Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2015 Open to Public Inspection

| Α | For the 2015 | calendar year, or tax year beginning , and ending | | | |
|-------------------|----------------------|--|-----------------------|--------------------|--------------------------------------|
| В | Check if applicable: | C Name of organization | | D Employe | er identification number |
| | Address change | The Community Foundation of Utah | | | |
| | Name change | Doing business as | Danier (audita | | 211770 |
| $\overline{\Box}$ | Initial return | Number and street (or P.O. box if mail is not delivered to street address) 423 W 800 S | Room/suite | E Telephon | 559-3005 |
| - | Final return/ | City or town, state or province, country, and ZIP or foreign postal code | | 001 | 337 3003 |
| \square | terminated | Salt Lake City UT 84101 | | G Gross red | eipts\$ 14,599,293 |
| | Amended return | F Name and address of principal officer: | | | |
| | Application pending | Jeramy Lund | H(a) Is this a gro | oup return for | subordinates Yes X No |
| | | 423 West 800 South | H(b) Are all sub | ordinates inc | sluded? Yes No |
| | | Salt Lake City UT 84101 | If "No, | " attach a list. | . (see instructions) |
| ī | Tax-exempt status: | | | | |
| J | Website: ► ¼ | ww.utahcf.org | H(c) Group exe | mption numb | per > |
| ĸ | Form of organization | : X Corporation Trust Association Other ▶ L Ye | ear of formation: 2 | 007 | M State of legal domicile: UT |
| F | Part I Su | ımmary | , | | |
| | | escribe the organization's mission or most significant activities: | | | |
| Governance | See | Schedule O | | | |
| nar | | | | | |
| Ver | | <u></u> | | | |
| B | 2 Check th | is box $lacktriangle$ if the organization discontinued its operations or disposed of more than | | assets. | |
| | 3 Number | of voting members of the governing body (Part VI, line 1a) | | | 11 |
| ties | | of independent voting members of the governing body (Part VI, line 1b) |) | | 11 |
| Activities & | | | ' | | 7 |
| Ac | | mber of volunteers (estimate if necessary) | | 6 | 40 |
| | 7a Total uni | related business revenue from Part VIII, column (C), line 12 | | | 0 |
| | b Net unre | lated business taxable income from Form 990-T, line 34 | Drior Vo | 7b | Current Veer |
| | 9 Contribu | tions and grants (Part VIII, line 1h) | Prior Yea | | Current Year 14,106,020 |
| ne | 9 Program | comice revenue (Dert VIII line Or) | | ,438 | 98,082 |
| Revenue | 10 Investme | ent income (Part VIII, line 2g) | 1,033 | | 395,191 |
| æ | 11 Other re | venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | <u> </u> | ,000 | <u> </u> |
| | | enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 17,549 | 491 | 14,599,293 |
| | | nd similar amounts paid (Part IX, column (A), lines 1–3) | 8,776 | | 10,310,847 |
| | | paid to or for members (Part IX, column (A), line 4) | 0 7 7 7 | 7,011 | 0 |
| Ś | | other compensation, employee benefits (Part IX, column (A), lines 5–10) | 227 | 7,106 | 297,173 |
| Expenses | 16aProfession | onal fundraising fees (Part IX, column (A), line 11e) | | 7 | 0 |
| be | b Total fun | draising expenses (Part IX, column (D), line 25) ▶ 89,503 | | | |
| ũ | 17 Other ex | penses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,194 | 1,949 | 706,917 |
| | | penses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 10,198 | 3,926 | 11,314,937 |
| | 19 Revenue | less expenses. Subtract line 18 from line 12 | | ,565 | 3,284,356 |
| Net Assets or | | | Beginning of Cur | | End of Year |
| Sset | Total ass | sets (Part X, line 16) | 28,795 | | 31,336,845 |
| et | 21 Total liab | pilities (Part X, line 26) | | 1,325 | 238,046 |
| | | ets or fund balances. Subtract line 21 from line 20 | 28,560 |),836 | 31,098,799 |
| | | gnature Block | | | |
| | | perjury, I declare that I have examined this return, including accompanying schedules and sta complete. Declaration of preparer (other than officer) is based on all information of which prepare | | | my knowledge and belief, it is |
| | | omplete Decidation of property (editor than entrol) to become in all minimum of minor proper | | l I | |
| Qi, | gn 🕨 🖥 | ignature of officer | | Date | |
| | ere | | tive Di | | r |
| 116 | | ype or print name and title | CIVE DI | TECTO | <u>'L</u> |
| | , * | e preparer's name Preparer's signature | Date | Check | if PTIN |
| Pai | : | A. Czaja, CPA Scott A. Czaja, CPA | | /16 self-em | □" |
| | eparer Firm's na | 11077 | · · | irm's EIN ▶ | 87-0517754 |
| | e Only | 155 N 400 W Ste 400 | | IIII 5 EIN 🚩 | 01 0311134 |
| | Firm's ac | | | hone no. | 801-328-2011 |
| Ma | | ss this return with the preparer shown above? (see instructions) | | | |
| = | | | | | |

| | | | 3211770 | Page 2 |
|---|--|--|--------------------------------------|---------------|
| | | ervice Accomplishments | | |
| | | ains a response or note to any line in | this Part III | X |
| • | ribe the organization's mission: | | | |
| 3ee Sch | edule O | | | |
| | | | | |
| | | | | |
| 5:14 | | | | |
| - | | ant program services during the year which w | | Yes X No |
| | 990 or 990-EZ? scribe these new services on S | | | Yes A No |
| • | | cnedule O. make significant changes in how it conducts, a | any program | |
| services? | inization cease conducting, or i | | • • • | Yes X No |
| | scribe these changes on Sched | lulo O | | 163 X NO |
| | = | e accomplishments for each of its three large: | st program services, as measured by | , |
| | | organizations are required to report the amou | · - | |
| | | each program service reported. | ni or granio and anodationo to other | ·, |
| | ,, | oadii program contro repentedii | 4 | |
| (Code: |) (Expenses \$ 11. (| 0.63,531 including grants of \$ 10, | 387.447) (Revenue \$ |) |
| | munity Foundati | on of Utah isn't simpl | v a foundation. C | our vision i |
| | | in improving Utah's fu | | |
| | | hat will serve Utah for | | |
| | | philanthropy that is v | | |
| | | Our initatives are i | | |
| | | that permeates Utah. | | |
| | | d for profit entrepren | | |
| | | , the Utah Social Ente | | |
| ocial | Investors Forum | . Our 24 hour statewi | de day of giving, | Love UT Giv |
| JT, rai | ses more than a | million dollars for U | tah nonprofits, sc | hools and |
| nivers | ities each year | . Our Chautauqua and | convening activite | s encourage |
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| (Code: | | including grants of\$ | | |
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| Other progra | am services (Describe in Sched | dule O.) | | |
| (Expenses S | | | (Revenue \$ |) |
| Total progra | am service expenses ▶ | 11,063,531 | | _ |

| | | | Yes | No |
|-----|--|-----|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Χ | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| _ | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | 3.7 |
| _ | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | 3 | | Λ |
| Ü | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Vos " complete Schodule D. Part I | 6 | Χ | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | 44. | 37 | |
| L. | complete Schedule D, Part VI | 11a | Х | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more | 110 | | Λ |
| C | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | | | 21 |
| _ | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Х | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | A |
| 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 | | | |
| | (' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | 14b | Х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 140 | 21 | |
| . • | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | 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 | 19 | | X |

| | | | Yes | _ |
|-----|--|------|-----|-----|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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 | 21 | Х | |
| 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 | 22 | | Χ |
| 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 | 23 | | 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 | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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 | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | 1 |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or | | | |
| | disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | Х |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II | 32 | | Х |
| 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 | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, | | | |
| - | | 34 | | Х |
| 35a | or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 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 | 35b | | 1 |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| | related ergenization? If "Vee." complete Schedule D. Dort V. line ? | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 30 | | -22 |
| ٠, | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | 1 |
| | Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | 31 | | 77 |
| 50 | 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | Х | 1 |
| | 10. Hotel / III / Offit ood more die required to complete defication. | - 55 | ∠1 | |

Form 990 (2015) The Community Foundation of Utah 74-3211770

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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 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Χ 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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 Χ 4a **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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 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 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand _____ Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2015) The Community Foundation of Utah 74-3211770 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response 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 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 11 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? Χ Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 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? 10a Χ Did the organization have local chapters, branches, or affiliates?b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in 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 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? Χ 13 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Χ b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: > 20

2257 South 1100 East Suite 205

UT 84106

Form **990** (2015)

Alexandra Eaton Salt Lake City Form 990 (2015) The Community Foundation of Utah 74-3211770

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

Check if Schedule O contains a response 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

 ${
m X}$ 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 | kod | k, unle | ss pe nd a d | ition more rson i | than one is both an or/trustee) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the |
|-------------------------------|---|--------------------------------|-----------------------|-----------------|-------------------------|---------------------------------------|---|---|---|
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Former Highest compensated employee | (W-2/1099-MISC) |) Zucc missy | organization and related organizations |
| (1)Jeramy Lund | 1 00 | | | | | | | | |
| Board Chair | 1.00 | Х | | Х | | | 0 | 0 | 0 |
| (2) Brent Andrewsen | 1 | | | | | | | | <u> </u> |
| 77 ¹ Clo - 1 | 1.00 | 3.7 | | 37 | | 1 | 0 | 0 | 0 |
| Vice Chair (3) Trish Coughlin | 0.00 | Х | | Х | | | 0 | 0 | 0 |
| (9) II I SII COUGIII III | 1.00 | | | | | | | | |
| Secretary/Treasurer | 0.00 | Χ | 4 | X | | | 0 | 0 | 0 |
| (4)Greg Warnock, P | | | | | | | | | |
| Director | 1.00 | Х | | | | | 0 | 0 | 0 |
| (5) Mary Hall | 1 00 | | | | | | | | |
| Director | 1.00 | X | | | | | 0 | 0 | 0 |
| (6) Scott Huntsman | 0.00 | | | | | | | | |
| Director | 1.00 | Х | | | | | 0 | 0 | 0 |
| (7)Kym McClelland | 1 00 | | | | | | | | |
| Director | 1.00 | Х | | | | | 0 | 0 | 0 |
| (8)Blake Modersitz | | | | | | | | | |
| Director | 1.00 | Х | | | | | 0 | 0 | 0 |
| (9)Brent Thomson | | | | | | | | | |
| Director | 1.00 | Х | | | | | 0 | 0 | 0 |
| (10)Devin Thorpe | | | | | | | | | |
| Director | 1.00 | Х | | | | | 0 | 0 | 0 |
| (11)Elizabeth Tashj | ian Ph. | ٠. | | | | | | | |
| Director | 1.00 | Х | | | | | 0 | 0 | 0 |
| DAA | | | | <u> </u> | | • | | | Form 990 (2015) |

| Form | 990 (2015) Th | <u>e Community</u> | <u>/ Foundation</u> | of Utah | 74-3211770 |
|------|---------------|--------------------|---------------------|---------|------------|
| | | | | | |

| Part VII Section A. Officer (A) Name and title | (B) (C) Average hours per week (list any hours for | | | | | than of the state | one n an ee) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the |
|---|--|-----------------------------------|-------------------------|-------------------------|----------------|---|----------------------|--|---|---|
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | , , , | organization and related organizations |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | 0 | |
| | | | | | | | | | 0, | |
| | | | | | | | | | | |
| | | | | | | | 1 | | | |
| | | | | | | | | | | |
| total (add lines 1b and 1c) Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from | eets to Part VII | t lim | ited | | <u></u> | liste | ▶ ▶ d ab | pove) who received more | than \$100,000 of | |
| 3 Did the organization list any temployee on line 1a? If "Yes 4 For any individual listed on line organization and related organization and related organization. 5 Did any person listed on line | ," complete Sch ne 1a, is the sui anizations great | edul m of er th | le J f repo an \$ | for su ortab 3150 | uch i le co | indiv omp ? If ' | idua ensa 'Yes | al | ation from the | 3 X 4 X |
| for services rendered to the of Section B. Independent Contract | organization? If | "Yes | s," co | ompl | ete (| Sche | edule | e J for such person | | 5 X |
| Complete this table for your to compensation from the organization. | ive highest com | pen com | sate ipen | d inc | lepe on fo | nder the | nt co | endar year ending with or | within the organization's | |
| Name and | (A) I business address | | | | | | | Descrip | (B) otion of services | (C) Compensation |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 2 Total number of independent received more than \$100,000 | t contractors (in | cludi on fr | ng b | ut no | ot lin | nited nizat | l to t ion | hose listed above) who | 0 | |

| 10 12 | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|------------|---|---------|------------|---------------|----------------------|--|---|--|
| ıt e | 1a | Federated campaigns | 1a | | | | | | |
| 50 | | Membership dues | 1b | | | | | | |
| Α'n | | Fundraising events | 1c | | | | | | |
| <u>a</u> | | Related organizations | 1d | | | | | | |
| Ę, | | Government grants (contributions) | 1e | | | | | | |
| ည် | | All other contributions, gifts, grants, | | | | | | | |
| je je | • | and similar amounts not included above | 1f | 14 | 106,020 | | | | |
| ō | ~ | Noncash contributions included in lines 1 | | <u> </u> | 361 404 | | | | |
| | | Total. Add lines 1a–1f | | | | 14,106,020 | | | |
| <u> </u> | | Total. Add lines Ta-11 | | | Busn. Code | 11,100,020 | | | |
| ven | 22 | Other Transmi | | | Bush. Code | 98,082 | 98,082 | | |
| Re | 2a b | | | | | 90,002 | 90,002 | 4 | |
| ce | | • | | | | | | | |
| e⊆ | C | • | | | | | | | |
| u S | d | | | | | | | | |
| Jrar | e | | | | | | | | |
| Program Service Revenue and Other Similar Amounts | | All other program service rev | | | | 00 000 | | | |
| _ | | Total. Add lines 2a–2f | | | | 98,082 | | | |
| | 3 | Investment income (including | aiviae | enas, inte | erest, | 205 101 | 205 101 | | |
| | | | | | | 395,191 | 395,191 | | |
| | 4 | Income from investment of ta | | | · – | | | | |
| | 5 | Royalties | | | | | | | |
| | _ | (i) Real | | (II) F | Personal | | | | |
| | 6a | | | | | | | | |
| | b | Less: rental exps. | | | | | | | |
| | С | Rental inc. or (loss) | | | | | | | |
| | d 7a | Net rental income or (loss) Gross amount from | | | | | | | |
| | <i>i</i> u | sales of assets (i) Securities | | (ii) | Other | | | | |
| | | other than inventory | | | | | | | |
| | b | Less: cost or other | | | | | | | |
| | | basis & sales exps. | | | | | | | |
| | | Gain or (loss) | | | | | | | |
| | | Net gain or (loss) | | | | | | | |
| <u>P</u> | 8a | Gross income from fundraising ev | ents | | | | | | |
| eu | | (not including \$ | | | | | | | |
| è | | of contributions reported on line 10 | c). | | | | | | |
| <u>~</u> | | See Part IV, line 18 | a | | | | | | |
| Other Revenu | b | Less: direct expenses | b | | | | | | |
| ٥ | С | Net income or (loss) from fun | draisir | ng events | s > | | | | |
| | 9a | Gross income from gaming activiti | ies. | | | | | | |
| | | See Part IV, line 19 | а | | | | | | |
| | b | Less: direct expenses | b | | | | | | |
| | | Net income or (loss) from gar | | ctivities | > | | | | |
| | 10a | Gross sales of inventory, less | 3 | | | | | | |
| | | returns and allowances | а | | | | | | |
| | b | Less: cost of goods sold | | | | | | | |
| | | Net income or (loss) from sal | | nventory | | | | | |
| | | Miscellaneous Revenue | | | Busn. Code | | | | |
| Ī | 11a | | | | | | | | |
| | b | | | | | | | | |
| | С | | | | | | | | |
| | d | All other revenue | | | | | | | |
| | | Total. Add lines 11a–11d | | | • | | | | |
| | | Total revenue See instruction | | | ······ [| 14 599 293 | 493 273 | n | 0 |

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete a

| Sect | ion 501(c)(3) and 501(c)(4) organizations mus | | | complete column (A). | |
|----------|---|--------------------|---------------------|----------------------|---------------------------|
| | Check if Schedule O contains a res | | | | |
| | ot include amounts reported on lines 6b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
| 7b, 8 | Bb, 9b, and 10b of Part VIII. | · | expenses | general expenses | expenses |
| 1 | Grants and other assistance to domestic organizations | 10 200 110 | 10 200 110 | | |
| _ | and domestic governments. See Part IV, line 21 | 10,308,117 | 10,308,117 | | |
| 2 | Grants and other assistance to domestic | 2 720 | 2 720 | | |
| • | individuals. See Part IV, line 22 | 2,730 | 2,730 | | |
| 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 | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| 6 | persons (as defined under section 4958(f)(1)) and | | | 4 | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other colories and wages | 257,207 | 145,084 | 62,493 | 49,630 |
| 7 8 | Pension plan accruals and contributions (include | 231,201 | 143,004 | 02,493 | 49,030 |
| 0 | section 401(k) and 403(b) employer contributions) | 6,034 | | 6,034 | |
| 9 | Other employee benefits | 14,256 | | 14,256 | |
| 10 | Payroll taxes | 19,676 | 11,098 | 4,781 | 3,797 |
| 11 | Fees for services (non-employees): | 10,010 | 11,000 | 1,701 | 5,151 |
| | Management | | | | |
| h | Legal | | | | |
| c | Accounting | 40,500 | | 40,500 | |
| d | Lobbying | 10/300 | | 10/300 | |
| e | Professional fundraising services. See Part IV, line 1 | 7 | | | |
| f | Investment management fees | 94,037 | 94,037 | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| · | (A) amount, list line 11g expenses on Schedule O.) | 150,390 | 138,526 | 4,625 | 7,239 |
| 12 | Advertising and promotion | 5,817 | 4,653 | 582 | 582 |
| 13 | Office expenses | 5,782 | 4,249 | 955 | 578 |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expense | S | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 39,831 | 39,831 | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization $\underline{\ }$ | 551 | 551 | | |
| 23 | Insurance | 2,373 | 1,899 | 237 | 237 |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses in line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | 040 (12 | 100 601 | 04 061 | 04 061 |
| a | MLCCF Admin Fees | 249,613 | 199,691 | 24,961 | 24,961 |
| b | Pay for Success | 82,153 | 82,153 | 1 226 | 1 226 |
| C C | Misc | 13,360 | 10,688 | 1,336 | 1,336 |
| d | Bad Debt Expense | 10,386 12,124 | 10,386 | 1 1/12 | 1 1/1 |
| | All other expenses | 12,124 | 9,838 11,063,531 | 1,143 161,903 | 1,143 89,503 |
| 25 26 | Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the | 11,314,33/ | 11,003,331 | 101,903 | 09,303 |
| 20 | organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here | | | | |
| DAA | following SOP 98-2 (ASC 958-720) | | | | Form QQ0 (2015) |

| Part : | X Balance Sheet | | | |
|---|--|--------------------------|-----------|---|
| | Check if Schedule O contains a response or note to any line in this Part X | ····· | <u></u> . | |
| | | (A) Beginning of year | | (B) End of year |
| 1 | Cash—non-interest bearing | 3,500,271 | 1 | 2,551,442 |
| 2 | Savings and temporary cash investments | | 2 | |
| 3 | Pledges and grants receivable, net | | 3 | |
| 4 | Accounts receivable, net | 588,913 | 4 | 157,77 |
| 5 | Loans and other receivables from current and former officers, directors, | , | | , |
| | trustees, key employees, and highest compensated employees. | | | |
| | Complete Part II of Schedule L | | 5 | |
| 6 | Loans and other receivables from other disqualified persons (as defined under section | n | | |
| | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers a | | | |
| | sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary | | | |
| တ္ | organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| Assets 2 2 | Notes and loans receivable, net | 2,835,369 | 7 | 1,899,880 |
| 8 8 | Inventories for sale or use | , , | 8 | , |
| 9 | Prepaid expenses and deferred charges | | 9 | |
| 10a | Land, buildings, and equipment: cost or | | | |
| | | 1 | | |
| b | other basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 11,027 10b 551 | | 10c | 10,476 |
| 11 | Investments—publicly traded securities | 19,479,200 | 11 | 23,690,283 |
| 12 | Investments—other securities. See Part IV, line 11 | | 12 | - , |
| 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| 14 | Intangible assets | | 14 | |
| 15 | Other assets. See Part IV, line 11 | 2,391,408 | 15 | 3,026,989 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 28,795,161 | 16 | 31,336,84 |
| 17 | Accounts payable and accrued expenses | 7,559 | 17 | 15,323 |
| 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 | | 21 | |
| တ္တ 22 | Loans and other payables to current and former officers, directors, | | | |
| ≝ | trustees, key employees, highest compensated employees, and | | | |
| Liabilities 22 | disqualified persons. Complete Part II of Schedule L | | 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 | 226,766 | | 222,723 |
| 26 | Total liabilities. Add lines 17 through 25 | 234,325 | 26 | 238,046 |
| တ္ဆ | Organizations that follow SFAS 117 (ASC 958), check here ▶∑ and | | | |
| ğ | complete lines 27 through 29, and lines 33 and 34. | | | |
| <u>e</u> 27 | Unrestricted net assets | 28,390,505 | 27 | 31,097,799 |
| <u>m</u> 28 | Temporarily restricted net assets | 170,331 | 28 | 1,000 |
| <u>5</u> 29 | Permanently restricted net assets | | 29 | |
| - C | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and | | | |
| ts (| complete lines 30 through 34. | | | |
| 30 | Capital stock or trust principal, or current funds | | 30 | |
| Net Assets or Fund Balances 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| 호 32 | Retained earnings, endowment, accumulated income, or other funds | 20 560 026 | 32 | 21 000 50 |
| 33 | Total net assets or fund balances | 28,560,836 | 33 | 31,098,799 |
| 34 | Total liabilities and net assets/fund balances | 28,795,161 | 34 | 31,336,845 |

Form **990** (2015)

| | art XI Reconciliation of Net Assets | | | | ı aş | <u> </u> |
|----|---|-------------|-----|------|------|-------------|
| | 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 | | | | 293 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | | 937 |
| 3 | | 3 | | | | 356 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 1 | | _ | | 836 |
| 5 | Net unrealized gains (losses) on investments | 5 | 20 | | | 393 |
| 6 | Net unrealized gains (losses) on investments | 6 | | , - | 10, | <u> </u> |
| 7 | Donated services and use of facilities Investment expenses | 7 | | | | |
| | | 8 | | | | |
| 8 | Other sharpes in not posses or fixed halomass (symlain in Cahadula O) | 9 | | | | |
| 9 | * ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | 9 | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | 40 | 2.1 | 0.0 | י סג | 700 |
| Do | 33, column (B)) art XII Financial Statements and Reporting | 10 | 31 | , 05 | 70, | <u> 799</u> |
| Γô | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | . <u> </u> |
| | Accounting method used to prepare the Form 990: Cash X Accrual Other | | Ī | | Yes | No |
| 1 | • | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | | |
| • | Schedule O. | > | | | 37 | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | Χ | |
| | 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: | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | 3.7 |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | | X |
| | 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: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | | _ | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | | | |
| | Schedule O. | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | | |
| | the Single Audit Act and OMB Circular A-133? | | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | | 3b | | |

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

QU15
Open to Public

Department of the Treasury Internal Revenue Service ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number Name of the organization The Community Foundation of Utah 74-3211770 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of organization listed in your governing (described on lines 1-9 other support (see support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D)

(E)

Page 2

Schedule A (Form 990 or 990-EZ) 2015 The Community Foundation of Utah 74-3211770

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.)

| Sec | tion A. Public Support | | | | • | • | |
|------------|---|----------------------------|---------------------|--------------------|----------------------|-----------------|--------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 3,351,225 | 7,425,891 | 15,856,846 | 16,425,964 | 14,106,02 | 57,165,946 |
| 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 5 | Total. Add lines 1 through 3 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) | 3,351,225 | 7,425,891 | 15,856,846 | 16,425,964 | 14,106,02 | 57,165,946 |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 57,165,946 |
| | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 7 | Amounts from line 4 | 3,351,225 | 7,425,891 | 15,856,846 | 16,425,964 | 14,106,02 | 0 57,165,946 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 31,808 | 87,324 | 409,478 | 882,679 | 395,19 | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 36,863 | 78,608 | 80,365 | 90,438 | 98,08 | |
| 11 | Total support. Add lines 7 through 10 | 5. | 7 | | | 1 44 | 59,356,782 |
| 12 | Gross receipts from related activities, etc | | | | | | 493,273 |
| 13 | First five years. If the Form 990 is for th | | | | - | | |
| 500 | organization, check this box and stop hetion C. Computation of Public S | | | | | | |
| _ | | | | (()) | | 14 | |
| 14 | Public support percentage for 2015 (line | 6, column (f) alvic | ied by line 11, col | umn (t)) | | 14 | |
| 15 | Public support percentage from 2014 Sc 33 1/3% support test—2015. If the orga | nedule A, Part II, I | line 14 | | | ro obsolv this | 96.27% |
| Ioa | box and stop here. The organization qu | | | -: | | | ▶ 🗓 |
| b | 33 1/3% support test—2014. If the organization qu | | | | no 15 io 22 1/20/ | | A |
| b | check this box and stop here. The organ | | | | | | ▶ □ |
| 17a | | - | | - | | | |
| 174 | 10% or more, and if the organization me | _ | | | | | |
| | Part VI how the organization meets the " | facts-and-circums | tances" test. The | organization qual | lifies as a publicly | supported | • |
| b | 10%-facts-and-circumstances test—2 | 014. If the organiz | ation did not che | ck a box on line 1 | 3, 16a, 16b, or 17 | a, and line | |
| | 15 is 10% or more, and if the organization resplain in Part VI how the organization r | | | | | | |
| | | | | • | • | | ▶ □ |
| 18 | supported organization | did not check a ho | | | | | |
| 10 | instructions | | | | | | |

Schedule A (Form 990 or 990-EZ) 2015 The Community Foundation of Utah 74-3211770 Page

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

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

| Sec | tion A. Public Support | ' ' | | · • | , | , | |
|--------------|--|--------------------|---------------------|-----------------------|--------------------|-----------------|--------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (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 fax-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 | | | | | Ť | |
| 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 | | | | Ö, | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| Sac | tion B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 9 | Amounts from line 6 | (a) 2011 | (3) 20 (2 | (0) 2010 | (4) 2011 | (5) 2010 | (i) rotar |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for the | e organization's f | irst, second, third | , fourth, or fifth ta | x year as a sectio | on 501(c)(3) | · |
| | organization, check this box and stop he | | | | | | > |
| | tion C. Computation of Public S | | | | | | |
| 15 | Public support percentage for 2015 (line | 8, column (f) divi | ded by line 13, co | lumn (f)) | | 15 | |
| 16 Soc | Public support percentage from 2014 Sc | | | | | 16 | % |
| | tion D. Computation of Investm | | | 12 column (f)) | | 17 | 0/ |
| 17 18 | Investment income percentage for 2015 Investment income percentage from 201 | | | | | | |
| 10 19a | 33 1/3% support tests—2015. If the org | | | | 15 is more than 3 | | |
| . J u | 17 is not more than 33 1/3%, check this | | | | | | ▶ □ |
| b | 33 1/3% support tests—2014. If the org | - | _ | | | | , and |
| | line 18 is not more than 33 1/3%, check | | | | | | |
| 20 | Private foundation. If the organization of | did not check a bo | ox on line 14, 19a, | or 19b, check th | is box and see in | structions | _ |

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
|-----------|---------|---------|
| 1 | | |
| | | |
| 2 3a | | |
| 3b | | |
| 3с | | |
| 4a | | |
| 4b | | |
| 4c | | |
| 40 | | |
| 5a 5b | | |
| 5c | | |
| | | |
| 6 | | |
| 8 | | |
| 9a | | |
| 9b | | |
| 9с | | |
| 10a | | |
| 10b | | |
| orm 990 c | r 990-E | Z) 2015 |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2015 The Community Foundation of Utah 74-3211770 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 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 Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d 3 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8 Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1

| em | erg | ency temporary reduction (see instructions) | 6 | | |
|----|-----|--|-------|-----------------------------|------------|
| 7 | | Check here if the current year is the organization's first as a non-functionally-integra | ted T | ype III supporting organiza | ation (see |
| | | instructions). | | | |

3

4

5

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2015

3

Enter greater of line 2 or line 3

Income tax imposed in prior year

| Sched | ule A (Form 990 or 990-EZ) 2015 The Community Fou | undation of U | tah 74-3211 | 770 Page 1 |
|-------|---|-----------------------------|--|---|
| Par | | | | |
| Sect | on D - Distributions | , | , , | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exempt pur | poses | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purpo | ses of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of su | pported organizations | | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the organizations | nization is responsive | | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2015 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 |
| 1 | Distributable amount for 2015 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2015 | | | |
| | (reasonable cause required-see instructions) | | | |
| 3 | Excess distributions carryover, if any, to 2015: | | | |
| а | | | | |
| b | | | | |
| С | | | | |
| d | From 2013 | | | |
| е | From 2014 | | | |
| f | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | |
| h | Applied to 2015 distributable amount | | | |
| i | Carryover from 2010 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2015 from Section D, line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2015 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2015, if | | | |
| | any. Subtract lines 3g and 4a from line 2 (if amount | | | |
| | greater than zero, see instructions). | | | |
| 6 | Remaining underdistributions for 2015. Subtract lines 3h | | | |
| | and 4b from line 1 (if amount greater than zero, see | | | |
| | instructions). | | | |
| 7 | Excess distributions carryover to 2016. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | | | | |
| h | | | | |

Schedule A (Form 990 or 990-EZ) 2015

c Excess from 2013d Excess from 2014e Excess from 2015

| 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 1 | II, Line 10 - Other Income Detail |
| | \$ 384,356 |
| | |
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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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

| т. | ho Community Foundation of Utah | | 74-3211770 | | | | | | |
|--------|---|---|---------------------------------|--|--|--|--|--|--|
| | he Community Foundation of Utah | unds or Other Similar Funds | 74-3211//U | | | | | | |
| Г | 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. | | | | | | | | |
| | Complete if the organization answered Tes O | , , | 4) = 1 1 1 1 1 | | | | | | |
| | Total grouph an at and african | (a) Donor advised funds | (b) Funds and other accounts | | | | | | |
| 1 | Total number at end of year | 12,603,021 | 2,094,968 | | | | | | |
| 2 | Aggregate value of contributions to (during year) | 9,565,534 | 979,511 | | | | | | |
| 3 | Aggregate value of grants from (during year) | 29,568,499 | 2,149,159 | | | | | | |
| 4 | Aggregate value at end of year | | 2,149,159 | | | | | | |
| 5 | Did the organization inform all donors and donor advisors in writing the donor advisors in writing the donor and the organization is | | V Vac Na | | | | | | |
| | funds are the organization's property, subject to the organization's e | • | X Yes No | | | | | | |
| 6 | Did the organization inform all grantees, donors, and donor advisors | 9 | 4 | | | | | | |
| | only for charitable purposes and not for the benefit of the donor or de | | X Yes No | | | | | | |
| D, | conferring impermissible private benefit? art II Conservation Easements. | | X Yes No | | | | | | |
| Г | Complete if the organization answered "Yes" o | n Form 990 Part IV line 7 | | | | | | | |
| 4 | Purpose(s) of conservation easements held by the organization (che | | | | | | | | |
| 1 | | | antant land area | | | | | | |
| | Preservation of land for public use (e.g., recreation or education) Protection of natural habitat | | | | | | | | |
| | | Preservation of a certified histori | c structure | | | | | | |
| 2 | Preservation of open space Complete lines 2a through 2d if the organization held a qualified con | convetion contribution in the form of a co | one or votion | | | | | | |
| 2 | easement on the last day of the tax year. | servation contribution in the form of a co | Held at the End of the Tax Year | | | | | | |
| _ | | | _ | | | | | | |
| a h | | | | | | | | | |
| b | | adudad in (a) | 20 | | | | | | |
| d | | | . 20 | | | | | | |
| u | | | 2d | | | | | | |
| 2 | historic structure listed in the National Register Number of conservation easements modified, transferred, released, | avtinguished or terminated by the organ | . ——— | | | | | | |
| 3 | tax year | extinguished, or terminated by the organ | inzation during the | | | | | | |
| 4 | Number of states where property subject to conservation easement | is located | | | | | | | |
| 5 | Does the organization have a written policy regarding the periodic m | | | | | | | | |
| J | violations, and enforcement of the conservation easements it holds? | - | ☐ Yes ☐ No | | | | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling | | | | | | | | |
| ٠ | b | g or violations, and emoraling conservation | on easements during the year | | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of v | violations, and enforcing conservation ea | esements during the year | | | | | | |
| • | S | riolations, and emoroting conservation of | accine the during the year | | | | | | |
| 8 | Does each conservation easement reported on line 2(d) above satis | fy the requirements of section 170(h)(4) | (B)(i) | | | | | | |
| | and section 170(h)(4)(B)(ii)? | | | | | | | | |
| 9 | In Part XIII, describe how the organization reports conservation ease | ements in its revenue and expense state | | | | | | | |
| • | balance sheet, and include, if applicable, the text of the footnote to the | · | | | | | | | |
| | organization's accounting for conservation easements. | 9 | | | | | | | |
| Pa | art III Organizations Maintaining Collections of Ar | t, Historical Treasures, or Oth | er Similar Assets. | | | | | | |
| | Complete if the organization answered "Yes" o | n Form 990, Part IV, line 8. | | | | | | | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 958) | , not to report in its revenue statement a | and balance sheet | | | | | | |
| | works of art, historical treasures, or other similar assets held for pub | lic exhibition, education, or research in f | urtherance of | | | | | | |
| | public service, provide, in Part XIII, the text of the footnote to its final | ncial statements that describes these ite | ms. | | | | | | |
| b | If the organization elected, as permitted under SFAS 116 (ASC 958) | , to report in its revenue statement and | balance sheet | | | | | | |
| | works of art, historical treasures, or other similar assets held for pub | lic exhibition, education, or research in f | urtherance of | | | | | | |
| | public service, provide the following amounts relating to these items: | | | | | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | ▶ \$ | | | | | | |
| | | | | | | | | | |
| 2 | If the organization received or held works of art, historical treasures, | | | | | | | | |
| | following amounts required to be reported under SFAS 116 (ASC 95 | 8) relating to these items: | | | | | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | > \$ | | | | | | |
| b | Assets included in Form 990. Part X | | > \$ | | | | | | |

11.027

551

c Leasehold improvementsd Equipment

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

| Schedule D (Form 990) 2015 The Community Foundat | <u>cion of Utah</u> | 74-3211770 | Page |
|---|--------------------------|--------------------------------|----------------------|
| Part VII Investments—Other Securities. | - | II 441 6 = | 20 D 434 H 45 |
| Complete if the organization answered "Yes" o | | | |
| (a) Description of security or category | (b) Book value | (c) Method of | |
| (including name of security) | | Cost or end-of-year | r market value |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) (H) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | | |
| Part VIII Investments—Program Related. | | 4 | |
| Complete if the organization answered "Yes" o | n Form 990 Part IV | line 11c. See Form 99 | 00 Part X line 13 |
| (a) Description of investment | (b) Book value | (c) Method of | |
| (7) | (1) | Cost or end-of-year | |
| (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" or | n Form 990, Part IV | <u>, line 11d. See Form 99</u> | 90, Part X, line 15. |
| (a) Description | | | (b) Book value |
| (1) Investment In Partners | hip | | 3,026,989 |
| (2) Escrow Receivable | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) Total (Column (b) must equal Form 200 Part V eal (P) line 45) | | | 2 026 000 |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. | | <u></u> ▶ | 3,026,989 |
| Complete if the organization answered "Yes" of the complete if the organization and the complete if the complete | n Form 990 Part IV | line 11e or 11f See F | orm 990 Part X |
| line 25. | iiii oiiii 990, i ait iv | , iiile i le di i lii. See i | omi 990, i an A, |
| 1. (a) Description of liability | (b) Book value | | |
| (1) Federal income taxes | (b) Book value | - | |
| | 222,723 | - | |
| (2) Agency Funds (3) | 222,123 | | |
| (4) | | - | |
| (5) | | - | |
| (6) | | - | |
| (7) | | - | |
| (8) | | - | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 222,723 | | |

| | edule D (Form 990) 2015 The Community Foundation | | | |
|---------|---|---|--|--|
| Pa | Reconciliation of Revenue per Audited Financia Complete if the organization answered "Yes" on Fo | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| С | Recoveries of prior year grants | 2c | | |
| d | | 2d | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| | Other (Describe in Part XIII.) | | | |
| | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | | |
| Pa | art XII Reconciliation of Expenses per Audited Financi | al Statements With Ex | cpenses per Return. | |
| | Complete if the organization answered "Yes" on Fo | orm 990, Part IV, line 12 | 2a. 1 | |
| 1 | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| С | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | | | | |
| | Other (Describe in Part XIII.) | 4b | | |
| С | Other (Describe in Part XIII.) Add lines 4a and 4b | 4b | 4c | |
| с 5 | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin | 4b | 4c 5 | |
| 5 Pa | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. | 4b | 5 | |
| 5 Pa | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1. | ne 18.) nd 4; Part IV, lines 1b and 2b | | |
| 5 Pa | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. | ne 18.) nd 4; Part IV, lines 1b and 2b | | |
| 5 Pa | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1. | ne 18.) nd 4; Part IV, lines 1b and 2b | | |
| 5 Pa | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1. | ne 18.) nd 4; Part IV, lines 1b and 2b | | |
| 5 Pa | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1. | ne 18.) nd 4; Part IV, lines 1b and 2b to provide any additional inf | | |
| 5 Pa | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Fide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 12 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, lines 2d and 4b. | ne 18.) nd 4; Part IV, lines 1b and 2b to provide any additional inf | p; Part V, line 4; Part X, line formation. | |
| 5 Pa | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Fide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 12 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, lines 2d and 4b. | ne 18.) nd 4; Part IV, lines 1b and 2b to provide any additional inf | p; Part V, line 4; Part X, line formation. | |
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| 5 Pa | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. Fide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 12 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, lines 2d and 4b. | ne 18.) nd 4; Part IV, lines 1b and 2b to provide any additional inf | p; Part V, line 4; Part X, line formation. | |
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| Schedule D (F | Form 990) 2015 | The Comm | unity F | oundat: | ion of | Utah | 74-3211770 |) | Page 5 |
|---|----------------|----------|-------------|---------|--------|---------|------------|---|---------------|
| Part XIII | Suppleme | The Comm | on (continu | ed) | | | | | |
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Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2015 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number 74-3211770

The Community Foundation of Utah General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the X Yes No grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (d) Activities conducted in (a) Region (b) Number of (c) Number of (e) If activity listed in (d) is (f) Total offices in the employees, region (by type) (e.g., a program service, expenditures for region agents, and fundraising, program services, describe specific type of and investments independent investments. service(s) in region in region contractors grants to recipients in region located in the region) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)

b Total from continuation sheets to Part I ...
c Totals (add

Schedule F (Form 990) 2015 The Community Foundation of Utah 74-3211770

Page 2

| Part II | | | | izations or Entities Outside eived more than \$5,000. Par | | | | | s" on Form 99 |
|------------|-----------------------|--|------------|--|--------------------------|---------------------------------------|-----------------------------------|--|---|
| | Name of ganization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | * | | |
| (5) | | | | | | | | | |
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| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |
| | | | | at are recognized as charities by the a section 501(c)(3) equivalency letter | | | | > | |
| 3 Enter to | otal number of ot | ther organizations o | r entities | <u></u> | | | |) | (Form 990) 2015 |

Schedule F (Form 990) 2015 The Community Foundation of Utah 74-3211770 Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (e) Manner of (f) Amount of (h) Method of valuation (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of cash non-cash (g) Description (book, FMV, recipients cash grant disbursement assistance of non-cash assistance appraisal, other) (10) (11) (12) (13) (14) (15) (16) (17)

(18)

| Pa | art IV Foreign Forms | | |
|----|--|-----|------|
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | X No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) | Yes | X No |

Schedule F (Form 990) 2015

Department of the Treasury

Internal Revenue Service

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization The Community Foundation of Utah 74-3211770 **General Information on Grants and Assistance** Part I 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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Part II 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC (d) Amount of cash (f) Method of valuation (a) Name and address of organization (e) Amount of non-(b) EIN (a) Description of (h) Purpose of grant book, FMV, appraisal, cash assistance or assistance or government grant non-cash assistance other) if applicable (1) American Civil Liberties Union 125 Broad St 18th floor New York NY 10004 13-6213516 10,400 (2) American Modern Ensemble 400 West 43rd Street, Suite 395 New York NY 10036 20-3563472 7,000 (3) Amigos of Honduras 1310 W 233 N Suite 200 Centerville UT 84014 72-1590055 30,000 (4) Art Access-VSA Utah 230 South 500 West Suite 125 15,300 Salt Lake City UT 84101 87-0413445 (5) Artists of Utah PO Box 526292 Salt Lake City UT 84101 87-0685214 10,000 (6) Ascension Music Chorus and Orchestr 12 West 11th Street New York NY 10011 13-3668472 6,000 (7) Bad Dog Arts 824 South 400 West Suite B129 Salt Lake City UT 84101 87-0568289 15,000 (8) Best Friends Animal Society 2005 South 1100 East Salt Lake City 23-7147797 7,519 UT 84106 (9) Big Brothers Big Sisters of Utah 2121 S. State Street Suite 201 UT 84115 5,022 Murray 87-0668154 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

Department of the Treasury Internal Revenue Service

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 **2015**

Open to Public Inspection

| Name of the organization | Employer Identification number |
|--|-----------------------------------|
| The Community Foundation of Utah | 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? | d ☐ 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 organizations | nization 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 | |
| 1 (a) Name and address of organization or government (b) EIN (c) IRC section if applicable grant (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Definition (c) IRC section (book, FMV, appraisal, other) (non-cash assistance) | scription of (h) Purpose of grant |
| or government section if applicable grant cash assistance (book, FMV, appraisal, other) non-cash | h assistance or assistance |
| (1) Bloomingdale School of Music Inc | |
| 323 West 108th Street | |
| New York NY 10025 13-2562192 10,000 | |
| (2) Boulder Outdoor Survival School, In | |
| P.O. Box 1345 | |
| Boulder UT 84716 74-3211770 18,425 | |
| (3) Boy Scouts of America Trapper Trail | |
| 1200 East 5400 South | |
| Ogden UT 84403 87-0481814 25,360 | |
| (4) Boy Scouts of America Utah National | |
| 748 North 1340 West | |
| Orem UT 84057 87-0212468 7,500 | |
| (5) Cancer Wellness House, Inc | |
| 59 South 1100 East | |
| Salt Lake City UT 84102 87-0568405 13,000 | |
| (6) Casita Maria Center for Arts & Educ | |
| 928 Simpson Street, 6th Floor | |
| Bronx NY 10459 13-1623994 7,500 | |
| (7) Catholic Diocese of Salt Lake City | |
| 27 C Street | |
| Salt Lake City UT 84103 26-2900516 5,500 | |
| (8) Child and Family Support Center | |
| 280 West 1400 North | |
| Logan UT 84341 22-1487147 8,000 | |
| (9) Children and the Earth Inc | |
| 252 W Cottage Ave | |
| Sandy UT 84070 87-0632437 5,010 | |
| 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 | ▶ |

Department of the Treasury

Internal Revenue Service

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 **2015**

Open to Public Inspection

Employer identification number Name of the organization The Community Foundation of Utah 74-3211770 **General Information on Grants and Assistance** Part I 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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Part II 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC (d) Amount of cash (f) Method of valuation (a) Name and address of organization (e) Amount of non-(b) EIN (a) Description of (h) Purpose of grant book, FMV, appraisal, cash assistance or assistance or government grant non-cash assistance if applicable other) (1) Church of Scientology Advanced 1308 L Ron Hubbard Way Los Angeles CA 90027 95-2697641 25,000 (2) Classical Theatre of Harlem, Inc 566 West 159th St. #44 New York NY 10032 13-4046782 10,000 (3) Community Foundation of Utah 2257 South 1100 East, Suite 205 Salt Lake City UT 84106 74-3211770 (4) Congregation Kol Ami 2425 Heritage Way 87-0293863 23,955 Salt Lake City UT 84109 (5) Congregation Sha'ar Zahav 290 Dolores Street 10,000 San Francisco CA 94103 94-2477006 (6) Connexions Foundation 233 S. Pleasant Grove Blvd #101 Pleasant Grove UT 84062 47-2183426 20,000 (7) Corporation of the President of 682 South Bateman Lane Alpine 23-7300405 3,402,559 (8) Dance Theatre of Harlem, Inc 466 West 152nd St New York NY 10031 13-2642091 10,000 (9) Early Music Foundation 10 West 68th Street New York NY 10023 51-0185930 10,000 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

Department of the Treasury

Internal Revenue Service

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

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Employer identification number Name of the organization The Community Foundation of Utah 74-3211770 **General Information on Grants and Assistance** Part I 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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Part II 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC (d) Amount of cash (f) Method of valuation (a) Name and address of organization (e) Amount of non-(h) Purpose of grant (b) EIN (a) Description of book, FMV, appraisal, cash assistance or assistance or government grant non-cash assistance if applicable other) (1) Equality Federation Institute 567 Sutter Street 3rd Floor San Francisco CA 94102 81-0670152 7,344 (2) Equality Utah Foundation 175 West 200 South Suite 3001 Salt Lake City UT 84101 84-1633004 5,325 (3) Erin Kimball Memorial Foundation 168 North 100 East, Suite 103 St. George 87-0663819 7,000 (4) Evangelical Free Church of Amerida Attn Donor Services Minneapolis 13,000 MN 55420-1300 (5) Fiction Collective Two 1409 E Federal Way Salt Lake City UT 84102 13-2957841 25,000 (6) Friends of Great Salt Lake PO Box 2655 Salt Lake City UT 84110-2655 87-0527602 15,350 (7) Global Greengrants Funds 2840 Wilderness Place Suite A Boulder CO 80301 84-1612422 8,000 (8) Grassroots Shakespeare Company 876 S Main St UT 84058 45-1913269 10,500 Orem (9) Hale Centre Theatre 3333 South Decker Lake Dr West Valley City UT 84119 84-1420029 78,000 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

Department of the Treasury Internal Revenue Service

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

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Open to Public Inspection

| The Community Foundation of Utah | | | | | | Employer identification number $74 - 3211770$ | |
|---|---------------------------------------|----------------------|---------------------------------------|---|---|---|--|
| Part I General Information on Grants a | | | | | L | | |
| 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? 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 organizations | | | | | | | |
| Part II Grants and Other Assistance to 990, Part IV, line 21, for any recipi | | | | | | | |
| 1 (a) Name and address of organization or government | (b) EIN (c) IR section if application | C (d) Amount of cash | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | | of (h) Purpose of grant | |
| (1) Hamden Hall School 1108 Whitney Ave Hamden CT 06517 | 06-0662137 | 20,000 | | | | | |
| (2) Healthy Environment Alliance of 824 South 400 West, Suite B-111 Salt Lake City UT 84101 | Uta 84-1409393 | 21,463 | | | | | |
| (3) Holy Family Surgery Center c/o NPH USA Minneapolis MN 55413 | 65-1229309 | 28,000 | | | | | |
| (4) Humane Society of Utah PO Box 573659 Salt Lake City UT 84157 | 87-0256350 | 15,428 | | | | | |
| (5) Humanities In Focus 255 S. Central Campus Drive Salt Lake City UT 84112 | 87-6000525 | 15,000 | | | | | |
| (6) I J & Jeanne Wagner Jewish Commu 2 N Medical Dr Salt Lake City UT 84113 | nit 87-0238425 | 19,250 | | | | | |
| (7) Influencer Institute 3507 N University Ave, Ste 100 Provo UT 84604 | 45-3993208 | 980,000 | | | | | |
| (8) International Rescue Committee I PO Box 3988 Salt Lake City UT 84110 | nc 13-5660870 | 8,686 | | | | | |
| <pre>(9) Internet Keep Sfe Coalition 97 South Second Street 100-#244</pre> | | | | | | | |
| 2 Enter total number of section 501(c)(3) and governm 3 Enter total number of other organizations listed in the | = | the line 1 table | | | | > | |

Department of the Treasury

Internal Revenue Service

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

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OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization The Community Foundation of Utah 74-3211770 **General Information on Grants and Assistance** Part I 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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Part II 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC (d) Amount of cash (f) Method of valuation (a) Name and address of organization (e) Amount of non-(h) Purpose of grant (b) EIN (a) Description of book, FMV, appraisal, cash assistance or assistance or government grant non-cash assistance if applicable other) (1) Jewish Family and Children's Servic 2150 Post Street San Francisco CA 94115 94-1156528 5,400 (2) Jewish Family Service 1111 East Brickyard Rd Suite 218 UT 84106 Salt Lake City 87-0227089 23,260 (3) John F. Kennedy Center for the Perf 2700 F Street, NW Washington 53-0245017 12,000 (4) Judge Memorial Catholic High School 650 South 1100 East Salt Lake City 87-0215468 21,100 UT 84102 (5) Junior Achievement of Utah 650 South 1100 East Salt Lake City UT 84102 87-0225875 10,000 (6) KUED 101 South Wasatch Drive Salt Lake City UT 84112 87-6000525 7.700 (7) KUER Eccles Broadcast Center Salt Lake City UT 84112 87-6000525 7,700 (8) Lehman College Art Gallery Inc 250 Bedford Park Blvd W New York 13-3391212 9,000 NY 10468 (9) McGillis School 668 South 1300 East 75-3048375 Salt Lake City 6,100 UT 84102 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

Department of the Treasury Internal Revenue Service

Name of the organization

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

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OMB No. 1545-0047 **2015**

Open to Public Inspection

| The Community Four | ndation of | Utal | n | | | 7 | 4-3211770 | |
|--|------------------------|-----------------------|--------------------|--------------------|---|---------------------|--------------------|--|
| Part I General Information on Grants ar | nd Assistance | | | | | | | |
| Does the organization maintain records to substantiat the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for in | stance? | • | | | • | | Yes | ☐ No |
| Part II Grants and Other Assistance to I | Comestic Organ | nizatior | ns and Domestic | Governments | Complete if the | e organizatio | n answered "Yes" (| n Form |
| 990, Part IV, line 21, for any recipie | | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 1 (a) Name and address of organization | (b) EIN | (c) IRC section | (d) Amount of cash | (e) Amount of non- | | | (h) Purpose of g | ırant |
| or government | ` ' | section if applicable | grant | cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | non-cash assistance | | • |
| (1) Morgan Education Foundation | | | | | | | | |
| 240 E Young Street | | | | | | | | |
| Morgan UT 84050 | 20-3287292 | | 11,070 | | | | | |
| (2) Native American Church of A'SHII | BE | | | | | | | |
| 6694 South 2700 West | | | | | | | | |
| West Jordan UT 84084 | 87-0513836 | | 6,600 | | | | | |
| (3) New York Gilbert & Sullivan Playe | ers | | | | | | | |
| 302 West 91st St | | | | | | | | |
| New York NY 10024 | 13-2862043 | | 8,000 | | | | | |
| (4) Noble Horse Sanctuary | | | | | | | | |
| 4835 X Viewmont St | | | | | | | | |
| Holladay UT 84117 | 45-2523898 | | 11,510 | | | | | |
| (5) Ogden School Foundation | | | | | | | | |
| 1950 Monroe Boulevard Room #107 | | | | | | | | |
| Ogden UT 84401 | 94-2685413 | | 47,911 | | | | | |
| (6) One Heart World-Wide | 4 | | | | | | | |
| 1818 Pacheco Street | | | | | | | | |
| San Francisco CA 94116 | 20-0443243 | | 10,000 | | | | | |
| (7) Perspectives Ensemble, Inc. | | | | | | | | |
| 870 West 181st St #22 | | | | | | | | |
| New York NY 10033 | 13-4128819 | | 18,000 | | | | | |
| (8) Pitch Her Productions, Inc | | | | | | | | |
| 1675 York Avenue, Apt 11J | | | | | | | | |
| New York NY 10128 | 47-2294609 | | 15,000 | | | | | |
| (9) Positive IQ Foundation | | | | | | | | |
| 9950 South 300 West | | | | | | | | |
| Sandy UT 84070 | 47-1997809 | | 300,000 | | | | | |
| 2 Enter total number of section 501(c)(3) and government | ent organizations list | ed in the | line 1 table | | | | > | |
| 3 Enter total number of other organizations listed in the | line 1 table | | | | | | • | |

Department of the Treasury Internal Revenue Service

Name of the organization

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

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OMB No. 1545-0047 **2015**

Open to Public Inspection

| The Community Four | ndation of | f Utal | n | | | 7 | 74-3211770 | |
|---|------------------|-------------------------------------|-----------------------------|---------------------------------------|---|--|-----------------------|-----|
| Part I General Information on Grants a | nd Assistance | ! | | | | _ | | |
| Does the organization maintain records to substantial the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for | stance? | • | | | • | | Yes | No |
| Part II Grants and Other Assistance to | Domestic Orga | anizatior | ns and Domestic | Governments. | Complete if the | e organizatio | n answered "Yes" on F | orm |
| 990, Part IV, line 21, for any recipie | ent that receive | d more t | han \$5,000. Part | | | | eded. | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | , , , | |
| (1) Quintet of the Americas Inc | | паррисавис | 3 | | ouici) | | | |
| 15 Circle Rd | | | | | | | | |
| Douglaston NY 11363 | 13-3143311 | | 8,000 | | | | | |
| (2) Rachel Covey Foundation | | | 3,000 | | | | | |
| PO Box 1399 | | | | | | | | |
| American Fork UT 84003 | 46-1791738 | | 40,000 | | | | | |
| (3) Rape Recovery Center | | | | | | | | |
| 2035 South 1300 East | | | | | | | | |
| Salt Lake City UT 84105 | 87-0308785 | | 8,510 | | | | | |
| (4) Razoo Foundation | | | | | | | | |
| PO Box 66295 | | | | | | | | |
| Washington DC 20035 | 27-2499903 | | 50,000 | | | | | |
| (5) Repertory Dance Theatre | | | | | | | | |
| PO Box 510427 | | | | | | | | |
| Salt Lake City UT 84101 | 87-0332580 | | 5,544 | | | | | |
| (6) Ririe-Woodbury Dance Company | 4 | | | | | | | |
| 138 West Broadway | | | | | | | | |
| Salt Lake City UT 84101 | 87-0294341 | | 6,000 | | | | | |
| (7) Riverdale Mental Health Associat | ion | | | | | | | |
| 5676 Riverdale Avenue Suite 202 | | | | | | | | |
| Bronx NY 10471 | 13-1930700 | | 25,000 | | | | | |
| (8) Salt Lake Acting Company | | | | | | | | |
| 168 West 500 North | | | | | | | | |
| Salt Lake City UT 84103 | 51-0196527 | | 6,000 | | | | | |
| (9) Salt Lake Art Center | | | | | | | | |
| 20 South West Temple | | | | | | | | |
| Salt Lake City UT 84103 | 87-0221537 | | 18,722 | | | | | |
| 2 Enter total number of section 501(c)(3) and government | = | sted in the | line 1 table | | | | > | |
| 3 Enter total number of other organizations listed in the | line 1 table | | | | | | • | |

Department of the Treasury

Internal Revenue Service

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

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| The Community Four | ndation of | Utal | 1 | | | 7 | 4-3211770 | |
|---|---------------|-----------------------|--------------------|--------------------|---|---------------------|--------------------|-------------|
| Part I General Information on Grants ar | nd Assistance | | | | | | | |
| Does the organization maintain records to substantiate the selection criteria used to award the grants or assis | tance? | • | | | • | | Yes | ☐ No |
| 2 Describe in Part IV the organization's procedures for r Part II Grants and Other Assistance to D | Competic Orga | nizatio: | ne and Domostic | Governments | Complete if the | e organizatio | n answered "Ves" (| n Form |
| 990, Part IV, line 21, for any recipie | | | | | | | | 711 1 OIIII |
| 1 (a) Name and address of organization | (b) EIN | (c) IRC section | (d) Amount of cash | (e) Amount of non- | | | (h) Purpose of g | rant |
| or government | ` ' | section if applicable | grant | cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | non-cash assistance | | |
| (1) TEAM | | парриодало | 3 | | culciy | | | |
| PO Box 969 | | | | | | | | |
| Wheaton IL 60187-0969 | 36-2169146 | | 20,000 | | | | | |
| (2) The Catskill Mountain Foundation | | | | | | | | |
| PO Box 924 | | | | | | | | |
| Hunter NY 12442 | 13-3992139 | | 193,000 | | | | | |
| (3) The Center for Women and Children | 1 | | | | | | | |
| 1433 East 840 North | | | | | | | | |
| Orem UT 84097 | 87-0405229 | | 15,000 | | | | | |
| (4) The Children's Center | | | | | | | | |
| 350 South 400 East | | | | | | | | |
| | 87-6114073 | | 6,860 | | | | | |
| (5) The Orchestra of the Bronx | | | | | | | | |
| 5 Minerva Place 2J | | | | | | | | |
| | 13-3940188 | 1 3 | 10,000 | | | | | |
| (6) The Road Home | 4 | | | | | | | |
| 210 South Rio Grande Street | | | | | | | | |
| Salt Lake City UT 84101-1104 | | | 54,001 | | | | | |
| (7) The Todd and Jennifer Cusick Four | ida | | | | | | | |
| 515 Sheffield Dr | | | | | | | | |
| Provo UT 84604-5667 | | | 50,000 | | | | | |
| (8) Theater Breaking Through Barriers | 1 | | | | | | | |
| 306 West 18th Street #3A | | | 10.000 | | | | | |
| | 13-3193376 | | 10,000 | | | | | |
| (9) United Jewish Federation of Utah | | | | | | | | |
| 2 N Medical Dr | 07 0000000 | | 01 274 | | | | | |
| | 87-0282380 | | 21,374 | | | | | |
| 2 Enter total number of section 501(c)(3) and governme | - | ted in the | line 1 table | | | | | |
| 3 Enter total number of other organizations listed in the | line i table | | | | | | • | |

Department of the Treasury

Internal Revenue Service

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

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Department of the Treasury Internal Revenue Service

Name of the organization

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| The Community Four | ndation of | f Utal | n | | | 7 | 74-3211770 | |
|---|----------------------|-----------------|--------------------|---------------------------------------|---|--------------------|---------------------|------|
| Part I General Information on Grants ar | | | | | | | | |
| Does the organization maintain records to substantiate the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for records. | | | | | | | Yes | No |
| Part II Grants and Other Assistance to I | Domestic Orga | anizatio | ns and Domestic | Governments. | Complete if th | e organizatio | n answered "Yes" or | Form |
| 990, Part IV, line 21, for any recipie | nt that receive | d more t | han \$5,000. Part | II can be duplica | ted if additiona | al space is ne | eeded. | |
| 1 (a) Name and address of organization | (b) EIN | (c) IRC section | (d) Amount of cash | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of | . , , | ınt |
| or government | | if applicable | grant | Cash assistance | other) | non-cash assistanc | e Of assistance | |
| (1) Williams Institute | | | | | | | | |
| UCLA School of Law | | | 25 200 | | | | | |
| | 98-2250801 | | 25,000 | | | | | |
| (2) Writers at Work | | | | | | | | |
| PO Box 711191 Salt Lake City UT 84171 | | | 10 000 | | | | | |
| Salt Lake City UT 84171 (3) Yellow Dog Watershed Preserve | 74-2379346 | | 12,000 | | | | | |
| PO Box 5 | | | | | | | | |
| | 38-3251163 | | 6,000 | | | | | |
| Big May MI 49808 (4) Young People's Chorus of New York | | | 6,000 | | | | | |
| 1995 Broadway Suite 305 | 1 | | | | | | | |
| | 11-3372980 | | 10,000 | | | | | |
| (5) Young Womens Christian Assn of SI | | | 207000 | | | | | |
| 322 East 300 South | | | | | | | | |
| Salt Lake City UT 84111 | 87-0212467 | | 41,447 | | | | | |
| (6) Youth Futures | 4 | | , | | | | | |
| 2760 Adams St | | | | | | | | |
| Ogden UT 84403 | 45-3245622 | | 7,625 | | | | | |
| (7) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (8) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (9) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2 Enter total number of section 501(c)(3) and governme | nt organizations lis | sted in the | line 1 table | | | | ······· | |
| 3 Enter total number of other organizations listed in the | line 1 table | | | | | | • | |

| Schedule I (Form 990) (2015) The Communi | ty Foundation | of Utah 7 | 4-3211770 | | Page 2 |
|--|--------------------------|--------------------------|-----------------------------------|---|--|
| Part III Grants and Other Assistance Part III can be duplicated if add | | | the organization ans | wered "Yes" on Form 990 | , Part IV, line 22. |
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | 0 | |
| 5 | | | | | |
| 6 | | | | / | |
| 7 Part IV Supplemental Information. Pr | avida tha information | required in Dort I | line 2 Port III colum | on (b) and any other addi | tional information |
| | | | | . , , | |
| Part I, Line 2 - Procedure | es for Monito | ring the Use | e of Grant Fu | ınds | |
| The Community Foundation of | of Utah requi | res grant re | eports for ar | ny grant that | |
| has an application process | s. The Commu | nity Founda | tion requires | s reports from | |
| students about scholarship | os twice a ye | ar. | | | |
| | | | | | |
| | | | | | |

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

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

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

| | The Comm | unity | Foundation | of Utah | 74-32117 | 70 | | |
|-----|---|-------------------------|---|---|--|-----|-----|-----|
| Pa | art I Types of Property | | | (c) | 4.00 | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amo | | | |
| 1 | Art — Works of art | | | 1 om 330, 1 art viii, iiile 1g | | | | |
| 2 | Art — Historical treasures | | | | | | | |
| 3 | Art — Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household | | | | | | | |
| Ū | goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities — Publicly traded | X | 330 | 2,927,852 | | | | |
| 10 | Securities — Closely held stock | | | | | | | |
| 11 | Securities — Partnership, LLC, or trust interests | | | | | | | |
| 12 | Securities — Miscellaneous | | | | | | | |
| 13 | Qualified conservation | | | |) | | | |
| | contribution — Historic | | | | | | | |
| | structures | | | | | | | |
| 14 | Qualified conservation contribution — Other | | | | | | | |
| 15 | Real estate — Residential | | | | | | | |
| 16 | Real estate — Commercial | | | | | | | |
| 17 | Real estate — Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | 2 | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other ▶(Services) | X | 8 | 1,433,552 | | | | |
| 26 | Other ►() | | * | | | | | |
| 27 | Other ▶() | | | | | | | |
| 28 | Other ►() | <u> </u> | | | | | | |
| 29 | Number of Forms 8283 received b | | • | | | | | |
| | which the organization completed | Form 8283 | 3, Part IV, Donee Ackno | wledgement [| 29 | | V | NI- |
| 20- | During the year, did the organization | | hu contribution on una | nowh, renewted in Deut I liv | 4 thurst only | | Yes | No |
| Sua | 28, that it must hold for at least thr | | • | | <u> </u> | | | |
| | to be used for exempt purposes fo | | | | | 30a | | X |
| b | If "Yes," describe the arrangement | | e notating period? | | | Jua | | Λ |
| 31 | Does the organization have a gift a | | e policy that requires the | e review of any non-stand | ard | | | |
| ٠. | | | | | | 31 | Χ | |
| 32a | Does the organization hire or use t | third partie | s or related organization | ns to solicit, process, or so | ell noncash | | -22 | |
| | | • | • | • | | 32a | | Х |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization did not report ar | n amount i | n column (c) for a type | of property for which colur | mn (a) is checked. | | | |
| | describe in Part II. | | (1) 121 21 3/60 | 1 -1 - 9 | , / | | | |

| Part II | Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether |
|---------|---|
| Faitii | 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 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

2015
Open to Public

| Name of the organization | Employer identification number |
|---|--------------------------------|
| The Community Foundation of Utah | 74-3211770 |
| Form 990 - Organization's Mission | |
| The Community Foundation is a public, nonprofit fo | oundation established by |
| and for the people of Utah. Our Mission is to har | rness Utah's |
| Entrepreneurial spirit in service to the common go | ood through smart |
| philanthropy. | |
| | |
| Form 990, Part III, Line 4a - First Accomplishment | |
| civic dialoque, community learning, and innovative | e problem solving. We |
| are a trusted, neutral intermediary. We partner w | with universities to give |
| the next generation of leaders the opportunity to | create real change, righ |
| here in Utah. Our scholarships have given dozens | of promising students th |
| opportunity to live to their fullest potential. W | We use Mission Related |
| Investments and the Utah Fund to bring capital to | promising ventures that |
| have a social and financial return. In six short | years, our Foundation an |
| its donors have made more than \$11 million in gran | nts to support causes |
| closest to their hearts, here in Utah and around t | the globe. |
| | |
| Form 990, Part VI, Line 11b - Organization's Proce | ess to Review Form 990 |
| The Board of Trustees retain an independent CPA to | prepare the 990. Once |
| the Trustess are satisfied that the return is comp | olete and accurate they |
| instruct the outside CPA to electronically file th | ne 990. |
| | |
| Form 990, Part VI, Line 12c - Enforcement of Confl | licts Policy |
| Board Members and the Executive Director routinely | review, in the course o |
| regular board meetings, any new relationship and e | explore any potential |

03181 The Community Foundation of Utah 74-3211770

Federal Statements

11/14/2016

FYE: 12/31/2015

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

| Description | Ex | Total penses | | Program Service | | gement & eneral | F | Fund Raising |
|---|----|---|-----|--|----|-----------------------|----|-----------------------|
| Program Fee Expense Small Furnishings Rent Community Events Donor Relations Cultivation Program | \$ | 10,148 3,293 16,832 10,453 5,469 104,195 | \$5 | 10,148 2,635 13,466 2,613 5,469 104,195 | * | 329 1,683 2,613 | \$ | 329 1,683 5,227 |
| Total | \$ | 150,390 | \$ | 138,526 | \$ | 4,625 | \$ | 7,239 |

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

| Description | Ex | Total xpenses | Prog Serv | ram vice | gement & eneral | Fund aising |
|---|----|--------------------------------|--------------|--------------------------------|-------------------------|-------------------------|
| IT Services Bank Fees Membership Dues Salt Lake County | \$ | 6,240 3,116 2,067 701 | \$ | 4,992 2,492 1,653 701 | \$ 624 312 207 | \$ 624 312 207 |
| Total | \$ | 12,124 | \$ | 9,838 | \$ 1,143 | \$ 1,143 |