , , , , , , , , , , , , , , , , , , </u>
a The governing body?	J##	8a -	X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		9		х
Section B. Policies (This Section B requests information about policies not required by the Internal Re		de.)		
		Y	es	No
10 a Did the organization have local chapters, branches, or affiliates?	<u> </u>	0a	_	X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure the operations are consistent with the organization's exempt purposes?		0Ь		
11 a Has the organization provided a complete copy of this Form 990 to all members its governing body before filing the form?		1 a	*****	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDU	LE O 📴		rent	F-70 0 27
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13			<u>х </u> х	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is doneSEE. SCHEDULE. O			x	
13 Did the organization have a written whistleblower policy?			$\frac{x}{x}$	
14 Did the organization have a written document retention and destruction policy?			Х	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official SEE . SCHEDULEO	[]	5 a	X	
b Other officers of key employees of the organization	1	5 b		X
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				
laxable entity during the year?		6a	ui S	X
participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	<u>1</u>	6b		
Section C. Disclosure 17. Liet the states with which a copy of this Form 990 is required to be filed NONE.				
17 List the states with which a copy of this Form 990 is required to be filed NONE 18. Section 6104 requires an examination to make its Forms 1023 (or 1024 if applicable), 200, and 200 T. (501(a)(2))				
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990·T (501(c)(3)s inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedul	*-	iable f	or pu	DIIC
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statem		e to		
the public during the tax year. SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	nization:			
VALERIE LARABEE, ED 355 NORTH 300 WEST SALT LAKE CITY UT 84103 (801)	<u>539-880</u>	0		
BAA TEEA0106L 08/08/12	F	orm 99	9 0 (20) 12)

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

- 1 a 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 $\cdot 0 \cdot$ 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 organization compensated any current officer, director, or trustee.

Order the box in related the organization	1		<u></u>	(([
(A) Name and Title	(B) Average hours per week (list	offic	eran	o noi iless i	checi perso	k more t on is bot or/truste	(E) Reportable compensation from	(F) Estimated amount of other compensation		
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) NIKKI BOYER	5									
PRESIDENT	0	Х		X				0.	0.	0.
(2) JON JEPSEN	5	[i						. 1		
VICE PRESIDENT	0	Х		Χ				0.	0.	0.
(3) KEN KIMBALL	5	l					Y	•		_
TREASURER	0	Х		K				0.	0.	0.
(4) MARVA MATCH	55			V						
SECRETARY	0	_X_		Х				0.	0.	0.
(5) DEBBIE BERDAN	22				_					
DIRECTOR	0	Х						0.	0.	0.
(6) JASON BOWCUTT	2			- 1						
DIRECTOR	0	Х		_				0.	0.	0.
(7) JONI WEISS	2									
DIRECTOR	0	Х						0.	0.	0.
(8) CHRIS WHARTON	2				ŀ			ļ		
DIRECTOR	0	Х						0.	0.	0.
(9) D ALLEN MILLER	22	.						1	Ì	
DIRECTOR	0	Х	!					0.	0.	0.
(10) CLAUDIA WRIGHT	2	j	ŀ	}						
DIRECTOR	0	X						0.	0.	0.
(11) JOHN NETTO	2									
DIRECTOR	0	Х						0.	0.	<u> </u>
(12) KENT FROGLEY		.			}	- 1				
DIRECTOR	0	Х						0.0	0.	0.
(13) ALISON BEDDARD	22			- [
DIRECTOR	0	X		_				0.	0.	0.
(14) VALERIE LARABEE	50_		ĺ							
EXECUTIVE DIREC	0			X				80,000.	0.	11,242.

Rartivil Section A. Officers, Directors, Trus	iees,	ney			`	5 5, (alic	a mignest con	iheusaten riiih	lioyees (com)
(A) Name and title	Average hours per week (list any hours	offic	(do not check box, unless p officer and a		person is bo a director/tru		n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and refated
	refated organiza - tions below dotted line)	individual trustee or director	nstitutional trustee		ployec	Highest compensated employee	•			organizations
(15)										
(16)										
(17)					•		-			
(18)		-		ĺ						
(19)										
(20)				İ						
(21)									_	
(22)										
(23)										
(24)					C		1			
(25)		C		J						
1 b Sub-total				\ 		 	A A	80,000. 0.	0.	11,242. 0.
d Total (add lines 1b and 1c)							▶	80,000.	0.	11,242.
2 Total number of individuals (including but not limited to from the organization ► 0	o those I	isted	abov	e) w	vho	recei	ved		00 of reportable com	
3 Did the organization list any former officer, director	or trus	stee,	key e	emp	oloye	ee, o	or hi	ighest compensate	ed employee	Yes No
on line 1a? If 'Yes,' complete Schedule J for such	individu	al							-	. 3 X
4 For any individual listed on line 1a, is the sum of a the organization and related organizations greater such individual										4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,' Section B. Independent Contractors	compen comple	satio te So	n fro hedu	m a ule .	any J foi	unre r <i>suc</i>	late h p	d organization or erson	individual 	
Complete this table for your five highest compensation from the organization. Report compens.	ated inde	epend	dent alend	con lar v	itrac /ear	tors endi	tha	t received more the	nan \$100,000 of ganization's tax yea	
(A) Name and business addre			<u></u>	<u>)</u>	, 00.	01101		(B) Description o		(C) Compensation
				_						
									11	
2 Total number of independent contractors (including bu \$100,000 in compensation from the organization		ited to	o tho:	se li	stec	i abo	ve)	who received more	than si	
BAA		TEEA0	108Ł	01/2	4/13					Form 990 (2012)

		Check if Schedule O	contains a res	ponse to any questi	ion in this Part VIII.	· · · · · · · · · · · · · · · · · · ·		📙
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
皇母	1 a	Federated campaigns.	1a	286.				
절		Membership dues						
S S		Fundraising events						
뜯림		Related organizations		107,136.				
S E		Government grants (contributi					AND THE RESERVE OF THE PARTY.	
틍믮				14,521.				
强힌	ī	All other contributions, gifts, q similar amounts not included	above 1 f	1,336,437.				
Ĕ		Noncash contributions include						
8 4	-	Total. Add lines 1a-1f			1,521,473.			
3				Business Code				
	2 a	ADMISSIONS		900099	239,221.	239,221.	·	
崩	b							•
∑	С							
뜋	d							
氢	е							1
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANT: AND OTHER SIMILAR AMOUNTS	f	All other program service					Labra and an experience of the second	
	g	Total. Add lines 2a-2f			239,221.			
ŀ	3	Investment income (incother similar amounts)	luding dividend	ds, interest and	579.			579.
	4	Income from investmen				<u> </u>		
	5	Royallies	•	•				
ļ			(i) Real	(ii) Personal	E-12:3.2:12:34:44			
	6a	Gross rents			j .			
	b	Less: rental expenses						
	С	Rental income or (loss)		_	INV			
	d	Net rental income or (lo	oss)		TU!			
1	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory.						
	b	Less; cost or other basis			Land and the second sec			
		and sales expenses	-					
	-	Gain or (loss)						
		Net gain or (loss)			1002-100-1-100-1-10-7-10-7-10-7-1-1-1-1-1-1-	 	- MANAGEMENT STREET	
삙	8 a	Gross income from fund	draising events	5				
VENUE		(not including. \$of contributions reported	d on line 1c)	-				
恩		See Part IV, line 18		a 62,114.				
ÓTHER RE	h	Less: direct expenses		b 21,205.				
티		Net income or (loss) fro			40,909.		** ***********************************	40,909.
		Gross income from gam	-					
	Ja	See Part IV, line 19		а				777
	b	Less: direct expenses		b				
	С	Net income or (loss) fro	om gaming act	ivit <u>ies</u> ►				
ſ	10 a	Gross sales of inventory and allowances	y, less returns					
				a 250,139.				
		Less: cost of goods sold		b 74,467.				
-	_с	Net income or (loss) fro		Business Code	175,672.	175,672.		zangendinggerati
-	11 2		<u> </u>	 	15,521.	15,521 <u>.</u>	<u> </u>	
	ııa h	MISCELLANEOUS		900099	13,341.	13,341.		
	c					-	ı	
	d	All other revenue						
	_	Total. Add lines 11a-11	d	<u></u>	15,521.			
		Total revenue. See inst		<u></u>	1,993,375.	430,414.	0.	41,488.
BAA				TEE	A0109L 12/17/12			Form 990 (2012)

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). Check if Schedule O contains a response to any question in this Part IX..... (D) Fundraising (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States, See Part IV, line 22..... Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 91,242 55,245 20,034 15,963. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 n 0. Other salaries and wages 482,772 106,001 292,311 84,460. Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) 1,708 2,820. 493. 619 83,734. 50,700 18,385 14,649. Payroll taxes 45,565. 27,589 10,004 7,972. 11 Fees for services (non-employees): a Management **b** Legal c Accounting...... 9,066 5,344 3,722 d Lobbying...... e Professional fundraising services. See Part IV, line 17... 32,675 32,675. f Investment management fees g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch 0). . . . ,052 27,203 Advertising and promotion 19,437 16,330 3,376. 13 Information technology..... 14 14,738 8,496 6,242. 15 Royalties..... 16 Occupancy..... 48,447 29,334 10,637 8,476. 18,419 17 11,842 4,774. 1,803. Payments of travel or entertainment 18 expenses for any federal, state, or local public officials..... 19 Conferences, conventions, and meetings.... 20 Interest 9,129. 5,527 2,005 1.597. 21 Payments to affiliates..... Depreciation, depletion, and amortization ... 11,845. 7,171 2,072 2,602 23 Insurance..... 11,462. 10,477. 985 Other expenses. Itemize expenses not 177 covered 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.)..... a EVENTS 301,789 278,090 19,863 3,836. b AFFILIATED GROUP ACTIVITIES 89,082 89,082 c MISCELLANEOUS 44,223 21,458 19,104 3,661. d SUPPLIES 25,134. <u>7, 2</u>57 35,252 2,861. e All other expenses..... <u>5,445.</u> 75,861. 43,904. 26,512. 25 Total functional expenses. Add lines 1 through 24e. . . . 1,513,519 1,021,901. 296,037 195,581. 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).....

BAA

Form 990 (2012)

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X..... (B) End of year (A) Beginning of year Cash – non-interest-bearing..... 60,592 22,896. Savings and temporary cash investments..... 2 440,473. 541,285. 3 Pledges and grants receivable, net..... 42,126. 3 Accounts receivable, net 26,755 4 44,080 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L..... 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.... 6 Notes and loans receivable, net..... 7 Inventories for sale or use..... 8 Prepaid expenses and deferred charges..... 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10a 135,530 b Less: accumulated depreciation..... 10b 10 c 59,270 41,734 Investments — publicly traded securities..... 11 12 Investments — other securities. See Part IV, line 11..... 12 Investments – program-related. See Part IV, line 11...... 13 14 Intangible assets..... 14 15 Other assets. See Part IV, line 11..... 15 8,320 1,501,347 16 Total assets. Add lines 1 through 15 (must equal line 34)..... 620,000 16 2,168,878 17 Accounts payable and accrued expenses..... 17 36,553 64,074 18 Grants payable 18 19 Deferred revenue 19 20 20 Escrow or custodial account liability. Complete Part IV of So 21 21 Loans and other payables to current and former officer, directors trustees, key employees, highest compensated employees, and tisqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 1,041,501. Unsecured notes and loans payable to unrelated third parties..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 Total liabilities. Add lines 17 through 25..... 36,553 26 1,105,575 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets. 390,805. 27 895,027. Temporarily restricted net assets. 28 192,642 168,276. Permanently restricted net assets..... 29 R Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds..... 30 Paid-in or capital surplus, or land, building, or equipment fund..... 31 Retained earnings, endowment, accumulated income, or other funds...... 32 33 Total net assets or fund balances..... 33 583,447. 1,063,303. Total liabilities and net assets/fund balances..... 34 620,000. 34 2,168,878.

Form 990 (2012) UTAH PRIDE CENTER, INC.	87-0	0504077		Page 12
Reconciliation of Net Assets	-		_	
Check if Schedule O contains a response to any question in this Part X1				[
1 Total revenue (must equal Part VIII, column (A), line 12)		1		3,375.
2 Total expenses (must equal Part IX, column (A), line 25)		2		3,519.
3 Revenue less expenses. Subtract line 2 from line 1		3		9,856.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4		3,447.
5 Net unrealized gains (losses) on investments	<i>.</i>	5		21 227.
6 Donated services and use of facilities	<i></i>	6		
7 Investment expenses	,	7		
8 Prior period adjustments		8		
9 Other changes in net assets or fund balances (explain in Schedule O)		9		0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33)				
column (B))		10	1,063	3,303.
Part XII Financial Statements and Reporting		<u> </u>		
Check if Schedule O contains a response to any question in this Part XII.				П
	·			es 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,' expl				
In Schedule O.				
2 a Were the organization's financial statements compiled or reviewed by an independent accounts	ant?		2 a	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were comp separate basis, consolidated basis, or both:	oiled or reviewed	d on a		
Separate basis Consolidated basis Both consolidated and separate basis				III) (47414
b Were the organization's financial statements audited by an independent accountant?				x l
If 'Yes,' check a box below to indicate whether the financial statements for the year were audituded by the statement of the year were audituded by the year were all years and year were all years and years are all years a			2 b	A
basis, consolidated basis, or both:	eu on a separat	e		
X Separate basis Consolidated basis Both consolidated and separate basis			12.00	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversi review, or compilation of its financial statements and selection of an independent accountant?	ight of the audit,		2 c	X
If the organization changed either its oversight process or selection process during the tax year in Schedule O.	r, explain			
3a As a result of a federal award, was the organization required to underto an about or audits as set forth Audit Act and OMB Circular A-133?	in the Single		3 a	X
b If 'Yes,' did the organization undergo the required audit or audits. If the organization did not undergo to audits, explain why in Schedule O and describe any steps taken to undergo such audits	he required audit	:	3 b	 -
ВАА				0 (2012)
				· · · · · · /