

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

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">THE COMMUNITY FOUNDATION OF UTAH</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">2257 SOUTH 1100 EAST, SUITE 205</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">SALT LAKE CITY UT 84106</p>	D Employer identification number <p style="text-align: center;">74-3211770</p> E Telephone number <p style="text-align: center;">801-559-3005</p> G Gross receipts \$ 69,532,905
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F Name and address of principal officer: <p style="text-align: center;">ALEXANDRA EATON 2257 SOUTH 1100 EAST, SUITE 205 SALT LAKE CITY UT 84106</p>	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.UTAHCF.ORG
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K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 2007	M State of legal domicile: UT
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">WE ENABLE ALL UTAHNS TO CONTRIBUTE TO OUR COMMUNITY TODAY, ENSURING A BRIGHTER TOMORROW.</p>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12	
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	13	
	6 Total number of volunteers (estimate if necessary)	6	17	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	89,987	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	73,053	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	59,320,342	39,681,476	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	177,100	357,050	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,564,125	327,486	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,878,399	7,758	
		67,939,966	40,373,770	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,654,603	29,475,375	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	596,090	927,563	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
	b Total fundraising expenses (Part IX, column (D), line 25)	153,977		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,419,157	1,035,204	
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	14,669,850	31,438,142	
	19 Revenue less expenses. Subtract line 18 from line 12	53,270,116	8,935,628	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	142,492,621	136,652,844	
	22 Net assets or fund balances. Subtract line 21 from line 20	1,471,477	1,619,566	
		141,021,144	135,033,278	

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 <p style="text-align: center;">ALEXANDRA EATON</p> Type or print name and title <p style="text-align: center;">CEO</p>	Date	
Paid Preparer Use Only	Print/Type preparer's name <p>RICHARD SCORESBY, CPA</p> Preparer's signature <p>RICHARD SCORESBY, CPA</p> Date <p>11/14/23</p> Check <input type="checkbox"/> if self-employed <input checked="" type="checkbox"/> PTIN <p>P00573067</p>	Firm's name <p>LARSON & COMPANY, PC</p> Firm's EIN <p>87-0516083</p>	Firm's address <p>11240 S RIVER HEIGHTS DR SUITE 300 SOUTH JORDAN, UT 84095-5123</p> Phone no. <p>801-313-1900</p>

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

WE ENABLE ALL UTAHNS TO CONTRIBUTE TO OUR COMMUNITY TODAY, ENSURING A BRIGHTER TOMORROW.

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ **30,829,318** including grants of \$ **29,475,375**) (Revenue \$ **357,050**)
SEE SCHEDULE O

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

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

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **30,829,318**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
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	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, 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	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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	X	
c	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		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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 and XII is optional	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Yes No

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	13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<input checked="" type="checkbox"/>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<input checked="" type="checkbox"/>		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<input checked="" type="checkbox"/>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a				<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				<input checked="" type="checkbox"/>
c	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 as charitable contributions?	6a				<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				<input checked="" type="checkbox"/>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				<input checked="" type="checkbox"/>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				<input checked="" type="checkbox"/>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				<input checked="" type="checkbox"/>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				<input checked="" type="checkbox"/>
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a				<input checked="" type="checkbox"/>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				<input checked="" type="checkbox"/>
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a				
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				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15				<input checked="" type="checkbox"/>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16				<input checked="" type="checkbox"/>
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17				

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. 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 on Schedule O. 12		
b	Enter the number of voting members included on line 1a, above, who are independent 12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on 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
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on 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

- 17 List the states with which a copy of this Form 990 is required to be filed **UT**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on 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.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records

ALEXANDRA EATON 2257 SOUTH 1100 EAST, STE 205 **UT 84106** 801-559-3005
SALT LAKE CITY

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

Check if Schedule O contains a response or note to any line 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALEXANDRA EATON CEO	40.00 1.00			X				189,000	0	15,756
(2) IAN SHELLEDY COO	40.00 0.00					X		107,455	0	15,350
(3) YUKI NOVAK CFO	40.00 0.00			X				108,224	0	2,797
(4) MIKELLE BARBERI-WEIL BOARD MEMBER	0.50 0.00	X						0	0	0
(5) CHRIS CONARD BOARD MEMBER	0.50 0.20	X						0	0	0
(6) TRISH COUGHLIN BOARD MEMBER	1.00 0.40	X						0	0	0
(7) BRAD DICKSON CHAIR	1.50 0.40	X		X				0	0	0
(8) RAMEZ HALTEH BOARD MEMBER	0.50 0.00	X						0	0	0
(9) DOUG HANSEN TREASURER	0.50 0.20	X		X				0	0	0
(10) JOSH KANTER BOARD MEMBER	0.50 0.00	X						0	0	0
(11) JERAMY LUND BOARD MEMBER	0.50 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JEFF MILLER	0.50									
BOARD MEMBER	0.00	X						0	0	0
(13) JENNIFER ROBINSON	0.50									
BOARD MEMBER	0.00	X						0	0	0
(14) MARTY TATE	0.50									
BOARD MEMBER	0.20	X						0	0	0
(15) JENSEN WARNOCK	0.50									
BOARD MEMBER	0.00	X						0	0	0
1b Subtotal								404,679		33,903
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								404,679		33,903

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

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

Section B. Independent Contractors

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	39,681,476			
	g Noncash contributions included in lines 1a-1f	1g	\$ 20,142,261			
	h Total. Add lines 1a-1f		39,681,476			
	Program Service Revenue	Business Code				
2a PROGRAM REVENUE		900099	357,050	357,050		
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		357,050				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,700,473			2,700,473
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a	26,786,148			
		b Less: cost or other basis and sales exps.	7b	29,159,135		
	c Gain or (loss)	7c	-2,372,987			
d Net gain or (loss)		-2,372,987			-2,372,987	
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
	11a 333 SOUTH STATE LLC	531120	90,548	90,548		
	b MEDMOUNTAIN VENTURES I LLC	900099	-561	-561		
	c IMPAIRMENT LOSS	531120	-82,229		-82,229	
	d All other revenue					
e Total. Add lines 11a-11d		7,758				
12 Total revenue. See instructions			40,373,770	357,050	89,987	245,257

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 or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	29,475,375	29,475,375		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	315,777	118,890	148,265	48,622
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	503,428	356,601	91,584	55,243
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,656		13,656	
9 Other employee benefits	33,134		33,134	
10 Payroll taxes	61,568	38,255	15,888	7,425
11 Fees for services (nonemployees):				
a Management				
b Legal	57,669	30,901	22,905	3,863
c Accounting	52,512	11,364	39,728	1,420
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	276,044	276,044		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	265,384	191,221	52,416	21,747
12 Advertising and promotion	8,570	6,856	857	857
13 Office expenses	43,693	33,545	5,779	4,369
14 Information technology	18,233	14,587	1,823	1,823
15 Royalties				
16 Occupancy	51,747	41,397	5,175	5,175
17 Travel	4,179	3,343	418	418
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	195,393	195,393		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	7,757	6,205	776	776
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UBIT INCOME TAXES	20,205		20,205	
b MEMBERSHIP DUES	9,903	7,923	990	990
c CULTIVATION PROGRAM	8,061	8,061		
d DONOR RELATIONS	3,366	3,366		
e All other expenses	12,488	9,991	1,248	1,249
25 Total functional expenses. Add lines 1 through 24e	31,438,142	30,829,318	454,847	153,977
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	5,734,977	1	3,750,194
	2	Savings and temporary cash investments	10,882,126	2	33,775,345
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,460,203	4	1,488,370
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	13,582,611	7	12,789,414
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,100,000		
	10b	Less: accumulated depreciation		10c	3,100,000
	11	Investments—publicly traded securities	104,771,384	11	69,389,191
	12	Investments—other securities. See Part IV, line 11	2,372,163	12	11,636,909
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	70,000	14	70,000
	15	Other assets. See Part IV, line 11	519,157	15	653,421
16	Total assets. Add lines 1 through 15 (must equal line 33)	142,492,621	16	136,652,844	
Liabilities	17	Accounts payable and accrued expenses	483,219	17	491,204
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	988,258	21	1,128,362
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (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	
	26	Total liabilities. Add lines 17 through 25	1,471,477	26	1,619,566
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	140,961,144	27	134,973,278
	28	Net assets with donor restrictions	60,000	28	60,000
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	141,021,144	32	135,033,278
33	Total liabilities and net assets/fund balances	142,492,621	33	136,652,844	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	40,373,770
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,438,142
3	Revenue less expenses. Subtract line 2 from line 1	3	8,935,628
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	141,021,144
5	Net unrealized gains (losses) on investments	5	-14,833,507
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-89,987
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	135,033,278

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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 331/3% 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2022

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 under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,213,472	11,518,721	39,924,503	59,320,342	39,681,476	165,658,514
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	15,213,472	11,518,721	39,924,503	59,320,342	39,681,476	165,658,514
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						9,249,482
6 Public support. Subtract line 5 from line 4						156,409,032

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	15,213,472	11,518,721	39,924,503	59,320,342	39,681,476	165,658,514
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,312,846	1,034,694	1,109,324	1,994,415	2,700,473	8,151,752
9 Net income from unrelated business activities, whether or not the business is regularly carried on	134,525	183,459	84,999	2,822,929	81,281	3,307,193
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				-72,620	-82,229	-154,849
11 Total support. Add lines 7 through 10						176,962,610

12 Gross receipts from related activities, etc. (see instructions) **12** 795,201

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	88.39 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	86.45 %

16a **33 1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
	11a	
	11b	
	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
	1	
	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	1	
	2	
	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
	2a		
	2b		
	3a		
	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

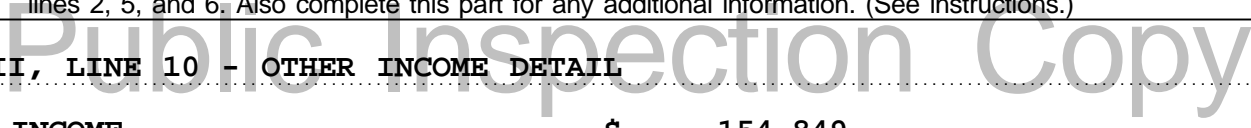
Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME **\$ -154,849**



Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 7,500,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 4,784,510	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 3,005,521	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 2,165,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,955,474	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,356,021	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 1,300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 1,205,944	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 1,097,515	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 1,035,527	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 814,464	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 2,971,148</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>

Name of organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PARTNERSHIP INTEREST	\$ 7,500,000	12/31/22
2	PREFERRED STOCK	\$ 4,784,510	10/14/22
5	PARTNERSHIP INTEREST	\$ 1,955,474	12/31/22
7	PARTNERSHIP INTEREST	\$ 1,356,021	11/08/22
10	COMMON STOCK	\$ 1,097,515	11/22/22
12	PROPERTY INTEREST	\$ 814,464	11/09/22

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Question, Held at the End of the Tax Year. Includes rows for purpose of conservation easements, total number of easements, and various monitoring and reporting questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Question, Amount. Includes rows for reporting art and historical treasures, and revenue/assets for financial gain.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,130,864	5,921,599	4,270,351	3,379,822	135,083
b Contributions	1,497,588	1,520,078	1,363,402	93,631	3,252,169
c Net investment earnings, gains, and losses	-963,181	768,520	307,594	854,170	-5,964
d Grants or scholarships					
e Other expenditures for facilities and programs	99,338	79,333	19,748	57,272	1,466
f Administrative expenses					
g End of year balance	8,565,933	8,130,864	5,921,599	4,270,351	3,379,822

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment **100.00** %
- b Permanent endowment %
- c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,100,000		3,100,000
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **3,100,000**

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other OTHER INVESTMENTS	11,636,909	COST
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	11,636,909	

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	25,174,232
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2a	-14,833,507
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	-14,833,507
3	Subtract line 2e from line 1	3	40,007,739
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	276,044
	b Other (Describe in Part XIII.)	4b	89,987
	c Add lines 4a and 4b	4c	366,031
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	40,373,770

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	31,162,098
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	31,162,098
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	276,044
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	276,044
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	31,438,142

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B - ESCROW LIABILITY ARRANGEMENT EXPLANATION

THE ORGANIZATION HELD INVESTMENT BALANCES FOR 13 NONPROFIT ENTITIES AS WELL AS FUNDS FROM DONORS WHICH ARE DESIGNATED FOR OTHER NONPROFIT ENTITIES. THE TOTAL OF THESE AMOUNTS WAS \$1,128,362 AT 12/31/22.

PART X - FIN 48 FOOTNOTE

ASC TOPIC 740, INCOME TAXES, PROVIDES GUIDANCE ON HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, DISCLOSED AND PRESENTED IN THE FINANCIAL STATEMENTS. THIS REQUIRES THE EVALUATION BY MANAGEMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN PREPARATION OF THE FOUNDATION AND THE TRUST'S TAX RETURNS TO DETERMINE IF THE POSITIONS ARE MORE-LIKELY-THAN-NOT OF BEING SUSTAINED IF EXAMINED BY THE TAXING AUTHORITIES.

Part XIII Supplemental Information (continued)

MANAGEMENT HAS DETERMINED THERE ARE NO UNCERTAIN INCOME TAX POSITIONS.

GENERALLY, TAX YEARS REMAIN SUBJECT TO EXAMINATION FOR THREE YEARS FROM THE DATE FILED.



PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

UNRELATED BUSINESS INCOME \$ 89,987

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2022

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Department of the Treasury
Internal Revenue Service

Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number
74-3211770

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- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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(1)	THE CHURCH OF JESUS CHRIST OF LATTE 50 EAST NORTH TEMPLE, ROOM 1521 SALT LAKE CITY UT 84150	87-0234341	501C3	5,533,789				GENERAL SUPPORT
(2)	UNIVERSITY OF UTAH 332 SOUTH 1400 EAST #160 SALT LAKE CITY UT 84112	87-6000525	501C3	2,884,880				GENERAL SUPPORT
(3)	SWITCHPOINT COMMUNITY RESOURCE CENT 948 N 1300 W ST. GEORGE UT 84770	76-0740457	501C3	2,100,000				GENERAL SUPPORT
(4)	VOLUNTEERS OF AMERICA OF UTAH INC 435 WEST BEARCAT DRIVE SALT LAKE CITY UT 84115	94-3008720	501C3	1,553,000				GENERAL SUPPORT
(5)	CATHOLIC RELIEF SERVICES 228 WEST LEXINGTON STREET BALTIMORE MD 21201	13-5563422	501C3	1,500,000				GENERAL SUPPORT
(6)	UNICEF USA 125 MAIDEN LANE NEW YORK NY 10038	13-1760110	501C3	1,400,000				GENERAL SUPPORT
(7)	INTERMOUNTAIN HEALTHCARE FOUNDATION 36 S STATE ST., SUITE 2200 SALT LAKE CITY UT 84111	80-0225150	501C3	1,030,510				GENERAL SUPPORT
(8)	INTERNATIONAL RESCUE COMMITTEE, INC 122 EAST 42ND STREET NEW YORK NY 10168-1289	13-5660870	501C3	1,000,500				GENERAL SUPPORT
(9)	REALIZE IMPACT 271 WINSLOW WAY E BAINBRIDGE WA 98110-0106	46-3594732	501C3	949,615				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 227
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(1)	UTAH STATE UNIVERSITY 0725 OLD MAIN HILL LOGAN UT 84322-0725	87-6000528	501C3	670,000				GENERAL SUPPORT
(2)	CENTER FOR LATTER-DAY SAINT ARTS IN PO BOX 230465 NEW YORK NY 10023	82-0917393	501C3	550,000				GENERAL SUPPORT
(3)	THIS IS THE PLACE FOUNDATION INC 2601 E SUNNYSIDE AVE SALT LAKE CITY UT 84108	84-1426573	501C3	500,000				GENERAL SUPPORT
(4)	THE OTHER SIDE VILLAGE 667 EAST 100 SOUTH SALT LAKE CITY UT 84102	47-4495796	501C3	450,000				GENERAL SUPPORT
(5)	UTAH OLYMPIC LEGACY FOUNDATION (UTA PO BOX 980337 PARK CITY UT 84098	84-1367913	501C3	417,246				GENERAL SUPPORT
(6)	THE OTHER SIDE ACADEMY 667 EAST 100 SOUTH SALT LAKE CITY UT 84102	47-4495796	501C3	355,400				GENERAL SUPPORT
(7)	ST. LUKE'S HEALTH FOUNDATION 190 E BANNOCK ST BOISE ID 83712	81-0600973	501C3	250,000				GENERAL SUPPORT
(8)	HUNTSMAN CANCER FOUNDATION 500 HUNTSMAN WAY SALT LAKE CITY UT 84108	87-0541293	501C3	205,100				GENERAL SUPPORT
(9)	THE CATSKILL MOUNTAIN FOUNDATION IN PO BOX 924 HUNTER NY 12442	13-3992139	501C3	192,495				GENERAL SUPPORT

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**Grants and Other Assistance to Organizations,
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(1)	YOUTH FUTURES 2760 ADAMS ST OGDEN UT 84403	45-3245622	501C3	189,500				GENERAL SUPPORT
(2)	INTERNATIONAL RESCUE COMMITTEE INC. 221 S. 400 W. SALT LAKE CITY UT 84101	13-5660870	501C3	154,811				GENERAL SUPPORT
(3)	CHOICE HUMANITARIAN P.O. BOX 409 DRAPER UT 84020	74-2494806	501C3	307,500				GENERAL SUPPORT
(4)	SALT LAKE COMMUNITY COLLEGE FOUNDATION 4600 S REDWOOD ROAD SALT LAKE CITY UT 84123-3145	94-2886220	501C3	140,000				GENERAL SUPPORT
(5)	UTAH MUSLIM CIVIC LEAGUE 46 W BROADWAY SALT LAKE CITY UT 84101	83-1137897	501C3	137,100				GENERAL SUPPORT
(6)	CATHOLIC COMMUNITY SERVICES OF UTAH 224 2200 W SALT LAKE CITY UT 84116	87-0212450	501C3	133,370				GENERAL SUPPORT
(7)	LDS PHILANTHROPIES 1450 NORTH UNIVERSITY AVE PROVO UT 84604	47-5664511	501C3	116,500				GENERAL SUPPORT
(8)	COOPERRIIS, INC. 101 HEALING FARM LANE MILL SPRING NC 28756	56-2195372	501C3	114,000				GENERAL SUPPORT
(9)	FRIENDS OF GREAT SALT LAKE 150 SOUTH 600 EAST STE 5D SALT LAKE CITY UT 84102	87-0527602	501C3	113,250				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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(1)	LIFT UP VOICES INC. 16118 ANTHEM CT FONTANA CA 92336	81-1045445	501C3	100,000				GENERAL SUPPORT
(2)	THE PIONEER PARK COALITION 3686 EAST COVE POINT DR SALT LAKE CITY UT 84109	46-4678608	501C3	100,000				GENERAL SUPPORT
(3)	UC SAN DIEGO FOUNDATION 9500 GILMAN DRIVE, MC 0083 LA JOLLA CA 92093	95-2872494	501C3	100,000				GENERAL SUPPORT
(4)	UNITUS LABS 435 S 660 W OREM UT 84058	87-0621367	501C3	100,000				GENERAL SUPPORT
(5)	UTAH STATE UNIVERSITY FOUNDATION 1590 OLD MAIN HILL LOGAN UT 84322	87-0627128	501C3	100,000				GENERAL SUPPORT
(6)	WGU ADVANCEMENT 4001 S 700 E STE 700 SALT LAKE CITY UT 84107	82-4547364	501C3	100,000				GENERAL SUPPORT
(7)	TRANSCEND INTERNATIONAL 48 WEST BROADWAY SALT LAKE CITY UT 84101	87-3960202	501C3	92,000				GENERAL SUPPORT
(8)	SALT LAKE CHRISTIAN FELLOWSHIP INCO 615 E SEGO LILY DR SANDY UT 84070	94-2931894	501C3	84,800				GENERAL SUPPORT
(9)	DESERT SHORES COMMUNITY BAPTIST CHU 2625 LANDON DRIVE BULLHEAD CITY AZ 86429	86-1014252	501C3	74,237				GENERAL SUPPORT

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(1)	BOUNTIFUL COMMUNITY FOOD PANTRY PO BOX 38 BOUNTIFUL UT 84011	84-1628459	501C3	72,505				GENERAL SUPPORT
(2)	DAVIS DREAMERS 977 WIND RIVER WAY KAYSVILLE UT 84037	81-2887582	501C3	70,000				GENERAL SUPPORT
(3)	WEBER STATE UNIVERSITY 4018 UNIVERSITY CIRCLE OGDEN UT 84408-4018	87-6000535	501C3	62,920				GENERAL SUPPORT
(4)	RONALD MCDONALD HOUSE CHARITIES OF 935 EAST SOUTH TEMPLE SALT LAKE CITY UT 84102	74-2386043	501C3	58,334				GENERAL SUPPORT
(5)	FOR THE LUV OF PAWS II INC 8115 WEST OATMAN HIGHWAY GOLDEN VALLEY AZ 86413	05-0627674	501C3	51,000				GENERAL SUPPORT
(6)	FRIENDS OF THE AMERICAN FORK LIBRARY 64 S 100 E AMERICAN FORK UT 84003	87-0560321	501C3	50,050				GENERAL SUPPORT
(7)	BIRDS FOR SOFIA INC 17350 STATE HIGHWAY 249 STE 220 HOUSTON TX 77064	87-2182454	501C3	50,000				GENERAL SUPPORT
(8)	BOYS & GIRLS CLUB OF GREATER SALT LAKE CITY PO BOX 57071 MURRAY UT 84157	87-0304654	501C3	50,000				GENERAL SUPPORT
(9)	BRIDLE UP HOPE 1141 EAST WATKINS LANE ALPINE UT 84004	46-1791738	501C3	50,000				GENERAL SUPPORT

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(1)	CHARITY GLOBAL (CHARITY: WATER) PO BOX 5026 HAGERSTOWN MD 21741	22-3936753	501C3	50,000				GENERAL SUPPORT
(2)	CLAY COUNTY ANIMAL RESCUE & EDUCATI 109 S 4TH ST. CLAY CENTER KS 67432	46-3167839	501C3	50,000				GENERAL SUPPORT
(3)	COSECHA AQUAPONICS 1201 E WILMINGTON AVE SALT LAKE CITY UT 84106	85-2895125	501C3	50,000				GENERAL SUPPORT
(4)	DAVID ECCLES SCHOOL OF BUSINESS 1655 CAMPUS CENTER DR SALT LAKE CITY UT 84112	23-7112869	501C3	50,000				GENERAL SUPPORT
(5)	SEATTLE OPERA 363 MERCER ST SEATTLE WA 98109	91-0760426	501C3	50,000				GENERAL SUPPORT
(6)	SUCCESS IN EDUCATION FOUNDATION 111 EAST BROADWAY SUITE 900 SALT LAKE CITY UT 84111	45-3567196	501C3	50,000				GENERAL SUPPORT
(7)	JEWISH FAMILY SERVICE 495 E. 4500 S., SUITE 100 SALT LAKE CITY UT 84107	87-0227089	501C3	49,000				GENERAL SUPPORT
(8)	LADIES OF CHARITY- CENTER OF HOPE 1077 FAIRWAY PLACE NORTH SALT LAKE UT 84054	61-1561623	501C3	48,950				GENERAL SUPPORT
(9)	DAVIS TECHNICAL COLLEGE FOUNDATION 550 EAST 300 SOUTH KAYSVILLE UT 84037	87-0623859	501C3	48,000				GENERAL SUPPORT

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(1)	CUMORAH ACADEMY 2105 TUSCANY WAY, PLEASANT GROVE UT 84062	85-0617150	501C3	47,000				GENERAL SUPPORT
(2)	UTAH FOOD BANK 3150 SOUTH 900 WEST SALT LAKE CITY UT 84119	87-0212453	501C3	40,250				GENERAL SUPPORT
(3)	CAMBRIDGE IN AMERICA PO BOX 9123 JAF BLG NEW YORK NY 10087	52-6071299	501C3	40,000				GENERAL SUPPORT
(4)	UTAH COMMUNITY ACTION 764 SOUTH 200 WEST SALT LAKE CITY UT 84101	87-0269683	501C3	39,750				GENERAL SUPPORT
(5)	UTAH MUSEUM OF CONTEMPORARY ART 20 S. WEST TEMPLE SALT LAKE CITY UT 84101	87-0221537	501C3	39,330				GENERAL SUPPORT
(6)	GOOD TIME GOLF 13236 BENCH COVE DRAPER UT 84020	82-1989549	501C4	36,000				GENERAL SUPPORT
(7)	NURTURE THE CREATIVE MIND 2501 WALL AVE OGDEN UT 84401	01-0925001	501C3	35,000				GENERAL SUPPORT
(8)	HELLENIC COMMUNITY FOUNDATION PO BOX 521686 SALT LAKE CITY UT 84152	26-2876976	501C3	33,333				GENERAL SUPPORT
(9)	VITAL VOICES GLOBAL PARTNERSHIP 1625 MASSACHUSETTS AVENUE, NW, STE WASHINGTON DC 20036	52-2151557	501C3	33,000				GENERAL SUPPORT

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(1)	MAKE A WISH FOUNDATION OF UTAH INC 771 EAST WINCHESTER MURRAY UT 84107	74-2392822	501C3	32,000				GENERAL SUPPORT
(2)	ENTRADA INSTITUTE INC PO BOX 750217 TORREY UT 84775	87-0514231	501C3	31,050				GENERAL SUPPORT
(3)	PBS UTAH 101 S. WASATCH DR. SALT LAKE CITY UT 84112	87-6000525	501C3	30,500				GENERAL SUPPORT
(4)	CHARITYVISION INTERNATIONAL 3210 N CANYON RD, SUITE 107 PROVO UT 84604	77-0222786	501C3	30,000				GENERAL SUPPORT
(5)	HALE CENTRE THEATRE 9900 S MONROE ST SANDY UT 84070	84-1420029	501C3	30,000				GENERAL SUPPORT
(6)	MOBILE SURGERY INTERNATIONAL INC 3803 E LITTLE COTTONWOOD LN SANDY UT 84092	82-3454780	501C3	30,000				GENERAL SUPPORT
(7)	MOSAIC MENTAL HEALTH (FORMERLY RIVERDALE) 5676 RIVERDALE AVENUE, SUITE 202 BRONX NY 10471	13-1930700	501C3	30,000				GENERAL SUPPORT
(8)	SALT LAKE EDUCATION FOUNDATION 440 EAST 100 SOUTH STE 118 SALT LAKE CITY UT 84111	74-2563849	501C3	30,000				GENERAL SUPPORT
(9)	PERSPECTIVES ENSEMBLE, INC. 870 WEST 181ST ST. #22 NEW YORK NY 10033	13-4128819	501C3	28,980				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
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OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number
74-3211770

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	RAPE RECOVERY CENTER 2035 SOUTH 1300 EAST SALT LAKE CITY UT 84105	87-0308785	501C3	28,700				GENERAL SUPPORT
(2)	UNITED JEWISH FEDERATION OF UTAH 2 N MEDICAL DR SALT LAKE CITY UT 84113	87-0282380	501C3	28,500				GENERAL SUPPORT
(3)	FICTION COLLECTIVE TWO 1409 E FEDERAL WAY SALT LAKE CITY UT 84102	13-2957841	501C3	28,000				GENERAL SUPPORT
(4)	CACHE REFUGEE AND IMMIGRANT CONNECT PO BOX 4413 LOGAN UT 84323	47-1525678	501C3	27,510				GENERAL SUPPORT
(5)	NEIGHBORWORKS SALT LAKE 622 W 500 N SALT LAKE CITY UT 84116	94-2481205	501C3	27,100				GENERAL SUPPORT
(6)	MCGILLIS SCHOOL 668 SOUTH 1300 EAST SALT LAKE CITY UT 84102	75-3048375	501C3	26,100				GENERAL SUPPORT
(7)	FIRST BAPTIST CHURCH OF GREENVILLE TD BANK GREENVILLE SC 29601	57-0324922	501C3	25,000				GENERAL SUPPORT
(8)	HOPE FUNDS FOR CANCER RESEARCH 174 BELLEVUE AVE SUITE 208 NEWPORT RI 02840	20-5799367	501C3	25,000				GENERAL SUPPORT
(9)	PHILLIP AND PATRICIA FROST MUSEUM O 1101 BISCAYNE BLVD MIAMI FL 33132	59-0854960	501C3	25,000				GENERAL SUPPORT

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(1)	THE FOUNDATION FOR BARNES-JEWISH HO 1001 HIGHLANDS PLAZA DR W STE 140 SAINT LOUIS MO 63110-1339	43-1648435	501C3	25,000				GENERAL SUPPORT
(2)	YOUTHLINC 1166 BRICKYARD RD. SALT LAKE CITY UT 84106	87-0678393	501C3	25,000				GENERAL SUPPORT
(3)	SMALL STEPS FOR COMPASSION PO BOX 190 SAN CLEMENTE CA 92674	81-2115167	501C3	24,000				GENERAL SUPPORT
(4)	BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON ROAD KANAB UT 84741-5000	23-7147797	501C3	23,025				GENERAL SUPPORT
(5)	PARK CITY COMMUNITY FOUNDATION 1960 SIDEWINDER DR SUITE 103 PARK CITY UT 84060	30-0171971	501C3	22,500				GENERAL SUPPORT
(6)	WESTMINSTER COLLEGE 1840 SOUTH 1300 EAST SALT LAKE CITY UT 84105	87-0212470	501C3	22,000				GENERAL SUPPORT
(7)	PLANNED PARENTHOOD ASSOCIATION OF U 654 SOUTH 900 EAST SALT LAKE CITY UT 84102	87-0288909	501C3	21,750				GENERAL SUPPORT
(8)	BAD DOG ARTS 824 SOUTH 400 WEST, SUITE B129 SALT LAKE CITY UT 84101	87-0568289	501C3	21,735				GENERAL SUPPORT
(9)	THE ROAD HOME PO BOX 2788 SALT LAKE CITY UT 84110	87-0212465	501C3	21,500				GENERAL SUPPORT

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(1)	KUER ATTN: BECKY YOUKSTETTER SALT LAKE CITY UT 84112	87-6000525	501C3	21,216				GENERAL SUPPORT
(2)	ACLU OF UTAH FOUNDATION 311 S STATE ST, SUITE 310 SALT LAKE CITY UT 84111	87-0439810	501C3	21,000				GENERAL SUPPORT
(3)	DOCTORS WITHOUT BORDERS USA INC PO BOX 5030 HAGERSTOWN MD 21741-5030	13-3433452	501C3	21,000				GENERAL SUPPORT
(4)	THE CHRISTMAS BOX INTERNATIONAL 3660 SOUTH WEST TEMPLE SALT LAKE CITY UT 84115	31-1617816	501C3	21,000				GENERAL SUPPORT
(5)	CANCER WELLNESS HOUSE (DBA SURVIVOR) 59 SOUTH 1100 EAST SALT LAKE CITY UT 84102	87-0568405	501C3	20,700				GENERAL SUPPORT
(6)	CENTER FOR WOMEN & CHILDREN IN CRISIS 1073 E 1200 N OREM UT 84097	87-0405229	501C3	20,700				GENERAL SUPPORT
(7)	UTAH AIDS FOUNDATION 1408 SOUTH 1100 EAST SALT LAKE CITY UT 84105	87-0455172	501C3	20,700				GENERAL SUPPORT
(8)	FRIENDS FOR SIGHT 6715 SOUTH 1300 EAST, SUITE 250 SALT LAKE CITY UT 84121	87-6126811	501C3	20,000				GENERAL SUPPORT
(9)	GLOBAL GREENGRANTS FUND 2840 WILDERNESS PLACE, SUITE A BOULDER CO 80301	84-1612422	501C3	20,000				GENERAL SUPPORT

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Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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(1)	I SEE YOU! FOUNDATION 786 ASPEN EAST DRIVE LAYTON UT 84041	83-3559146	501C3	20,000				GENERAL SUPPORT
(2)	JOHN TRACY CENTER 2160 W ADAMS BLVD LOS ANGELES CA 90018	95-1642393	501C3	20,000				GENERAL SUPPORT
(3)	ROWLAND HALL 720 S. GUARDSMAN WAY SALT LAKE CITY UT 84108	87-0212477	501C3	20,000				GENERAL SUPPORT
(4)	ST. THOMAS CHURCH, INC. 5692 NORTH KENDALL DRIVE CORAL GABLES FL 33156	59-0751930	501C3	20,000				GENERAL SUPPORT
(5)	STAND FOR THE SILENT INC 6918 W 128TH ST PERKINS OK 74059	45-2317929	501C3	20,000				GENERAL SUPPORT
(6)	TEMPLE BETH-EL 3330 GROVE AVENUE RICHMOND VA 23221	54-0546001	501C3	20,000				GENERAL SUPPORT
(7)	THE TODD AND JENNIFER CUSICK FOUNDA 515 SHEFFIELD DR. PROVO UT 84604-5667	11-3650005	501C3	20,000				GENERAL SUPPORT
(8)	WAYNE COUNTY PO BOX 189 LOA UT 84747	87-6000291	501C3	20,000				GENERAL SUPPORT
(9)	WOUNDED WARRIOR PROJECT PO BOX 758540 TOPEKA KS 66675	20-2370934	501C3	20,000				GENERAL SUPPORT

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(1)	ART ACCESS 230 SOUTH 500 WEST, SUITE 125 SALT LAKE CITY UT 84101	87-0413445	501C3	19,665				GENERAL SUPPORT
(2)	ASIAN ASSOCIATION OF UTAH 155 SOUTH 300 WEST SALT LAKE CITY UT 84101	87-0333555	501C3	18,825				GENERAL SUPPORT
(3)	SEARCH AND CARE, INC. 1844 SECOND AVE NEW YORK NY 10128	23-7444790	501C3	18,000				GENERAL SUPPORT
(4)	WATERFORD SCHOOL 1480 E 9400 S SANDY UT 84093	27-4865865	501C3	18,000				GENERAL SUPPORT
(5)	FAMILY SUPPORT CENTER 1760 WEST 4805 SOUTH TAYLORSVILLE UT 84129	87-0359719	501C3	17,300				GENERAL SUPPORT
(6)	I J & JEANNE WAGNER JEWISH COMMUNIT 2 N MEDICAL DR SALT LAKE CITY UT 84113	87-0238425	501C3	17,000				GENERAL SUPPORT
(7)	THE SALT LAKE TRIBUNE 90 SOUTH 400 WEST, SUITE 700 SALT LAKE CITY UT 84101	84-1878709	501C3	16,573				GENERAL SUPPORT
(8)	CATAPULT OPERA, LLC 75 BROAD ST NEW YORK NY 10004	13-3082845	501C3	16,560				GENERAL SUPPORT
(9)	CLASSICAL THEATRE OF HARLEM, INC. 8 WEST 126TH ST. NEW YORK NY 10027	13-4046782	501C3	15,525				GENERAL SUPPORT

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(1)	EARLY MUSIC FOUNDATION 10 WEST 68TH STREET NEW YORK NY 10023	51-0185930	501C3	15,525				GENERAL SUPPORT
(2)	NATIONAL JAZZ MUSEUM IN HARLEM 58 WEST 129TH STREET, GROUND FLOOR NEW YORK NY 10027	13-3853627	501C3	15,525				GENERAL SUPPORT
(3)	ROCKY MOUNTAIN INNOCENCE CENTER 358 SOUTH 700 EAST, SUITE B235 SALT LAKE CITY UT 84102	87-0647979	501C3	15,525				GENERAL SUPPORT
(4)	THEATER BREAKING THROUGH BARRIERS 400 W. 43RD ST., APT. 43R NEW YORK NY 10036	13-3193376	501C3	15,525				GENERAL SUPPORT
(5)	NATURAL HISTORY MUSEUM OF UTAH UNIVERSITY OF UTAH SALT LAKE CITY UT 84108	87-6000525	501C3	15,438				GENERAL SUPPORT
(6)	BLUE SKY INSTITUTE 412 N CHAZ CT SALT LAKE CITY UT 84116	87-0668031	501C3	15,000				GENERAL SUPPORT
(7)	COUNCIL SCHOOL DISTRICT 101 E BLEEKER STR BOX 468 COUNCIL ID 83612	82-6004153		15,000				GENERAL SUPPORT
(8)	GEORGETOWN UNIVERSITY 2115 WISCONSIN AVE NW, SUITE 500 WASHINGTON DC 20007	53-0196603	501C3	15,000				GENERAL SUPPORT
(9)	OGDEN SCHOOL FOUNDATION 1950 MONROE BOULEVARD, ROOM #107 OGDEN UT 84401	94-2685413	501C3	15,000				GENERAL SUPPORT

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(1)	S.J. QUINNEY COLLEGE OF LAW 383 SOUTH UNIVERSITY STREET SALT LAKE CITY UT 84112	87-6000525	501C3	15,000				GENERAL SUPPORT
(2)	THE POLICY PROJECT 1607 E. YALECREST AVE SALT LAKE CITY UT 84105	87-3544416	501C3	15,000				GENERAL SUPPORT
(3)	WEBER SCHOOL DISTRICT FOUNDATION 5320 S ADAMS AVE OGDEN UT 84405	87-6164318	501C3	15,000				GENERAL SUPPORT
(4)	WESTERN WILDLIFE CONSERVANCY 1021 DOWNINGTON AVENUE SALT LAKE CITY UT 84105	87-0566531	501C3	15,000				GENERAL SUPPORT
(5)	CONGREGATION KOL AMI 2425 HERITAGE WAY SALT LAKE CITY UT 84109	87-0293863	501C3	14,745				GENERAL SUPPORT
(6)	NEIGHBORHOOD HOUSE 1050 WEST 500 SOUTH SALT LAKE CITY UT 84104	87-0212462	501C3	13,750				GENERAL SUPPORT
(7)	MOAB VALLEY MULTICULTURAL CENTER PO BOX 55 MOAB UT 84532	20-8007037	501C3	13,600				GENERAL SUPPORT
(8)	ARTISTS OF UTAH PO BOX 526292 SALT LAKE CITY UT 84152	87-0685214	501C3	13,455				GENERAL SUPPORT
(9)	BLOOMINGDALE SCHOOL OF MUSIC INC 323 WEST 108TH STREET NEW YORK NY 10025	13-2562192	501C3	13,455				GENERAL SUPPORT

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(1)	SPY HOP PRODUCTIONS INC 669 SOUTH WEST TEMPLE, SUITE 202 SALT LAKE CITY UT 84101	87-0642304	501C3	13,455				GENERAL SUPPORT
(2)	YOUNG PEOPLE'S CHORUS 37 WEST 65TH STREET, SECOND FLOOR NEW YORK NY 10023	11-3372980	501C3	13,455				GENERAL SUPPORT
(3)	FEED MY STARVING CHILDREN 1345 S ALMA SCHOOL RD MESA AZ 85210	41-1601449	501C3	12,500				GENERAL SUPPORT
(4)	RACE SWAMI PO BOX 2493 SANDY UT 84091	27-4648408	501C3	12,500				GENERAL SUPPORT
(5)	DANCE THEATRE OF HARLEM, INC 466 WEST 152ND ST NEW YORK NY 10031	13-2642091	501C3	12,420				GENERAL SUPPORT
(6)	LEHMAN COLLEGE ART GALLERY INC 250 BEDFORD PARK BLVD W BRONX NY 10468	13-3391212	501C3	12,420				GENERAL SUPPORT
(7)	THE ORCHESTRA OF THE BRONX 5 MINERVA PLACE, 2J BRONX NY 10468	13-3940188	501C3	12,420				GENERAL SUPPORT
(8)	DESERET TRUST COMPANY PO BOX 11558 SALT LAKE CITY UT 84147	87-0291656	501C3	12,200				GENERAL SUPPORT
(9)	AMERICAN NATIONAL RED CROSS PO BOX 37839 BOONE IA 50037-0839	53-0196605	501C3	12,000				GENERAL SUPPORT

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(1)	THE CHILDREN'S CENTER 350 SOUTH 400 EAST SALT LAKE CITY UT 84111	87-6114073	501C3	11,600				GENERAL SUPPORT
(2)	WASATCH COMMUNITY GARDENS 629 E 800 S SALT LAKE CITY UT 84102	74-2550359	501C3	11,500				GENERAL SUPPORT
(3)	HAWKWATCH INTERNATIONAL INC 2240 SOUTH 900 EAST SALT LAKE CITY UT 84106	85-0358519	501C3	11,000				GENERAL SUPPORT
(4)	JUVENILE DIABETES RESEARCH FOUNDATI 200 VESEY ST 28TH FLOOR NEW YORK NY 10281	23-1907729	501C3	11,000				GENERAL SUPPORT
(5)	BRIGHAM YOUNG UNIVERSITY LDS PHILANTHROPIES PROVO UT 84604	87-0217280	501C3	10,750				GENERAL SUPPORT
(6)	SAVE OUR CANYONS 3690 E. FORTUNION BLVD., SUITE 101 COTTONWOOD HEIGHTS UT 84121	74-2443535	501C3	10,750				GENERAL SUPPORT
(7)	FIGHTING VIKINGS FOOTBALL FAMILY 8021 ABERDEEN ROAD BETHESDA MD 20814	52-2282014	501C3	10,500				GENERAL SUPPORT
(8)	SOLUTIONS JOURNALISM NETWORK 79 MADISON AVE NEW YORK NY 10016	46-2265729	501C3	10,425				GENERAL SUPPORT
(9)	INTERMOUNTAIN THERAPY ANIMALS P.O. BOX 17201 SALT LAKE CITY UT 84117	87-0517629	501C3	10,350				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number
74-3211770

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	KINGSBRIDGE RIVERDALE-MARBLE HILL F PO BOX 251 BRONX NY 10471	13-3486918	501C3	10,350				GENERAL SUPPORT
(2)	NEW YORK GILBERT & SULLIVAN PLAYERS 225 W 99TH ST. NEW YORK NY 10025	13-2862043	501C3	10,350				GENERAL SUPPORT
(3)	QUINTET OF THE AMERICAS INC 15 CIRCLE RD DOUGLASTON NY 11363	13-3143311	501C3	10,350				GENERAL SUPPORT
(4)	SOUTHWEST LOUISIANA AIDS COUNCIL 425 KINGSLEY STREET LAKE CHARLES LA 70601	72-1115522	501C3	10,350				GENERAL SUPPORT
(5)	THEATER 2020, INC. 57 MONTAGUE STREET, APT 7-I BROOKLYN NY 11201	11-3193180	501C3	10,350				GENERAL SUPPORT
(6)	AEROSPACE HERITAGE FOUNDATION OF UT PO BOX 612 ROY UT 84067	87-0393645	501C3	10,000				GENERAL SUPPORT
(7)	ALZHEIMER'S AND DEMENTIA SOCIETY (D 168 NORTH 100 EAST #104 ST. GEORGE UT 84770	45-5072504	501C3	10,000				GENERAL SUPPORT
(8)	AMERICAN JEWISH WORLD SERVICE 45 WEST 36TH STREET NEW YORK NY 10018	22-2584370	501C3	10,000				GENERAL SUPPORT
(9)	AMERICAN SOCIETY FOR THE PREVENTION 520 EIGHTH AVENUE, 7TH FLOOR NEW YORK NY 10018	13-1623829	501C3	10,000				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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(1)	BALTIMORE ROWING CLUB INC BALTIMORE ROWING & WATER RESOURCE C BALTIMORE MD 21230	52-1187264	501C3	10,000				GENERAL SUPPORT
(2)	CLUES 797 EAST 7TH STREET ST. PAUL MN 55106	41-1386986	501C3	10,000				GENERAL SUPPORT
(3)	COMO FRIENDS 1225 ESTABROOK DRIVE ST. PAUL MN 55103	41-1943928	501C3	10,000				GENERAL SUPPORT
(4)	FOUNDATION ESCALERA INC 273 N EAST CAPITOL ST SALT LAKE CITY UT 84103	20-1377072	501C3	10,000				GENERAL SUPPORT
(5)	GREAT BASIN WATER NETWORK PO BOX 75 BAKER NV 89311	35-2278153	501C3	10,000				GENERAL SUPPORT
(6)	GROUNDSWELL FUND 548 MARKET STREET #49734 SAN FRANCISCO CA 94104	47-4003615	501C3	10,000				GENERAL SUPPORT
(7)	HOLY ANGELS CHURCH 370 CAMPUS DRIVE ARCADIA CA 91007	95-2875879	501C3	10,000				GENERAL SUPPORT
(8)	HONOR ROLL 4611 S FERDINAND AVE. TAMPA FL 33611	83-0811643	501C3	10,000				GENERAL SUPPORT
(9)	INTERPRETER FOUNDATION 152 WESTVIEW DRIVE OREM UT 84058	46-0869962	501C3	10,000				GENERAL SUPPORT

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(Form 990)**

**Grants and Other Assistance to Organizations,
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(1)	MONO LAKE COMMITTEE P.O. BOX 29 LEE VINING CA 93541	77-0051124	501C3	10,000				GENERAL SUPPORT
(2)	MONUMENT OF THE AMERICAS, INC. 3176 CHEROKEE LANE PROVO UT 84604-4351	47-5152099	501C3	10,000				GENERAL SUPPORT
(3)	MORGAN EDUCATION FOUNDATION 240 E YOUNG ST MORGAN UT 84050	20-3287292	501C3	10,000				GENERAL SUPPORT
(4)	NANCY LIEBERMAN CHARITIES PO BOX 261233 PLANO TX 75026	36-4642743	501C3	10,000				GENERAL SUPPORT
(5)	NATIONAL ALLIANCE ON MENTAL ILLNESS 3803 NORTH FAIRFAX DRIVE, SUITE 100 ARLINGTON VA 22203	43-1201653	501C3	10,000				GENERAL SUPPORT
(6)	NATIONAL CATHOLIC COMMUNITY FOUNDATION 1321 GENERALS HIGHWAY, SUITE 202 CROWNSVILLE MD 21032	52-2038242	501C3	10,000				GENERAL SUPPORT
(7)	OLYMPUS DEVELOPMENT FOUNDATION INC 4055 SOUTH 2300 EAST HOLLADAY UT 84124	87-0477898	501C3	10,000				GENERAL SUPPORT
(8)	SAGELAND COLLABORATIVE 824 SOUTH 400 WEST SALT LAKE CITY UT 84101	83-0468561	501C3	10,000				GENERAL SUPPORT
(9)	SHAQUILLE ONEAL FOUNDATION 10845 GRIFFITH PEAK DR STE 520 LAS VEGAS NV 89135	84-2488384	501C3	10,000				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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(1)	SUPERIOR BIO-CONSERVANCY INC 9070 N RANGE LINE RD MILWAUKEE WI 53217-1010	86-3827042	501C3	10,000				GENERAL SUPPORT
(2)	THE GOOD SAMARITAN FOUNDATION 754 N 800 WEST SALT LAKE CITY UT 84116	74-3244815	501C3	10,000				GENERAL SUPPORT
(3)	UNLEASHED PRODUCTIONS PO BOX 3471 PARK CITY UT 84060-3471	36-4823629	501C3	10,000				GENERAL SUPPORT
(4)	UTAH ROYAL KIDS (FKA ROYAL FAMILY K 8575 SOUTH 700 EAST SANDY UT 84070	20-4388058	501C3	10,000				GENERAL SUPPORT
(5)	WORLD CENTRAL KITCHEN 200 MASSACHUSETTS AVE NW 7TH FLOOR WASHINGTON, DC 20001	27-3521132	501C3	10,000				GENERAL SUPPORT
(6)	HIGH COUNTRY JUNIOR VOLLEYBALL CLUB 7105 S. SWAN HILL DR. WEST JORDAN UT 84084	87-0668199	501C3	9,500				GENERAL SUPPORT
(7)	REPERTORY DANCE THEATRE PO BOX 510427 SALT LAKE CITY UT 84101	87-0332580	501C3	9,315				GENERAL SUPPORT
(8)	RIRIE-WOODBURY DANCE COMPANY 138 WEST BROADWAY SALT LAKE CITY UT 84101	87-0294341	501C3	9,315				GENERAL SUPPORT
(9)	SALT LAKE ACTING COMPANY 168 WEST 500 NORTH SALT LAKE CITY UT 84103	51-0196527	501C3	9,315				GENERAL SUPPORT

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(1)	DANIEL'S MUSIC FOUNDATION 1595 LEXINGTON AVENUE 2ND FLOOR NEW YORK NY 10029	32-0156199	501C3	8,280				GENERAL SUPPORT
(2)	HEART & SOUL 542 E 1300 S SALT LAKE CITY UT 84105	87-0528175	501C3	8,280				GENERAL SUPPORT
(3)	BEAR RIVER LAND CONSERVANCY PO BOX 4565 LOGAN UT 84323-4565	27-4698179	501C3	8,000				GENERAL SUPPORT
(4)	CREEK VALLEY HEALTH CLINIC 20 S COLVIN ST COLORADO CITY AZ 86021	83-3039533	501C3	8,000				GENERAL SUPPORT
(5)	ELIZABETH SMART FOUNDATION 1525 W 2960 S LOGAN UT 84321	27-5448061	501C3	8,000				GENERAL SUPPORT
(6)	EYE CARE 4 KIDS 6911 S. STATE STREET SALT LAKE CITY UT 84047	87-0675404	501C3	8,000				GENERAL SUPPORT
(7)	THE LEARNING CENTER FOR FAMILIES (D 2044 SOUTH MESA PALMS DRIVE ST. GEORGE UT 84770	87-0525653	501C3	8,000				GENERAL SUPPORT
(8)	UTAH CLEAN ENERGY ALLIANCE 1014 2ND AVE SALT LAKE CITY UT 84103	37-1438788	501C3	8,000				GENERAL SUPPORT
(9)	ANGELES CHORALE 2335 E. COLORADO BLVD., #115-375 PASADENA CA 91107	95-3016137	501C3	7,763				GENERAL SUPPORT

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(1)	BRONX OPERA COMPANY INC 5 MINERVA PLACE, SUITE 2J BRONX NY 10468	23-7170675	501C3	7,763				GENERAL SUPPORT
(2)	GREAT SMALL WORKS 315 WEST 86TH ST, SUITE 4E NEW YORK NY 10024	13-3862351	501C3	7,763				GENERAL SUPPORT
(3)	OPERATION KIDS FOUNDATION 1245 BRICKYARD ROAD, SUITE 269 SALT LAKE CITY UT 84106	87-0643214	501C3	7,763				GENERAL SUPPORT
(4)	VOICES OF ASCENSION 12 W 11TH ST NEW YORK NY 10011	13-3668472	501C3	7,763				GENERAL SUPPORT
(5)	INDEPENDENT ARTS AND MEDIA P.O. BOX 420442 SAN FRANCISCO CA 94142	94-3355076	501C3	7,750				GENERAL SUPPORT
(6)	ST GEORGE CHILDREN'S MUSEUM 86 S MAIN ST ST GEORGE UT 84770	27-4166652	501C3	7,720				GENERAL SUPPORT
(7)	KANE EDUCATION FOUNDATION 746 SOUTH 175 EAST KANAB UT 84741	75-3134344	501C3	7,500				GENERAL SUPPORT
(8)	COMMUNITY ACTION SERVICES AND FOOD 815 SOUTH FREEDOM BLVD., SUITE 100 PROVO UT 84601	87-0491952	501C3	7,100				GENERAL SUPPORT
(9)	ANTIOCH UNIVERSITY 900 DAYTON STREET YELLOW SPRINGS OH 45387	31-0536640	501C3	7,000				GENERAL SUPPORT

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(1)	HOUSTON FOOD BANK 535 PORTWALL STREET HOUSTON TX 77029	74-2181456	501C3	7,000				GENERAL SUPPORT
(2)	SOUTH HILLS INTERFAITH MOVEMENT (SH) 5301 PARK AVENUE BETHEL PARK PA 15102	25-1213332	501C3	7,000				GENERAL SUPPORT
(3)	FOR THE KIDS 825 NORTH 300 WEST SALT LAKE CITY UT 84103	81-2933767	501C3	6,500				GENERAL SUPPORT
(4)	BALLET WEST 52 WEST 200 SOUTH SALT LAKE CITY UT 84101	87-0264274	501C3	6,250				GENERAL SUPPORT
(5)	FFG R&R STORES, LLC 1557 W INNOVATION WAY SUITE 150 LEHI UT 84043	81-3913010		6,222				GENERAL SUPPORT
(6)	THE MUNDI PROJECT PO BOX 520696 SALT LAKE CITY UT 84152	38-3734621	501C3	6,210				GENERAL SUPPORT
(7)	HOPE CLINIC INC 65 EAST 6850 SOUTH MIDVALE UT 84047	27-1095505	501C3	6,200				GENERAL SUPPORT
(8)	ANYTHING FOR A FRIEND INC 2573 N 2450 E LAYTON UT 84040-8189	27-3718732	501C3	6,000				GENERAL SUPPORT
(9)	JEWISH COMMUNITY FEDERATION OF RICH 5403 MONUMENT AVE RICHMOND VA 23226	54-0524512	501C3	6,000				GENERAL SUPPORT

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(1)	OGDEN WEBER APPLIED TECHNOLOGY COLLEGE 200 N WASHINGTON BLVD OGDEN UT 84404-4089	74-2371963	501C3	6,000				GENERAL SUPPORT
(2)	OUR CHILDREN'S TRUST P.O. BOX 5181 EUGENE OR 97405	27-3094382	501C3	6,000				GENERAL SUPPORT
(3)	PARK CITY TOTS 1850 SIDEWINDER DR SUITE 410 PARK CITY UT 84060	47-2876497	501C3	6,000				GENERAL SUPPORT
(4)	SHRINERS HOSPITALS FOR CHILDREN - SALT LAKE CITY 1275 E. FAIRFAX ROAD AT VIRGINIA ST SALT LAKE CITY UT 84103	36-2193608	501C3	6,000				GENERAL SUPPORT
(5)	THE LEUKEMIA AND LYMPHOMA SOCIETY PO BOX 22324 NEW YORK NY 10087	13-5644916	501C3	6,000				GENERAL SUPPORT
(6)	UTAH PUBLIC RADIO UTAH PUBLIC RADIO LOGAN UT 84322-8505	87-6000528	501C3	5,920				GENERAL SUPPORT
(7)	CHABAD LUBAVITCH OF UTAH 1760 SOUTH 1100 EAST SALT LAKE CITY UT 84105	87-0500798	501C3	5,500				GENERAL SUPPORT
(8)	HEALTHY ENVIRONMENT ALLIANCE OF UTAH 824 SOUTH 400 WEST, SUITE B-111 SALT LAKE CITY UT 84101	84-1409393	501C3	5,500				GENERAL SUPPORT
(9)	UTAH SYMPHONY AND OPERA 123 WEST SOUTH TEMPLE SALT LAKE CITY UT 84101	51-0145980	501C3	5,500				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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(1)	YOUNG WOMENS CHRISTIAN ASSN OF UTAH 322 EAST 300 SOUTH SALT LAKE CITY UT 84111	87-0212467	501C3	5,500				GENERAL SUPPORT
(2)	HOUSING CONNECT 3595 SOUTH MAIN STREET SALT LAKE CITY UT 84115	84-3929104	501C3	5,441				GENERAL SUPPORT
(3)	HABITAT FOR HUMANITY OF SOUTHWEST U 835 S BLUFF STREET ST GEORGE UT 84770	84-1424693	501C3	5,350				GENERAL SUPPORT
(4)	LAKELAND SYMPHONY SOCIETY INC. PO BOX 173 PARSIPPANY NJ 07054	22-2055359	501C3	5,175				GENERAL SUPPORT
(5)	UTAH ZOOLOGICAL SOCIETY (UTAH'S HOG 2600 E SUNNYSIDE AVE SALT LAKE CITY UT 84108	87-0217405	501C3	5,175				GENERAL SUPPORT
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

MOST GRANTS ARE MADE TO A PUBLIC CHARITY AT THE REQUEST OF DONORS WHO

ESTABLISHED DONOR ADVISED FUNDS AND NO FURTHER FOLLOW-UP IS DEEMED

NECESSARY.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

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THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ALEXANDRA EATON	(i)	150,000	39,000	0	4,500	11,256	204,756	0
1 CEO	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7 - NON-FIXED PAYMENTS PROVIDED

A BONUS WAS PAID TO THE CEO BASED ON PERFORMANCE DURING THE YEAR.



**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

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

Attach to Form 990.

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Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 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				
9 Securities — Publicly traded	X	20	1,765,638	FMV
10 Securities — Closely held stock	X	2	5,882,025	FMV
11 Securities — Partnership, LLC, or trust interests	X	5	11,511,495	FMV
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other	X	2	983,103	FMV
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
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Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

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

THE COMMUNITY FOUNDATION OF UTAH (CFU) IS UTAH'S PARTNER IN PHILANTHROPY. CFU IS THE HUB WHERE DONORS AND MISSION-DRIVEN ORGANIZATIONS BUILD A THRIVING COMMUNITY, TOGETHER. WHATEVER YOUR GIFT, WE HELP YOU MAXIMIZE THE IMPACT. WHATEVER YOUR MISSION, WE CONNECT YOU TO THE TOOLS, RESOURCES AND NETWORKS TO ACHIEVE IT. SINCE ESTABLISHMENT IN 2008, CFU HAS FACILITATED OVER \$200 MILLION IN GRANTS TO NONPROFIT ORGANIZATIONS. IN 2022, CFU GRANTED OVER \$57 MILLION TO OVER 500 ORGANIZATIONS IN AREAS AS DIVERSE AS OUR FUNDHOLDERS - FROM ARTS AND CULTURE TO ANIMAL WELFARE, TO EDUCATION AND ENVIRONMENT. CFU IS ALSO A CRITICAL PARTNER IN NUMEROUS INITIATIVES TO STRENGTHEN OUR SOCIAL IMPACT SECTOR. THESE EFFORTS INCLUDE GRANTMAKING AND EDUCATION INITIATIVES, COMMUNITY LEADERSHIP AND COMMUNITY IMPACT FUNDS.

INITIATIVES

INVEST IN SUCCESS (IIS) - IIS IS AN ANNUAL WEEK-LONG LEADERSHIP DEVELOPMENT INITIATIVE FOR EMERGING NONPROFIT LEADERS. SINCE 2012, IIS HAS PROVIDED CAPACITY-BUILDING SUPPORT FOR OVER 60 NONPROFIT ORGANIZATIONS ACROSS UTAH. QUALIFIED ORGANIZATIONS SERVE LOW-INCOME POPULATIONS AND FACE SIGNIFICANT BARRIERS OF TIME OR DISCRETIONARY FUNDS TO ACCESS LEADERSHIP DEVELOPMENT OPPORTUNITIES. IIS PROVIDES AN INTENSE AND IMMERSIVE EXPERIENCE INCLUDING TRAINING ON ORGANIZATIONAL STRATEGY, PERSONNEL MANAGEMENT, ORGANIZATIONAL FINANCE AND SUSTAINABILITY, AND CHANGE MANAGEMENT.

PAY FOR SUCCESS (PFS) - PFS IS AN INNOVATIVE FUNDING MODEL THAT DRIVES GOVERNMENT RESOURCES TOWARD SOCIAL PROGRAMS THAT PROVIDE MEASURABLE

Name of the organization

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

RESULTS. MISSION-DRIVEN INVESTORS COVER THE UPFRONT COSTS OF PROGRAMMING, AND IF THE PREDETERMINED GOALS ARE ACHIEVED, THE GOVERNMENT REPAYS THE INVESTORS.

FULL SPEC SERIES (FSS) - FSS IS AN INNOVATIVE EDUCATIONAL SERIES FOCUSING ON THE INTERSECTION OF IMPACT INVESTING AND PHILANTHROPY. THE INITIATIVE CURATES OPPORTUNITIES FOR DONORS TO LEARN ABOUT WAYS TO TAKE A "FULL SPECTRUM" APPROACH TO PHILANTHROPY AND ALIGN THEIR FULL BALANCE SHEET WITH IMPACT.

YOUTH ATHLETIC GRANT (YAG) - A PARTNERSHIP WITH SALT LAKE CITY TO SUPPORT NONPROFIT YOUTH ATHLETIC ORGANIZATIONS IN PROVIDING ACCESSIBLE COMPETITIVE ATHLETIC OPPORTUNITIES TO LOW-INCOME YOUTH ATHLETES RESIDING IN SALT LAKE CITY.

UTAH GRANTMAKERS ALLIANCE (UGA) - UGA PROVIDES OPPORTUNITIES FOR PRIVATE FOUNDATIONS AND DONOR ADVISED FUNDHOLDERS TO CONNECT WITH PEERS TO EXPLORE STRATEGIES FOR MORE EFFECTIVE, MEANINGFUL AND ENGAGED PHILANTHROPY.

UTAH ETHICAL LEADERSHIP AWARDS (ELA) - ELA RECOGNIZES LEADERSHIP IN UTAH BUSINESSES, NONPROFIT ORGANIZATIONS, AND GOVERNMENT ENTITIES THAT EMBODY BEST PRACTICES IN ETHICAL BEHAVIORS. THE INITIATIVE IS A COLLABORATION WITH THE DANIELS FUND AND THE DANIELS FUND ETHICS INITIATIVE AT THE DAVID ECCLES SCHOOL OF BUSINESS.

MORGAN STANLEY COMMUNITY DEVELOPMENT GRADUATE FELLOWSHIP - AS PART OF CFU'S

Name of the organization

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

BROADER STRATEGY TO ATTRACT, DEVELOP, AND RETAIN TOP TALENT IN UTAH'S
 NONPROFIT SECTOR, CFU SELECTED FIVE OUTSTANDING GRADUATE STUDENTS TO SERVE
 AS THE 2022 MORGAN STANLEY COMMUNITY DEVELOPMENT GRADUATE FELLOWS. IN
 PARTNERSHIP WITH MORGAN STANLEY AND THE UNIVERSITY OF UTAH, THESE FELLOWS
 WERE PAIRED WITH ORGANIZATIONS TO DEVELOP THEIR SKILLS, BUILD THEIR
 NETWORKS, AND RECEIVE HANDS-ON EXPERIENCE IN COMMUNITY DEVELOPMENT WORK.

GIVE FOR GOOD - CFU CONTINUES TO CULTIVATE OPPORTUNITIES FOR DONORS TO
 DEEPEN THEIR KNOWLEDGE AND NETWORKS WITHIN PHILANTHROPY. IN PARTNERSHIP
 WITH THE WALTON FAMILY FOUNDATION, CFU LAUNCHED ITS INAUGURAL GIVE FOR GOOD
 COHORT, A PEER NETWORK OF 16 NEXT GENERATION UTAH PHILANTHROPISTS, ANCHORED
 IN A DESIRE TO EXPLORE PHILANTHROPIC PRACTICE TOGETHER. A FIRST FOR OUR
 LOCAL PHILANTHROPIC ECOSYSTEM, COHORT PARTICIPANTS WORKED TOGETHER TO LEARN
 ABOUT ISSUES FACING UTAH AND CREATE A STRATEGIC FRAMEWORK TO DEPLOY A
 \$10,000 GRANT ALIGNED WITH THE PARTICIPANTS' SHARED VALUES AND GIVING
 STYLES. GIVE FOR GOOD IS AN EXCITING INDICATOR OF THE CONTINUED SHIFT
 TOWARD MORE ENGAGED, COLLECTIVE, AND STRATEGIC PHILANTHROPY IN UTAH.

COMMUNITY IMPACT FUNDS

UTAH AFGHAN COMMUNITY FUND - THE UTAH AFGHAN COMMUNITY FUND, THROUGH
 SUPPORTING THE RESETTLEMENT OF OVER 900 AFGHAN HUMANITARIAN PAROLEES, IS
 THE LATEST DEMONSTRATION OF UTAH'S LONG STANDING COMMITMENT TO WELCOMING
 REFUGEES. THE FUND DEPLOYED OVER \$1.2 MILLION TO ADDRESS RESOURCE GAPS IN
 BASIC NEEDS, IN ADDITION TO BRIDGING CULTURAL BARRIERS FOR REFUGEES' LONG
 TERM RESETTLEMENT. SPECIFICALLY, THE FUND SERVED AS A COMPLEMENT TO
 EXISTING PUBLIC AND PRIVATE FUNDING STREAMS, PROVIDING A RANGE OF SUPPORT

Name of the organization

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

FROM LEGAL ASSISTANCE TO HOME FURNISHINGS. THE FUND CREATED A VITAL CENTRAL INFRASTRUCTURE FOR RESETTLEMENT ORGANIZATIONS TO COORDINATE THEIR EFFORTS AND MAXIMIZE IMPACT.

UTAH FOR UKRAINE FUND - THE UTAH FOR UKRAINE FUND WAS A FIRST-OF-ITS-KIND MODEL, ALLOWING AN ENTIRE COMMUNITY TO COME TOGETHER TO SUPPORT WOMEN AND CHILDREN FLEEING THE WAR IN UKRAINE. ALONGSIDE THE DRIVEN TO ASSIST COMMUNITY DONATION DRIVE, THE FUND RAISED \$4 MILLION IN JUST SIX WEEKS, CATALYZED BY A ONE-TO-ONE MATCH BY THE LARRY H. AND GAIL MILLER FAMILY FOUNDATION. THE FUND SUPPORTED CRITICAL RELIEF SERVICES FOR UKRAINIAN REFUGEES ARRIVING IN NEIGHBORING COUNTRIES INCLUDING EDUCATION AND CHILDCARE, DIRECT CASH ASSISTANCE, AND UNICEF BLUE DOT CENTERS. WITH OVER 3,600 DONATIONS-OF WHICH 90% WERE \$100 OR LESS-THE UTAH FOR UKRAINE FUND WAS A TESTAMENT TO UTAH'S SPIRIT OF GENEROSITY SHOWING WHAT A COMMUNITY CAN ACCOMPLISH TOGETHER.

UTAH IMPACT PARTNERSHIP FUND - THE UTAH IMPACT PARTNERSHIP FUND WAS FORMED AS AN EXTENSION OF THE UTAH IMPACT PARTNERSHIP TO CHAMPION INNOVATIVE, STRATEGIC, AND COLLECTIVE EFFORTS TO SYSTEMATICALLY ADDRESS HOMELESSNESS STATEWIDE. TO DATE, THE UTAH IMPACT PARTNERSHIP FUND DEPLOYED NEARLY \$3.8 MILLION IN GRANTS TO SECURE DEEPLY AFFORDABLE HOUSING, YOUTH TRANSITIONAL HOUSING, AND SUPPORT THE DEVELOPMENT OF A NEW DETOX FACILITY IN SALT LAKE COUNTY. THE UTAH IMPACT PARTNERSHIP FUND IS A KEY TOOL IN UTAH'S UNITED RESPONSE TO HOMELESSNESS. THE FUND WORKS IN CLOSE COORDINATION WITH THE UTAH HOMELESSNESS COUNCIL TO IDENTIFY IMPACTFUL AND TIMELY PROJECTS THAT WILL MOVE THE NEEDLE ON HOMELESSNESS ACROSS THE STATE.

Name of the organization

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
 THE BOARD OF TRUSTEES RETAIN AN INDEPENDENT CPA TO PREPARE THE 990. THE
 990 IS REVIEWED BY THE CEO AND CFO. A COPY OF THE FORM 990 IS SHARED WITH
 THE TRUSTEES AND FINANCE COMMITTEE. ONCE THE TRUSTEES AND THE FINANCE
 COMMITTEE ARE SATISFIED THAT THE RETURN IS COMPLETE AND ACCURATE, THE CEO
 AND CFO AUTHORIZE THE OUTSIDE CPA TO ELECTRONICALLY FILE THE 990.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
 BOARD MEMBERS AND THE CEO ROUTINELY REVIEW, IN THE COURSE OF
 REGULAR BOARD MEETINGS, ANY NEW RELATIONSHIP AND EXPLORE ANY POTENTIAL
 CONFLICTS ANNUALLY, ALL BOARD MEMBERS AND STAFF REVIEW AND SIGN A
 CONFLICT OF INTEREST STATEMENT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
 THE EXECUTIVE COMMITTEE REVIEWS COMPETITIVE SALARY INFORMATION AND
 RECOMMENDS A SALARY FOR THE CEO. THE BOARD APPROVES SALARY
 AMOUNTS. THE EXECUTIVE COMMITTEE, WITH THE INPUT OF ALL DIRECTORS, CONDUCTS
 AN ANNUAL REVIEW AND THEN MAKES ANY RECOMMENDATIONS FOR CHANGES TO SALARY
 TO THE ENTIRE BOARD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
 OUR WEBSITE PROVIDES OUR BYLAWS, ARTICLES OF INCORPORATION, INVESTMENT
 POLICY, FINANCIAL STATEMENTS, ANNUAL REPORT, FORM 990, AND OTHER GOVERNING
 DOCUMENTS. INDIVIDUALS MAY ALSO REQUEST ADDITIONAL INFORMATION.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

UNRELATED BUSINESS INCOME \$ -89,987

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2022

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Internal Revenue Service

Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CANDIDE CHARITABLE ENTERPRISE LLC 2257 S 1100 EAST, STE 205 81-0804587 SALT LAKE CITY UT 84106	INACTIVE	UT			CFU
(2)					
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SLCO PFS 1 2257 SOUTH 1100 EAST, SUITE 205 47-3854619 SALT LAKE CITY UT 84106	SUPPORT	UT	501C3	12A	CFU		X
(2) COMMUNITY TRUST OF UTAH 2257 SOUTH 100 EAST, SUITE 205 82-3365355 SALT LAKE CITY UT 84106	SUPPORT	UT	501C3	7	CFU		X
(3)							
(4)							
(5)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

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

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c	X	
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m	X	
1n	X	
1o	X	
1p		X
1q	X	
1r		X
1s		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII

Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Public Inspection Copy

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

Attach to the corporation's tax return.

2022

Go to www.irs.gov/Form2220 for instructions and the latest information.

Name

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)	1	15,341
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
c Credit for federal tax paid on fuels (see instructions)	2c	
d Total. Add lines 2a through 2c	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	15,341
4 Enter the tax shown on the corporation's 2021 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	444,555
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	15,341

Part II Reasons for Filing—Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6** The corporation is using the adjusted seasonal installment method.
- 7** The corporation is using the annualized income installment method.
- 8** The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year.	9	04/15/22	06/15/22	09/15/22	12/15/22
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	3,835	3,835	3,835	3,836
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	3,802	3,685	3,686	5,403
<i>Complete lines 12 through 18 of one column before going to the next column.</i>					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13		3,685	3,686	5,403
14 Add amounts on lines 16 and 17 of the preceding column	14		33	183	332
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	3,802	3,652	3,503	5,071
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0	0	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	33	183	332	0
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17—no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2022 and before 7/1/2022	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 4% (0.04)	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2022 and before 10/1/2022	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 5% (0.05)	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2022 and before 1/1/2023	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 6% (0.06)	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2022 and before 4/1/2023	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 7% (0.07)	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2023 and before 7/1/2023	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x **	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2023 and before 10/1/2023	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x **	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2023 and before 1/1/2024	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x **	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2023 and before 3/16/2024	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{366}$ x **	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns			38	\$ 7

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form 2220 Worksheet

Form **2220**

2022

For calendar year 2022, or tax year beginning _____, and ending _____

Name

Employer Identification Number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u>04/15/22</u>	<u>06/15/22</u>	<u>09/15/22</u>	<u>12/15/22</u>
Amount of underpayment	<u>33</u>	<u>183</u>	<u>332</u>	

Prior year overpayment applied 162

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment	<u>04/13/22</u>	<u>06/13/22</u>	<u>09/15/22</u>	<u>12/15/22</u>	
Amount of payment	<u>3,640</u>	<u>3,685</u>	<u>3,686</u>	<u>5,403</u>	

QTR	FROM	TO	UNDERPAYMENT	#DAYS	RATE	PENALTY
1	4/15/22	6/13/22	33	59	4.00	0
2	6/15/22	6/30/22	183	15	4.00	0
2	6/30/22	9/15/22	183	77	5.00	2
3	9/15/22	9/30/22	332	15	5.00	1
3	9/30/22	12/15/22	332	76	6.00	4
TOTAL PENALTY						7

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

2022

Department of the Treasury
Internal Revenue Service

For calendar year 2022 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection
for 501(c)(3)
Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A <input type="checkbox"/> Check box if address changed.		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE COMMUNITY FOUNDATION OF UTAH	D Employer identification number 74-3211770
B Exempt under section <input checked="" type="checkbox"/> 501(C) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 2257 SOUTH 1100 EAST, SUITE 205 City or town, state or province, country, and ZIP or foreign postal code SALT LAKE CITY UT 84106	E Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return.
		C Book value of all assets at end of year 136,652,844	
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university			
H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T) 1			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation			

L The books are in care of **ALEXANDRA EATON** Telephone number **801-559-3005**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	82,281
2 Reserved	2	
3 Add lines 1 and 2	3	82,281
4 Charitable contributions (see instructions for limitation rules) SEE STMT 1	4	8,228
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	74,053
6 Deduction for net operating loss. See instructions	6	0
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	74,053
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	73,053

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	15,341
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	15,341

For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2		15,341
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		15,341
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		
6a Payments: A 2021 overpayment credited to 2022	6a	162	
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	16,414	
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7 Total payments. Add lines 6a through 6g	7		16,576
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	8		7
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		0
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		1,228
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax 1,228 Refunded	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		<input checked="" type="checkbox"/>
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		<input checked="" type="checkbox"/>
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4 Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
	\$	
	\$	
	\$	
	\$	
6a Did the organization change its method of accounting? (see instructions)		<input checked="" type="checkbox"/>
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer	Date	Title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature		Date	Check <input type="checkbox"/> if self-employed PTIN
	RICHARD SCORESBY, CPA	RICHARD SCORESBY, CPA		11/14/23	P00573067
	Firm's name	Firm's EIN			
	LARSON & COMPANY, PC			87-0516083	
	Firm's address			Phone no.	
	11240 S RIVER HEIGHTS DR SUITE 300 SOUTH JORDAN, UT 84095-5123			801-313-1900	

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for
501(c)(3) Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A Name of the organization THE COMMUNITY FOUNDATION OF UTAH	B Employer identification number 74-3211770
C Unrelated business activity code (see instructions) 531120	D Sequence: 1 of 1

E Describe the unrelated trade or business **UNRELATED BUSINESS ACTIVITY**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) SEE STMT 1	5 89,987		89,987
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 89,987		89,987

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement). See instructions	5		
6 Taxes and licenses	6		3,791
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		0
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement) SEE STATEMENT 2	14		3,915
15 Total deductions. Add lines 1 through 14	15		7,706
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		82,281
17 Deduction for net operating loss. See instructions	17		
18 Unrelated business taxable income. Subtract line 17 from line 16	18		82,281

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes Yes/No checkboxes for section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property. Rows 2-4: Rent received or accrued (a, b, c). Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property. Row 2: Gross income from or allocable to debt-financed property. Row 3: Deductions directly connected with or allocable to debt-financed property (a, b, c). Row 4: Amount of average acquisition debt. Row 5: Average adjusted basis. Row 6: Divide line 4 by line 5. Row 7: Gross income reportable. Row 8: Total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on Part I, line 8, column (A)

Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Totals

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Totals

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity:	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Statement 1 - Form 990-T, Part I, Line 4 - Charitable Contributions

<u>Description</u>	<u>Amount</u>
CURRENT YEAR CONTRIBUTIONS	\$ 29,475,375
PRIOR YEAR CONTRIBUTIONS	30,880,218
TOTAL CONTRIBUTIONS AVAILABLE	60,355,593
LESS: CONTRIBUTIONS DISALLOWED	60,347,365
TOTAL DEDUCTION ALLOWED	<u>8,228</u>

Federal Statements

Unrelated Business Activity

Statement 1 - Schedule A (990T), Part I, Line 5 - Income (Loss) from Partnerships or S-Corps

Name of Partnership or S-Corp	Gross Income	Direct Deductions (Part. only)	Net Income
333 SOUTH STATE LLC	\$ 90,548	\$	\$ 90,548
BG VISTA OFFICE 8 LLC			
MEDMOUNTAIN VENTURES I LLC	-561		-561
TOTAL	\$ 89,987	\$ 0	\$ 89,987

Unrelated Business Activity

Statement 2 - Schedule A (990T), Part II, Line 14 - Other Deductions

Deduction Description	Deduction Amount
PROFESSIONAL FEES	\$ 3,915
TOTAL	\$ 3,915