

Form **990**

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

OMB No. 1545-0047

2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **THE COMMUNITY FOUNDATION OF UTAH**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2257 SOUTH 1100 EAST, SUITE 205
 City or town, state or province, country, and ZIP or foreign postal code
SALT LAKE CITY UT 84106

D Employer identification number: **74-3211770**
E Telephone number: **801-559-3005**
G Gross receipts\$ **41,016,255**

F Name and address of principal officer:
BRAD DICKSON
2257 SOUTH 1100 EAST, SUITE 205
SALT LAKE CITY UT 84106

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **WWW.UTAHCF.ORG** **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **2007** **M** State of legal domicile: **UT**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	10
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	143,700
b Net unrelated business taxable income from Form 990-T, line 38	7b	134,525	
Revenue	8 Contributions and grants (Part VIII, line 1h)	24,417,104	15,213,472
	9 Program service revenue (Part VIII, line 2g)	104,120	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,349,563	1,990,303
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	173,317	147,355
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,044,104	17,351,130
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,592,082
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		263,461	347,030
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) u 66,694			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		604,360	493,523
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,459,903	11,459,548	
19 Revenue less expenses. Subtract line 18 from line 12	12,584,201	5,891,582	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 52,684,147	End of Year 54,891,555
	21 Total liabilities (Part X, line 26)	405,005	261,897
	22 Net assets or fund balances. Subtract line 21 from line 20	52,279,142	54,629,658

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: **ALEXANDRA EATON** CEO Date: _____
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: **RICHARD SCORESBY, CPA** Preparer's signature: **RICHARD SCORESBY, CPA** Date: _____
 Check if PTIN self-employed **P00573067**
 Firm's name: **LARSON & COMPANY, PC** Firm's EIN: **87-0516083**
 Firm's address: **11240 S RIVER HEIGHTS DR SUITE 300 SOUTH JORDAN, UT 84095-5123** Phone no.: **801-313-1900**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

Public Inspection Copy

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **11,105,502** including grants of \$ **10,618,995**) (Revenue \$)

SEE SCHEDULE O

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

N/A

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

N/A

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 11,105,502**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee reporting, tax shelter transactions, foreign accounts, and charitable contributions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (10), 1b (10), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed u UT
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records u

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

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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JERAMY LUND BOARD MEMBER	1.50 0.50	X						0	0	0
(2) BRAD DICKSON CHAIR	1.50 0.50	X		X				0	0	0
(3) DIANA GEORGE VICE CHAIR	1.00 0.50	X		X				0	0	0
(4) MIKELLE BARBERI-WEIL BOARD MEMBER	0.50 0.00	X						0	0	0
(5) LINDSEY KNEUVEN BOARD MEMBER	1.00 0.50	X						0	0	0
(6) KYM MCCLELLAND BOARD MEMBER	0.50 0.00	X						0	0	0
(7) ADAM SLOVIK BOARD MEMBER	0.50 0.00	X						0	0	0
(8) MARTY TATE BOARD MEMBER	1.00 0.00	X						0	0	0
(9) BRENT THOMSON BOARD MEMBER	1.00 0.50	X						0	0	0
(10) DEVIN THORPE BOARD MEMBER	0.50 0.00	X						0	0	0
(11) ALEXANDRA EATON CEO	40.00 1.00			X				117,882	0	11,054

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							117,882		11,054	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							117,882		11,054	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 1**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization u	0	

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	15,213,472				
	g Noncash contributions included in lines 1a-1f: \$	1a-1f:	12,308,007				
	h Total. Add lines 1a-1f	u		15,213,472			
Program Service Revenue	2a	Busn. Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u					
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	1,312,846			1,312,846
4 Income from investment of tax-exempt bond proceeds		u					
5 Royalties		u					
6a Gross rents		(i) Real	143,781				
		(ii) Personal					
b Less: rental exps.							
c Rental inc. or (loss)		143,781					
d Net rental income or (loss)		u	143,781		143,781		
7a Gross amount from sales of assets other than inventory		(i) Securities	24,342,582				
		(ii) Other					
b Less: cost or other basis & sales exps.		23,665,125					
c Gain or (loss)		677,457					
d Net gain or (loss)		u	677,457			677,457	
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a					
		b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	u					
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code					
11a OTHER INCOME		900099	3,655	3,655			
b LAS BRISAS PREMIER		531120	164		164		
c QUADEX LABS, INC.		900099	-245		-245		
d All other revenue							
e Total. Add lines 11a-11d	u		3,574				
12 Total revenue. See instructions.	u		17,351,130	3,655	143,700	1,990,303	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,618,995	10,618,995		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	128,935	58,941	40,524	29,470
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	181,427	87,235	73,843	20,349
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,457		6,457	
9 Other employee benefits	3,565		3,565	
10 Payroll taxes	26,646	14,932	7,903	3,811
11 Fees for services (non-employees):				
a Management				
b Legal	50,816	19,099	29,330	2,387
c Accounting	40,664		40,664	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	151,708	151,708		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	54,936	19,391	33,121	2,424
12 Advertising and promotion	1,959	1,567	196	196
13 Office expenses	13,851	10,128	2,338	1,385
14 Information technology	10,439	8,351	1,044	1,044
15 Royalties				
16 Occupancy	32,169	25,735	3,217	3,217
17 Travel	7,782	6,226	778	778
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	61,548	61,548		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	5,758	4,606	576	576
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.)				
a UBIT INCOME TAXES	42,739		42,739	
b MEMBERSHIP DUES	7,592	6,074	759	759
c CULTIVATION PROGRAM	5,331	5,331		
d DONOR RELATIONS	3,248	3,248		
e All other expenses	2,983	2,387	298	298
25 Total functional expenses. Add lines 1 through 24e	11,459,548	11,105,502	287,352	66,694
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet		Check if Schedule O contains a response or note to any line in this Part X <input type="checkbox"/>	
		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest bearing	1,652,806	1 486,388
	2 Savings and temporary cash investments	7,236,725	2 4,749,098
	3 Pledges and grants receivable, net	529,359	3
	4 Accounts receivable, net		4
	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 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6
	7 Notes and loans receivable, net	10,302,781	7 9,603,828
	8 Inventories for sale or use		8
	9 Prepaid expenses and deferred charges		9
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,100,000	
	b Less: accumulated depreciation	10b	10c 3,100,000
	11 Investments—publicly traded securities	29,310,084	11 31,917,959
	12 Investments—other securities. See Part IV, line 11	3,388,334	12 4,096,907
	13 Investments—program-related. See Part IV, line 11		13
	14 Intangible assets		14 70,000
	15 Other assets. See Part IV, line 11	264,058	15 867,375
16 Total assets. Add lines 1 through 15 (must equal line 34)	52,684,147	16 54,891,555	
Liabilities	17 Accounts payable and accrued expenses	139,139	17 17,897
	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	265,866	21 244,000
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 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		25
	26 Total liabilities. Add lines 17 through 25	405,005	26 261,897
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	52,279,142	27 54,559,658
	28 Temporarily restricted net assets		28 70,000
	29 Permanently restricted net assets		29
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building, or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
33 Total net assets or fund balances	52,279,142	33 54,629,658	
34 Total liabilities and net assets/fund balances	52,684,147	34 54,891,555	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,351,130
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,459,548
3	Revenue less expenses. Subtract line 2 from line 1	3	5,891,582
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	52,279,142
5	Net unrealized gains (losses) on investments	5	-3,491,066
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-50,000
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	54,629,658

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Table with 6 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 6 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2017 Schedule A, Part II, line 14; 16a 33 1/3% support test—2018; 16b 33 1/3% support test—2017; 17a 10%-facts-and-circumstances test—2018; 17b 10%-facts-and-circumstances test—2017; 18 Private foundation.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 - 18 - %

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
 - b A family member of a person described in (a) above?
 - c A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. *Complete line 2 below.*
 - b The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

2 Activities Test. *Answer (a) and (b) below.*

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
 - b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
 - b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported 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 organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

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

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 188,520

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2018

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

Name of the organization

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	\$ 659,088	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 621,957	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 3,623,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	\$ 2,000,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	\$ 637,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	\$ 1,943,717	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	\$ 1,943,717	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	\$ 815,781	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	\$ 611,284	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	NOTE RECEIVABLE	\$ 450,000	
3	LAND	\$ 3,100,000	
3	WATER RIGHTS	\$ 70,000	
4	PARTNERSHIP SHARES	\$ 2,000,000	
5	CONDO	\$ 625,000	
6	PARTNERSHIP INTEREST	\$ 1,943,717	

Name of organization THE COMMUNITY FOUNDATION OF UTAH	Employer identification number 74-3211770
---	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	PARTNERSHIP INTEREST	\$ 1,943,717	
8	COMMON STOCK	\$ 815,781	
9	COMMON STOCK	\$ 611,284	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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.

u Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

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

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

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

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for purpose of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for reporting requirements for art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	135,083	114,420	88,650	226,766	202,976
b Contributions	3,252,169	8,303	27,251	5,276	25,943
c Net investment earnings, gains, and losses	-5,964	12,362	5,351	-1,316	-2,153
d Grants or scholarships					
e Other expenditures for facilities and programs	1,466	2	6,832	142,076	
f Administrative expenses					
g End of year balance	3,379,822	135,083	114,420	88,650	226,766

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

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

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

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other OTHER INVESTMENTS	4,096,907	
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u	4,096,907	

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	13,658,356
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-3,491,066	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	-50,000	
	e Add lines 2a through 2d		2e	-3,541,066
3	Subtract line 2e from line 1		3	17,199,422
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	151,708	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	151,708
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	17,351,130

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

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

1	Total expenses and losses per audited financial statements		1	11,307,840
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	11,307,840
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	151,708	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	151,708
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	11,459,548

Part XIII Supplemental Information.

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

PART IV, LINE 2B - ESCROW LIABILITY ARRANGEMENT EXPLANATION

THE ORGANIZATION HELD INVESTMENT BALANCES FOR 17 NONPROFIT ENTITIES AS WELL AS FUNDS FROM DONORS WHICH ARE DESIGNATED FOR OTHER NONPROFIT ENTITIES. THE TOTAL OF THESE AMOUNTS WAS \$253,183 AT 12/31/18.

PART X - FIN 48 FOOTNOTE

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

Part XIII Supplemental Information (continued)

MANAGEMENT HAS DETERMINED THERE ARE NO UNCERTAIN INCOME TAX POSITIONS. TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION ARE 2015 FORWARD.

Public Inspection Copy

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	
IMPAIRMENT LOSS	\$ -50,000

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	PRIMARY CHILDREN'S HOSPITAL PO BOX 413168 SALT LAKE CITY UT 84141-3168	80-0225150	501C3	5,100				GENERAL SUPPORT
(2)	SALT LAKE EDUCATION FOUNDATION 440 EAST 100 SOUTH STE 118 SALT LAKE CITY UT 84111	74-2563849	501C3	5,244				GENERAL SUPPORT
(3)	OUT FOUNDATION 780 W 1340 S PROVO UT 84601	82-2762408	501C3	5,270				GENERAL SUPPORT
(4)	PROVO SCHOOL DISTRICT FOUNDATION 280 W 940 N PROVO UT 84604	87-0489739	501C3	5,500				GENERAL SUPPORT
(5)	HOLY ANGELS CHURCH 370 CAMPUS DRIVE ARCADIA CA 91007	95-2875879	501C3	5,500				GENERAL SUPPORT
(6)	GIRLS ON THE RUN SOUTHERN UTAH PO BOX 1372 ST.GEORGE UT 84770	47-2246689	501C3	5,675				GENERAL SUPPORT
(7)	ASCENSION MUSIC CHORUS AND ORCHESTR 12 WEST 11TH STREET NEW YORK NY 10011	13-3668472	501C3	6,000				GENERAL SUPPORT
(8)	YOUTH FUTURES 2760 ADAMS ST OGDEN UT 84403	45-3245622	501C3	6,000				GENERAL SUPPORT
(9)	FRIENDS OF SWITCHPOINT INC. 948 NORTH 1300 WEST #1 ST. GEORGE UT 84770	76-0740457	501C3	6,000				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u 123
- 3 Enter total number of other organizations listed in the line 1 table u 0

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

u Attach to Form 990.

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

Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	RIRIE-WOODBURY DANCE COMPANY 138 WEST BROADWAY SALT LAKE CITY UT 84101	87-0294341	501C3	6,000				GENERAL SUPPORT
(2)	REPERTORY DANCE THEATRE P.O. BOX 510427 SALT LAKE CITY UT 84101	87-0332580	501C3	6,000				GENERAL SUPPORT
(3)	UTAH PUBLIC RADIO 8505 OLD MAIN HILL LOGAN UT 84322	87-6000528	501C3	6,000				GENERAL SUPPORT
(4)	GREAT COMMISSION FOUNDATION OF CAMP 100 LAKE HART DR ORLANDO FL 32832	95-2814920	501C3	6,000				GENERAL SUPPORT
(5)	ENGAGE NOW AFRICA, INC. 26 PATRIOT PLACE, SUITE 301 FOXBORO MA 02035	45-4100494	501C3	6,264				GENERAL SUPPORT
(6)	HUMANE SOCIETY OF UTAH PO BOX 573659 SALT LAKE CITY UT 84157	87-0256350	501C3	6,300				GENERAL SUPPORT
(7)	THE INN BETWEEN 1216 E. 1300 S. SALT LAKE CITY UT 84105	47-2329595	501C3	6,500				GENERAL SUPPORT
(8)	KUED 101 SOUTH WASATCH DRIVE SALT LAKE CITY UT 84112	87-6000525	501C3	6,500				GENERAL SUPPORT
(9)	THE CHILDREN'S CENTER 350 SOUTH 400 EAST SALT LAKE CITY UT 84111	87-6114073	501C3	6,500				GENERAL SUPPORT

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

u Attach to Form 990.

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

Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ROTARY CLUB OF OGDEN FOUNDATION 2580 JEFFERSON AVE OGDEN UT 84401	87-0500035	501C3	6,600				GENERAL SUPPORT
(2)	ONE CALL FOR ALL P.O. BOX 10487 BAINBRIDGE ISLAND WA 98110	91-0782393	501C3	6,850				GENERAL SUPPORT
(3)	AMERICAN MODERN ENSEMBLE 400 WEST 43RD STREET, SUITE 39S NEW YORK NY 10036	20-3563472	501C3	7,000				GENERAL SUPPORT
(4)	SALT LAKE ACTING COMPANY 168 WEST 500 NORTH SALT LAKE CITY UT 84103	51-0196527	501C3	7,000				GENERAL SUPPORT
(5)	EDGEWATER ALLIANCE CHURCH 310 N. RIDGEWOOD AVE EDGEWATER FL 32132	59-1995859	501C3	7,000				GENERAL SUPPORT
(6)	WESTMINSTER COLLEGE 1840 SOUTH 1300 EAST SALT LAKE CITY UT 84105	87-0212470	501C3	7,000				GENERAL SUPPORT
(7)	HIGH COUNTRY JUNIOR VOLLEYBALL CLUB 7105 S. SWAN HILL DR. WEST JORDAN UT 84084	87-0668199	501C3	7,000				GENERAL SUPPORT
(8)	FRIENDS OF ALTA P.O. BOX 8126 ALTA UT 84092	94-2856217	501C3	7,000				GENERAL SUPPORT
(9)	COURAGE REINS 5870 W. 10400 N. HIGHLAND UT 84003	87-0618601	501C3	7,500				GENERAL SUPPORT

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	NEW YORK GILBERT & SULLIVAN PLAYERS 302 WEST 91ST ST. NEW YORK NY 10024	13-2862043	501C3	8,000				GENERAL SUPPORT
(2)	QUINTET OF THE AMERICAS INC 15 CIRCLE RD DOUGLSTON NY 11363	13-3143311	501C3	8,000				GENERAL SUPPORT
(3)	MALIHEH FREE CLINIC 415 EAST 3900 SOUTH SALT LAKE CITY UT 84107	20-2313461	501C3	8,000				GENERAL SUPPORT
(4)	UTAH LIONS RUGBY ACADEMY 4605 LONESOME CIRCLE WEST JORDAN UT 84088	26-3920757	501C3	8,000				GENERAL SUPPORT
(5)	RONALD MCDONALD HOUSE CHARITIES OF 935 EAST SOUTH TEMPLE SALT LAKE CITY UT 84102	74-2386043	501C3	8,000				GENERAL SUPPORT
(6)	VOTERISE VOTERISE SALT LAKE CITY UT 84101	47-5146786	501C3	8,861				GENERAL SUPPORT
(7)	LEHMAN COLLEGE ART GALLERY INC 250 BEDFORD PARK BLVD W BRONX NY 10468	13-3391212	501C3	9,000				GENERAL SUPPORT
(8)	OGDEN PIONEER HERITAGE FOUNDATION PO BOX 150092 OGDEN UT 84415	42-1573321	501C3	9,000				GENERAL SUPPORT
(9)	YOUNG PEOPLE'S CHORUS OF NEW YORK 37 WEST 65TH STREET, SECOND FLOOR NEW YORK NY 10023	C 11-3372980	501C3	10,000				GENERAL SUPPORT

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

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.

OMB No. 1545-0047

2018

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(1)	BLOOMINGDALE SCHOOL OF MUSIC INC 323 WEST 108TH STREET NEW YORK NY 10025	13-2562192	501C3	10,000				GENERAL SUPPORT
(2)	DANCE THEATRE OF HARLEM, INC 466 WEST 152ND ST NEW YORK NY 10031	13-2642091	501C3	10,000				GENERAL SUPPORT
(3)	THEATER BREAKING THROUGH BARRIERS 400 W. 43RD ST., APT. 43R NEW YORK NY 10036	13-3193376	501C3	10,000				GENERAL SUPPORT
(4)	THE ORCHESTRA OF THE BRONX 5 MINERVA PLACE, 2J BRONX NY 10468	13-3940188	501C3	10,000				GENERAL SUPPORT
(5)	CLASSICAL THEATRE OF HARLEM, INC. 566 WEST 159TH STREET, SUITE #44 NEW YORK NY 10032	13-4046782	501C3	10,000				GENERAL SUPPORT
(6)	RACHEL COVEY FOUNDATION 1141 E 600 S ALPINE UT 84004	46-1791738	501C3	10,000				GENERAL SUPPORT
(7)	YORK COLLEGE ADVANCEMENT OFFICE YORK NE 68467	47-0418641	501C3	10,000				GENERAL SUPPORT
(8)	LDS PHILANTHROPIES 1450 N. UNIVERSITY AVE. PROVO UT 84604	47-5664511	501C3	10,000				GENERAL SUPPORT
(9)	EARLY MUSIC FOUNDATION 10 WEST 68TH STREET NEW YORK NY 10023	51-0185930	501C3	10,000				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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(1)	ARVO FOUNDATION FOR EYE RESEARCH, 1801 ROCKVILLE PIKE, SUITE 400 ROCKVILLE MD 20852	52-2322462	501C3	10,000				GENERAL SUPPORT
(2)	MAKE A WISH FOUNDATION OF UTAH INC 771 E WINCHESTER ST MURRAY UT 84107	74-2392822	501C3	10,000				GENERAL SUPPORT
(3)	GLOBAL GREENGRANTS FUND 2840 WILDERNESS PLACE, SUITE A BOULDER CO 80301	84-1612422	501C3	10,000				GENERAL SUPPORT
(4)	BOY SCOUTS OF AMERICA, UTAH NATIONA 748 NORTH 1340 WEST OREM UT 84057	87-0212468	501C3	10,000				GENERAL SUPPORT
(5)	ARTISTS OF UTAH P.O. BOX 526292 SALT LAKE CITY UT 84152	87-0685214	501C3	10,000				GENERAL SUPPORT
(6)	FOUNDATION FOR THE PROVO-JORDAN RIV 872 WOODRUFF WAY SALT LAKE CITY UT 84108	94-2674996	501C3	10,000				GENERAL SUPPORT
(7)	CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA ST., SUITE 400 LOS ANGELES CA 90012	95-3510055	501C3	10,000				GENERAL SUPPORT
(8)	KISSIDUGU FOUNDATION 9101 N ODGEN STREET THORNTON CO 80229	27-4362942	501C3	11,000				GENERAL SUPPORT
(9)	PLANNED PARENTHOOD ASSOCIATION OF U 654 SOUTH 900 EAST SALT LAKE CITY UT 84102	87-0288909	501C3	11,200				GENERAL SUPPORT

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**SCHEDULE I
(Form 990)**

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(1)	ST. JUDE CHILDREN'S RESEARCH HOSPIT 501 ST. JUDE PLACE MEMPHIS TN 38105	62-0646012	501C3	11,500				GENERAL SUPPORT
(2)	BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON ROAD KANAB UT 84741-5000	23-7147797	501C3	11,550				GENERAL SUPPORT
(3)	PROJECT AIRTIME 13 DUCHESNE CIRCLE DRAPER UT 84020	46-5212468	501C3	12,000				GENERAL SUPPORT
(4)	CONGREGATION KOL AMI 2425 HERITAGE WAY SALT LAKE CITY UT 84109	87-0293863	501C3	12,000				GENERAL SUPPORT
(5)	ACLU OF UTAH FOUNDATION 355 N 300 WEST SALT LAKE CITY UT 84103	87-0439810	501C3	12,500				GENERAL SUPPORT
(6)	JAYHAWKS PROGRAM 445 N. 1300 W. SALT LAKE CITY UT 84116	82-1340357	501C3	13,000				GENERAL SUPPORT
(7)	CANCER WELLNESS HOUSE, INC. 59 SOUTH 1100 EAST SALT LAKE CITY UT 84102	87-0568405	501C3	13,000				GENERAL SUPPORT
(8)	UNITED WAY OF SALT LAKE 257 EAST 200 SOUTH, SUITE 300 SALT LAKE CITY UT 84111	87-0227091	501C3	13,500				GENERAL SUPPORT
(9)	WEBER COUNTY SCHOOL DISTRICT FOUNDA 5320 S ADAMS AVE OGDEN UT 84405	87-6164318	501C3	13,500				GENERAL SUPPORT

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(1)	UTAH FOOD BANK 3150 SOUTH 900 WEST SALT LAKE CITY UT 84119	87-0212453	501C3	13,550				GENERAL SUPPORT
(2)	SPY HOP PRODUCTIONS INC 669 SOUTH WEST TEMPLE, SUITE 202 SALT LAKE CITY UT 84101	87-0642304	501C3	14,100				GENERAL SUPPORT
(3)	UTAH DEVELOPMENT ACADEMY 75 S. 600 W. SALT LAKE CITY UT 84101	45-5238431	501C3	14,900				GENERAL SUPPORT
(4)	MIDVALE HISTORICAL SOCIETY AND MUSE 7697 SOUTH MAIN STREET MIDVALE UT 84047	87-0433188	501C3	14,907				GENERAL SUPPORT
(5)	SEARCH AND CARE, INC. 1844 SECOND AVE NEW YORK NY 10128	23-7444790	501C3	15,000				GENERAL SUPPORT
(6)	RACE SWAMI PO BOX 2493 SANDY UT 84091	27-4648408	501C3	15,000				GENERAL SUPPORT
(7)	THE CENTER FOR WOMEN AND CHILDREN 1433 EAST 840 NORTH OREM UT 84097	87-0405229	501C3	15,000				GENERAL SUPPORT
(8)	BAD DOG ARTS 824 SOUTH 400 WEST, SUITE B129 SALT LAKE CITY UT 84101	87-0568289	501C3	15,000				GENERAL SUPPORT
(9)	HUMANITIES IN FOCUS 255 S. CENTRAL CAMPUS DRIVE SALT LAKE CITY UT 84112	87-6000525	501C3	15,000				GENERAL SUPPORT

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(1)	OGDEN SCHOOL FOUNDATION 1950 MONROE BOULEVARD, ROOM #107 OGDEN UT 84401	94-2685413	501C3	15,000				GENERAL SUPPORT
(2)	SALT LAKE CIVIL NETWORK PO BOX 964 SALT LAKE CITY UT 84110	80-0342661	501C3	15,213				GENERAL SUPPORT
(3)	HABITAT FOR HUMANITY OF WEBER AND 2955 HARRISON BLVD. OGDEN UT 84403	42-1644363	501C3	16,000				GENERAL SUPPORT
(4)	KIDSEAT UTAH 738 ARROWHEAD LANE MURRAY UT 84107	47-4920675	501C3	17,365				GENERAL SUPPORT
(5)	SHRINERS HOSPITALS FOR CHILDREN - S 1275 E. FAIRFAX ROAD AT VIRGINIA ST SALT LAKE CITY UT 84103	36-2193608	501C3	18,000				GENERAL SUPPORT
(6)	UTAH CULTURAL CELEBRATION CENTER FO 1355 WEST 3100 SOUTH WEST VALLEY CITY UT 84119	80-0783246	501C3	18,000				GENERAL SUPPORT
(7)	ETHIOPIAN DEVELOPMENT NETWORK, INC 3421 N 180 E PROVO UT 84604	01-0884533	501C3	20,000				GENERAL SUPPORT
(8)	THE TODD AND JENNIFER CUSICK FOUNDA 515 SHEFFIELD DR. PROVO UT 84604-5667	11-3650005	501C3	20,000				GENERAL SUPPORT
(9)	TURN COMMUNITY SERVICES, INC ACCOUNTS RECEIVABLE SALT LAKE CITY UT 84110	87-0303448	501C3	20,000				GENERAL SUPPORT

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**Grants and Other Assistance to Organizations,
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(1)	NATIONAL CENTER FOR LESBIAN RIGHTS 870 MARKET ST, STE 370 SAN FRANCISCO CA 94102	94-3086885	501C3	20,000				GENERAL SUPPORT
(2)	ART ACCESS 230 SOUTH 500 WEST, SUITE 125 SALT LAKE CITY UT 84101	87-0413445	501C3	21,000				GENERAL SUPPORT
(3)	KAYENTA ARTS FOUNDATION 881 COYOTE GULCH COURT IVINS UT 84738	90-0642659	501C3	21,000				GENERAL SUPPORT
(4)	SEEDS FAMILY WORSHIP 960 EASTLAND DR TWIN FALLS ID 83301	45-5459229	501C3	23,000				GENERAL SUPPORT
(5)	YOUNG WOMENS CHRISTIAN ASSN OF UTAH 322 EAST 300 SOUTH SALT LAKE CITY UT 84111	87-0212467	501C3	24,000				GENERAL SUPPORT
(6)	RIVERDALE MENTAL HEALTH ASSOCIATION 5676 RIVERDALE AVENUE, SUITE 202 BRONX NY 10471	13-1930700	501C3	25,000				GENERAL SUPPORT
(7)	FICTION COLLECTIVE TWO UNIVERSITY OF ALABAMA PRESS TUSCALOOSA AL 35487	13-2957841	501C3	25,000				GENERAL SUPPORT
(8)	PERSPECTIVES ENSEMBLE, INC. 870 WEST 181ST ST. #22 NEW YORK NY 10033	13-4128819	501C3	25,000				GENERAL SUPPORT
(9)	HOPE FUNDS FOR CANCER RESEARCH 174 BELLEVUE AVE SUITE 208 NEWPORT RI 02840	20-5799367	501C3	25,000				GENERAL SUPPORT

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(1)	VITAL VOICES GLOBAL PARTNERSHIP 1625 MASSACHUSETTS AVENUE, NW, STE WASHINGTON DC 20036	52-2151557	501C3	25,000				GENERAL SUPPORT
(2)	S.J. QUINNEY COLLEGE OF LAW 383 SOUTH UNIVERSITY STREET SALT LAKE CITY UT 84112	87-6000525	501C3	25,000				GENERAL SUPPORT
(3)	SEATTLE OPERA 363 MERCER ST SEATTLE WA 98109	91-0760426	501C3	25,000				GENERAL SUPPORT
(4)	PLAN-B THEATER COMPANY 138 WEST 300 SOUTH SALT LAKE CITY UT 84101	87-0542630	501C3	26,000				GENERAL SUPPORT
(5)	AND JUSTICE FOR ALL 205 NORTH 400 WEST SALT LAKE CITY UT 84103	87-0659915	501C3	27,033				GENERAL SUPPORT
(6)	VOLUNTEERS OF AMERICA OF UTAH INC 435 WEST BEARCAT DRIVE SALT LAKE CITY UT 84115	94-3008720	501C3	29,000				GENERAL SUPPORT
(7)	HALE CENTRE THEATRE 9900 SOUTH MONROE STREET SANDY UT 84070	84-1420029	501C3	30,000				GENERAL SUPPORT
(8)	FRIENDS OF GREAT SALT LAKE 150 SOUTH 600 EAST STE 2B SALT LAKE CITY UT 84102	87-0527602	501C3	30,100				GENERAL SUPPORT
(9)	HUNTSMAN CANCER FOUNDATION 500 HUNTSMAN WAY SALT LAKE CITY UT 84108	87-0541293	501C3	31,050				GENERAL SUPPORT

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(1)	SALT LAKE ART CENTER 20 SOUTH WEST TEMPLE SALT LAKE CITY UT 84101	87-0221537	501C3	31,071				GENERAL SUPPORT
(2)	UNITED JEWISH FEDERATION OF UTAH 2 N MEDICAL DR SALT LAKE CITY UT 84113	87-0282380	501C3	34,550				GENERAL SUPPORT
(3)	WASATCH COMMUNITY GARDENS 824 SOUTH 400 WEST, STE 127 SALT LAKE CITY UT 84101	74-2550359	501C3	34,653				GENERAL SUPPORT
(4)	UTAH PRIDE CENTER P.O. BOX 1078 SALT LAKE CITY UT 84110	87-0504077	501C3	35,000				GENERAL SUPPORT
(5)	I J & JEANNE WAGNER JEWISH COMMUNIT 2 N MEDICAL DR SALT LAKE CITY UT 84113	87-0238425	501C3	35,600				GENERAL SUPPORT
(6)	JEWISH FAMILY SERVICE 1111 EAST BRICKYARD RD. SUITE 218 SALT LAKE CITY UT 84106	87-0227089	501C3	37,850				GENERAL SUPPORT
(7)	WEBER STATE UNIVERSITY UNIVERSITY DEVELOPMENT OGDEN UT 84408	87-6000535	501C3	44,000				GENERAL SUPPORT
(8)	CHABAD LUBAVITCH OF UTAH 1760 SOUTH 1100 EAST SALT LAKE CITY UT 84105	87-0500798	501C3	50,000				GENERAL SUPPORT
(9)	UTAH STATE UNIVERSITY FOUNDATION 1490 OLD MAIN HILL LOGAN UT 84322	87-0627128	501C3	50,000				GENERAL SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table **u**

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

u Attach to Form 990.

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

Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BOULDER OUTDOOR SURVIVAL SCHOOL, IN ATTN: ELI LOOMIS BOULDER UT 84716	82-3344499	501C3	50,834				GENERAL SUPPORT
(2)	PARK CITY COMMUNITY FOUNDATION P.O. BOX 681499 PARK CITY UT 84068	30-0171971	501C3	52,500				GENERAL SUPPORT
(3)	UTAH STATE UNIVERSITY 1540 OLD MAIN HILL SUITE 208 LOGAN UT 84322	87-6000528	501C3	56,400				GENERAL SUPPORT
(4)	UNIVERSITY OF UTAH 332 S 1400 E, SUITE 150 SALT LAKE CITY UT 84112-0300	87-6000525	501C3	88,284				GENERAL SUPPORT
(5)	WESTERN RESOURCE ADVOCATES 2260 BASELINE ROAD, SUITE 200 BOULDER CO 80302	84-1113831	501C3	90,000				GENERAL SUPPORT
(6)	CAMBRIDGE IN AMERICA PO BOX 9123 JAF BLG NEW YORK NY 10087	52-6071299	501C3	100,000				GENERAL SUPPORT
(7)	WOMEN'S RESOURCE CENTER 200 S. CENTRAL CAMPUS DR, RM. 411 SALT LAKE CITY UT 84112	87-6000525	501C3	100,100				GENERAL SUPPORT
(8)	BRIGHAM YOUNG UNIVERSITY LDS PHILANTHROPIES PROVO UT 84604	87-0217280	501C3	115,932				GENERAL SUPPORT
(9)	MORONI CITY CORPORATION 80 SOUTH 200 WEST MORONI UT 84646	87-6113379	501C3	133,933				GENERAL SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table **u**

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

u Attach to Form 990.

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

Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	THE CATSKILL MOUNTAIN FOUNDATION IN PO BOX 924 HUNTER NY 12442	13-3992139	501C3	139,979				GENERAL SUPPORT
(2)	POSITIVE IQ FOUNDATION 9950 SOUTH 300 WEST SANDY UT 84070	47-1997809	501C3	140,000				GENERAL SUPPORT
(3)	LOVE AND HOPE INC. 5 WOODSTONE DR. CEDAR GROVE NJ 07009	27-0402115	501C3	182,858				GENERAL SUPPORT
(4)	DANIELLE BYRON HENRY MIGRAINE FOUND 2936 E BENCHMARK DR SALT LAKE CITY UT 84109	82-3689521	501C3	304,440				GENERAL SUPPORT
(5)	THE OTHER SIDE ACADEMY 667 EAST 100 SOUTH SALT LAKE CITY UT 84102	47-4495796	501C3	1,850,000				GENERAL SUPPORT
(6)	THE CHURCH OF JESUS CHRIST OF LATTE 50 EAST NORTH TEMPLE, ROOM 1521 SALT LAKE CITY UT 84150	23-7300405	501C3	4,953,123				GENERAL SUPPORT
(7)								
(8)								
(9)								

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

3 Enter total number of other organizations listed in the line 1 table **u**

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

Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

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

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

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

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

NECESSARY.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Noncash Contributions

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

**Open To Public
Inspection**

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number
74-3211770

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	17	748,508	FMV
10 Securities — Closely held stock	X	2	1,427,065	FMV
11 Securities — Partnership, LLC, or trust interests	X	3	5,887,434	FMV
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential	X	1	625,000	FMV
16 Real estate — Commercial				
17 Real estate — Other	X	1	3,100,000	FMV
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (NOTE RECEIVABLE)	X	1	450,000	FMV
26 Other u (WATER RIGHTS)	X	1	70,000	FMV
27 Other u ()				
28 Other u ()				

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

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

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

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Area with horizontal dotted lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

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

Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

FORM 990 - ORGANIZATION'S MISSION

THE COMMUNITY FOUNDATION IS A PUBLIC, NONPROFIT FOUNDATION ESTABLISHED BY
AND FOR THE PEOPLE OF UTAH. OUR MISSION IS TO HARNESS UTAH'S
ENTREPRENEURIAL SPIRIT IN SERVICE TO THE COMMON GOOD THROUGH SMART
PHILANTHROPY.

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

SEE SCHEDULE O

THE COMMUNITY FOUNDATION OF UTAH (CFU) IS A 501(C)(3) NONPROFIT
ORGANIZATION COMMITTED TO ENRICHING OUR COMMUNITY BY GIVING WELL, TEACHING
OTHERS TO GIVE WELL, AND UNITING PHILANTHROPY TO IMPROVE THE QUALITY OF
LIFE IN UTAH. CFU SERVES AS UTAH'S CATALYST FOR PHILANTHROPY THROUGH
INNOVATIVE, SUSTAINABLE, AND IMPACTFUL GRANTMAKING AND WORKS WITH NONPROFIT
ORGANIZATIONS, BUSINESSES, AND INDIVIDUALS TO TARGET THE MOST PRESSING
NEEDS IN OUR COMMUNITY. SINCE ESTABLISHMENT IN 2008, CFU HAS FACILITATED
OVER \$52 MILLION IN GRANTS TO UTAH'S NONPROFIT SECTOR. IN 2018, CFU
DISTRIBUTED 758 GRANTS, TOTALING OVER \$10 MILLION, TO AREAS AS DIVERSE AS
OUR FUND HOLDERS - FROM ARTS & CULTURE TO ANIMAL WELFARE, TO EDUCATION AND
ENVIRONMENT. CFU IS ALSO ACTIVELY ENGAGED IN NUMEROUS INITIATIVES TO
STRENGTHEN OUR SOCIAL SECTOR. THESE OPPORTUNITIES INCLUDE GRANT AND
EDUCATION PROGRAMS, COMMUNITY LEADERSHIP, AND COMMUNITY IMPACT FUNDS.

PROGRAMS

INVEST IN SUCCESS (IIS) - IIS IS AN ANNUAL WEEK-LONG TRAINING PROGRAM FOR

Name of the organization

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

RURAL NONPROFIT LEADERS. SINCE 2013, IIS HAS PROVIDED CAPACITY-BUILDING SUPPORT FOR NONPROFIT ORGANIZATIONS ACROSS THE STATE OF UTAH. QUALIFIED ORGANIZATIONS MUST SERVE LOW-INCOME POPULATIONS AND FACE SIGNIFICANT BARRIERS OF TIME, DISTANCE, AND DISCRETIONARY FUNDS TO RECEIVE TRAINING AND SUPPORT. IIS PROVIDES AN INTENSE AND IMMERSIVE PROGRAM INCLUDING TRAINING ON BOARD GOVERNANCE, ORGANIZATIONAL FINANCE, MARKETING, LEADING CHANGE, AND ADVOCACY.

LOVE UT GIVE TUESDAY (LUGT) - LUGT IS AN ANNUAL DAY OF GIVING TO SUPPORT UTAH'S NONPROFIT SECTOR. REGISTERED NONPROFITS WILL BE ACCESSIBLE THROUGH CFU'S NONPROFIT DIRECTORY, WHERE DONORS CAN SEARCH FOR AND DONATE DIRECTLY TO FAVORITE CAUSES AND/OR ORGANIZATIONS. MORE THAN \$5 MILLION HAS BEEN GIVEN THROUGH CFU'S GIVING DAYS SINCE 2013.

PAY FOR SUCCESS (PFS) - PFS IS AN INNOVATIVE FUNDING MODEL THAT DRIVES GOVERNMENT RESOURCES TOWARD SOCIAL PROGRAMS THAT PROVIDE MEASURABLE RESULTS. MISSION-DRIVEN INVESTORS COVER THE UPFRONT COSTS OF PROGRAMMING, AND IF THE PREDETERMINED GOALS ARE ACHIEVED, THE GOVERNMENT REPAYS THE INVESTORS.

SOCIAL INVESTORS FORUM (SIF) - SIF IS A VENUE FOR ORGANIZATIONS TO PITCH INNOVATIVE IDEAS FOR SOLVING SOCIAL PROBLEMS TO A PANEL OF INVESTORS. SINCE 2014, \$498,500 HAS BEEN AWARDED TO ORGANIZATIONS THROUGH THE PROGRAM.

EY SOCIAL ENTREPRENEUR AWARD (EOY) - THROUGH THE ANNUAL AWARD PROGRAM, EOY HONORS LEADERS AND ORGANIZATIONS THAT HAVE DEVELOPED INNOVATIVE WAYS TO SOLVE COMPLEX SOCIAL PROBLEMS, HAD MEASURABLE IMPACT, AND HAVE CREATED SIGNIFICANT SOCIAL VALUE. THE PROGRAM IS A COLLABORATION WITH ERNST &

Name of the organization

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

YOUNG.

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

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

COMMUNITY IMPACT FUNDS

COMMUNITY DEVELOPMENT FUND (CDF) - CDF FUNDS AFFORDABLE HOUSING ORGANIZATIONS AND PROJECTS THAT SUPPORT LOW TO MODERATE-INCOME COMMUNITIES IN UTAH.

HOUSING AND HOMELESS PILLAR (HHP) - HHP AWARDS GRANT FUNDING FOR PROGRAMS THAT PROVIDE HOUSING AND SERVICES TO THOSE WHO ARE AT RISK FOR HOMELESSNESS OR ARE HOMELESS. COLLABORATION BETWEEN THE STATE OF UTAH, LOCAL GOVERNMENTS, SERVICE PROVIDERS, BUSINESSES, COMMUNITY LEADERS, PRIVATE FUNDERS, AND REPRESENTATIVES OF INDIVIDUALS EXPERIENCING HOMELESS UTILIZE THE FUND'S FLEXIBILITY TO SELECT AND SUPPORT ORGANIZATIONS AND RESPOND TO EVER-CHANGING COMMUNITY NEEDS.

Name of the organization

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

UTAH NATURAL HERITAGE FUND (UNH) - UNH FUNDS NONPROFIT ORGANIZATIONS WORKING COLLABORATIVELY AND STRATEGICALLY TO PRESERVE UTAH'S NATURAL RESOURCES.

LGBTQ COMMUNITY FUND (LGBTQ) - THE LGBTQ COMMUNITY FUND SUPPORTS UTAH'S LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER COMMUNITY BY RAISING MONEY AND DISTRIBUTING GRANTS FOR PROGRAMS THAT ENHANCE THE LIVES OF LGBTQ+ PEOPLE IN UTAH.

WOMEN'S GIVING CIRCLES - THE UTAH WOMEN'S GIVING CIRCLE AND THREE CORNERS WOMEN'S GIVING CIRCLE LEVERAGE MODEST, INDIVIDUAL DONATIONS INTO POWERFUL INVESTMENTS FOR PROGRAMS THAT EMPOWER WOMEN AND GIRLS IN UTAH. THESE CIRCLES HOST EDUCATIONAL EVENTS AND HOLD ANNUAL GRANT CYCLES.

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

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

Name of the organization

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

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

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

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION
IMPAIRMENT LOSS \$ -50,000

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

Open to Public Inspection

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

u Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

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

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

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

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

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

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

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

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

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

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

Part VII

Supplemental Information.

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

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Form **2220**

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

u Attach to the corporation's tax return.
uGo to www.irs.gov/Form2220 for instructions and the latest information.

2018

Name **THE COMMUNITY FOUNDATION OF UTAH** Employer identification number **74-3211770**

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

Part I Required Annual Payment

1 Total tax (see instructions)	1	28,250
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
c Credit for federal tax paid on fuels (see instructions)	2c	
d Total. Add lines 2a through 2c	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	28,250
4 Enter the tax shown on the corporation's 2017 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	47,016
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	28,250

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

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

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	04/15/18	06/15/18	09/15/18	12/15/18
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	7,063	7,063	7,063	7,061
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	3,584		27,000	2,196
<i>Complete lines 12 through 18 of one column before going to the next column.</i>					
12 Enter amount, if any, from line 18 of the preceding column	12				9,395
13 Add lines 11 and 12	13			27,000	11,591
14 Add amounts on lines 16 and 17 of the preceding column	14		3,479	10,542	
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	3,584	0	16,458	11,591
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		3,479	0	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	3,479	7,063	0	0
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18			9,395	

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

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2018)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19 SEE WORKSHEET			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2018 and before 7/1/2018	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 5% (0.05)	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2018 and before 10/1/2018	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 5% (0.05)	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2018 and before 1/1/2019	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 5% (0.05)	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2018 and before 4/1/2019	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 6% (0.06)	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2019 and before 7/1/2019	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x %	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2019 and before 10/1/2019	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x %	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2019 and before 1/1/2020	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x %	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2019 and before 3/16/2020	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{366}$ x %	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns				38 \$ 157

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

Form 2220	Form 2220 Worksheet	2018
For calendar year 2018, or tax year beginning _____, and ending _____		

Name **THE COMMUNITY FOUNDATION OF UTAH** Employer Identification Number **74-3211770**

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u>04/15/18</u>	<u>06/15/18</u>	<u>09/15/18</u>	<u>12/15/18</u>
Amount of underpayment	<u>3,479</u>	<u>7,063</u>	<u> </u>	<u> </u>
Prior year overpayment applied	<u>3,584</u>			

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment	<u> </u>	<u> </u>	<u>09/12/18</u>	<u>12/11/18</u>	<u>12/24/18</u>
Amount of payment	<u> </u>	<u> </u>	<u>27,000</u>	<u>2,196</u>	<u>1,700</u>

QTR	FROM	TO	UNDERPAYMENT	#DAYS	RATE	PENALTY
1	4/15/18	9/12/18	3,479	150	5.00	71
2	6/15/18	9/12/18	7,063	89	5.00	86
TOTAL PENALTY						157
						=====

Form **990-T**

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

OMB No. 1545-0687

2018

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning and ending
Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

A Check box if address changed

B Exempt under section

501(c)(3) 220(e) 530(a)

408(e) 529(a)

Name of organization (Check box if name changed and see instructions.)

Print **THE COMMUNITY FOUNDATION OF UTAH**

Number, street, and room or suite no. If a P.O. box, see instructions.

2257 SOUTH 1100 EAST, SUITE 205

City or town, state or province, country, and ZIP or foreign postal code

SALT LAKE CITY UT 84106

D Employer identification number (Employees' trust, see instructions.)

74-3211770

E Unrelated business activity code (See instructions.)

531120

C Book value of all assets at end of year

54,891,555

F Group exemption number (See instructions.) **u**

G Check organization type **u** 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. **u 1** Describe the only (or first) unrelated trade or business here

u SEE STATEMENT 1

Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **u** Yes No

If "Yes," enter the name and identifying number of the parent corporation.

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnership and S corporation (attach statement) SEE STMT 2	-81		-81
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)	143,781		143,781
8	Interest, annuities, royalties, and rents from controlled organization (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)			
13	Total. Combine lines 3 through 12	143,700		143,700

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14	Compensation of officers, directors, and trustees (Schedule K)			
15	Salaries and wages			
16	Repairs and maintenance			
17	Bad debts			
18	Interest (attach schedule) (see instructions)			
19	Taxes and licenses			8,175
20	Charitable contributions (See instructions for limitation rules)			
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		0
23	Depletion			
24	Contributions to deferred compensation plans			
25	Employee benefit programs			
26	Excess exempt expenses (Schedule I)			
27	Excess readership costs (Schedule J)			
28	Other deductions (attach schedule)			
29	Total deductions. Add lines 14 through 28			8,175
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			135,525
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			
32	Unrelated business taxable income. Subtract line 31 from line 30			135,525

Part III Total Unrelated Business Taxable income

Table with 3 columns: Line number, Description, and Amount. Rows include 33 (Total unrelated business taxable income), 34 (Amounts paid for disallowed fringes), 35 (Deductions for net operating loss), 36 (Total of unrelated business taxable income before specific deduction), 37 (Specific deduction), and 38 (Unrelated business taxable income).

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Rows include 39 (Organizations Taxable as Corporations), 40 (Trusts Taxable at Trust Rates), 41 (Proxy tax), 42 (Alternative minimum tax), 43 (Tax on Noncompliant Facility Income), and 44 (Total).

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Rows include 45a-45e (Credits), 46 (Subtract line 45e from line 44), 47 (Other taxes), 48 (Total tax), 49 (2018 net 965 tax liability), 50a-50g (Payments), 51 (Total payments), 52 (Estimated tax penalty), 53 (Tax due), 54 (Overpayment), and 55 (Enter the amount of line 54).

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

Table with 3 columns: Line number, Description, and Yes/No columns. Rows include 56 (Interest in foreign country), 57 (Distribution from foreign trust), and 58 (Tax-exempt interest received).

Sign Here section containing signature lines for officer and preparer, and a table for Preparer Use Only with fields for name, address, EIN, and phone number.

Schedule A – Cost of Goods Sold. Enter method of inventory valuation **u**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
4a Additional sec. 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property		
(1) N/A		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) u
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) u		

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)	333 SOUTH STATE LLC	143,781		
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)	33,766,702	29,419,231	100.00 %	143,781
(2)			%	
(3)			%	
(4)			%	
SEE STATEMENT 3 SEE STATEMENT 4			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals			143,781	
Total dividends-received deductions included in column 8 u			u	

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

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

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I u						
Totals, Part II (lines 1-5) u	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			u

Statement 1 - Form 990-T - Primary Unrelated Business Activity

Description

UNRELATED BUSINESS ACTIVITY WAS INDIRECT THROUGH OWNERSHIP
IN VARIOUS PARTNERSHIPS THAT PARTICIPATED IN UNRELATED
BUSINESS ACITIVITES.

Statement 2 - Form 990-T, Part I, Line 5 - Income (Loss) from Partnerships or S-Corps

Name of Partnership or S-Corp	Gross Income	Direct Deductions (Part. only)	Net Income
QUADEX LABS, INC.	\$ -245	\$	\$ -245
LAS BRISAS PREMIER	164		164
TOTAL	\$ -81	\$ 0	\$ -81

Statement 3 - Form 990-T, Schedule E, Column 4 - Average Acquisition Debt

Description	Deduction
333 SOUTH STATE LLC	
SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH	405,200,418
DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	12
AVERAGE ACQUISITION DEBT	33,766,702

Statement 4 - Form 990-T, Schedule E, Column 5 - Average Adjusted Basis

Description	Deduction
333 SOUTH STATE LLC	
ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD	31,060,194
ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	27,778,268
	58,838,462
DIVIDED BY 2	2
AVERAGE ADJUSTED BASIS	29,419,231