

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

OMB No. 1545-0047

**2019**  
Open to Public Inspection

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

**A For the 2019 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 \$: **27,782,202**

**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**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>WE CATALYZE PHILANTHROPY IN UTAH BY FOSTERING ACCESSIBLE, COLLABORATIVE, AND INNOVATIVE GIVING IN OUR COMMUNITIES, NOW AND FOR GENERATIONS TO COME.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>10</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>10</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>8</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>10</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>184,459</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>177,778</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>15,213,472</b>	<b>11,518,721</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>44,500</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,990,303</b>	<b>1,618,597</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>147,355</b>	<b>230,275</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>10,618,995</b>	<b>6,445,192</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>347,030</b>	<b>406,553</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b>	<b>84,743</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>493,523</b>	<b>525,713</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>11,459,548</b>	<b>7,377,458</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>5,891,582</b>	<b>6,034,635</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>54,891,555</b>	<b>65,669,769</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>261,897</b>	<b>565,208</b>
		<b>54,629,658</b>	<b>65,104,561</b>

**Part II Signature Block**

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

**Sign Here**

Signature of officer: **ALEXANDRA EATON** Date: \_\_\_\_\_  
 Type or print name and title: **CEO**

**Paid Preparer Use Only**

Print/Type preparer's name: **RICHARD SCORESBY, CPA** Preparer's signature: **RICHARD SCORESBY, CPA** Date: \_\_\_\_\_  
 Check  if self-employed PTIN: **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**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**WE CATALYZE PHILANTHROPY IN UTAH BY FOSTERING ACCESSIBLE, COLLABORATIVE, AND INNOVATIVE GIVING IN OUR COMMUNITIES, NOW AND FOR GENERATIONS TO COME.**

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 \$ **6,986,761** including grants of \$ **6,445,192** ) (Revenue \$ **44,500** )

**SEE SCHEDULE O**

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

**N/A**

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

**N/A**

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

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

4e Total program service expenses **u** **6,986,761**

**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	<b>Section 501(c)(3) organizations.</b> 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 donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note:</b> 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?	X	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b>   8		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>X</b>	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>X</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>X</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>   9		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		<b>X</b>
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		<b>X</b>
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		<b>X</b>
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [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 on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records u

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

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week 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) <b>ALEXANDRA EATON</b> ..... CEO	40.00 1.00			X				116,000	0	12,384
(2) <b>BRAD DICKSON</b> ..... CHAIR	1.50 0.50	X		X				0	0	0
(3) <b>DIANA GEORGE</b> ..... VICE CHAIR	1.00 0.50	X		X				0	0	0
(4) <b>LINDSEY KNEUVEN</b> ..... BOARD MEMBER	1.40 0.50	X						0	0	0
(5) <b>JERAMY LUND</b> ..... BOARD MEMBER	1.50 0.50	X						0	0	0
(6) <b>JEFF MILLER</b> ..... BOARD MEMBER	0.50 0.00	X						0	0	0
(7) <b>ADAM SLOVIK</b> ..... BOARD MEMBER	0.50 0.00	X						0	0	0
(8) <b>MARTY TATE</b> ..... BOARD MEMBER	1.40 0.00	X						0	0	0
(9) <b>BRENT THOMSON</b> ..... BOARD MEMBER	1.40 0.50	X						0	0	0
(10) <b>JENSEN WARNOCK</b> ..... BOARD MEMBER	0.50 0.00	X						0	0	0
(11) <b>MIKELLE BARBERI-WEIL</b> ..... BOARD MEMBER	0.50 0.00	X						0	0	0

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Subtotal, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c). Values: 116,000, 12,384.

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

Table with 3 columns: Question, Yes, No. Rows 3, 4, 5 regarding compensation reporting.

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.

Table with 3 columns: (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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	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	11,518,721				
	g Noncash contributions included in lines 1a-1f	1g	\$ 4,200,094				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	<b>11,518,721</b>				
<b>Program Service Revenue</b>	2a <b>OTHER PROGRAM REVENUE</b>	Business Code					
		900099	44,500	44,500			
	b						
	c						
	d						
	e						
	f All other program service revenue						
<b>g Total.</b> Add lines 2a-2f	<b>u</b>	<b>44,500</b>					
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	1,034,694			1,034,694	
	4 Income from investment of tax-exempt bond proceeds	<b>u</b>					
	5 Royalties	<b>u</b>					
	6a Gross rents	6a	(i) Real	184,683			
			(ii) Personal				
			<b>u</b>				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c	184,683				
	<b>d Net rental income or (loss)</b>	<b>u</b>	<b>184,683</b>			<b>184,683</b>	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	14,954,012			
			(ii) Other				
			<b>u</b>				
			<b>u</b>				
	b Less: cost or other basis and sales exps.	7b	14,370,109				
c Gain or (loss)	7c	583,903					
<b>d Net gain or (loss)</b>	<b>u</b>	<b>583,903</b>			<b>583,903</b>		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
<b>c Net income or (loss) from fundraising events</b>	<b>u</b>						
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
<b>c Net income or (loss) from gaming activities</b>	<b>u</b>						
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
<b>c Net income or (loss) from sales of inventory</b>	<b>u</b>						
<b>Miscellaneous Revenue</b>	11a <b>OTHER INCOME</b>	Business Code					
		900099	45,816	45,816			
	b <b>QUADEX LABS</b>	531120	-224		-224		
	c						
	d All other revenue						
<b>e Total.</b> Add lines 11a-11d	<b>u</b>	<b>45,592</b>					
<b>12 Total revenue.</b> See instructions	<b>u</b>	<b>13,412,093</b>	<b>90,316</b>	<b>184,459</b>	<b>1,618,597</b>		

**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	6,445,192	6,445,192		
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	119,150	58,000	32,150	29,000
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	230,716	103,146	96,108	31,462
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,854		7,854	
9 Other employee benefits	16,799		16,799	
10 Payroll taxes	32,034	17,838	9,571	4,625
11 Fees for services (nonemployees):				
a Management				
b Legal	27,098	18,517	6,266	2,315
c Accounting	34,505	840	33,560	105
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	147,971	147,971		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	127,936	61,399	58,862	7,675
12 Advertising and promotion	4,371	3,497	437	437
13 Office expenses	14,140	10,264	2,462	1,414
14 Information technology	22,838	18,270	2,284	2,284
15 Royalties				
16 Occupancy	34,366	27,492	3,437	3,437
17 Travel	8,531	6,825	853	853
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	51,031	51,031		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	4,338	3,470	434	434
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>UBIT INCOME TAXES</b>	26,810		26,810	
b <b>MEMBERSHIP DUES</b>	4,229	3,383	423	423
c <b>DONOR RELATIONS</b>	4,015	4,015		
d <b>CULTIVATION PROGRAM</b>	3,382	3,382		
e All other expenses	10,152	2,229	7,644	279
25 Total functional expenses. Add lines 1 through 24e	7,377,458	6,986,761	305,954	84,743
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	486,388	1	1,080,875
	2	Savings and temporary cash investments	4,749,098	2	10,703,268
	3	Pledges and grants receivable, net		3	900,000
	4	Accounts receivable, net		4	809,146
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	9,603,828	7	9,746,066
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,100,000		
	b	Less: accumulated depreciation	3,100,000	10c	3,100,000
	11	Investments—publicly traded securities	31,917,959	11	35,963,316
	12	Investments—other securities. See Part IV, line 11	4,096,907	12	3,011,243
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	70,000	14	70,000
	15	Other assets. See Part IV, line 11	867,375	15	285,855
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	54,891,555	16	65,669,769	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	17,897	17	22,875
	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	244,000	21	542,333
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	261,897	26	565,208
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	54,559,658	27	64,134,561
	28	Net assets with donor restrictions	70,000	28	970,000
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	54,629,658	32	65,104,561
33	<b>Total liabilities and net assets/fund balances</b>	54,891,555	33	65,669,769	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>13,412,093</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>7,377,458</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>6,034,635</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>54,629,658</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>4,529,339</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	<b>-89,071</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>65,104,561</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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		<b>X</b>
<b>2b</b>	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	<b>X</b>	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	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?		<b>X</b>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on 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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**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)						
<b>Total</b>						

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 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (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 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (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) 12 90,316
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. Row 14: Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 69.31%. Row 15: Public support percentage from 2018 Schedule A, Part II, line 14 15 73.13%.

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (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; 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.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (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; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Percentage, %. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) = 15%. Row 16: Public support percentage from 2018 Schedule A, Part III, line 15 = 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Percentage, %. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) = 17%. Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17 = 18%.

- 19a 33 1/3% support tests—2019. 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—2018. 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> 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)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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.		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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.		
<b>2</b>	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.		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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).		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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).		
<b>3</b>	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.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b>	Activities Test. Answer (a) and (b) below.		
<b>a</b>	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>b</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.		
<b>3</b>	Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b>	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>b</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.		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  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)

Table with 2 columns: Section D - Distributions and Current Year. Rows 1-10 detailing distribution types and amounts.

Table with 4 columns: Section E - Distribution Allocations, (i) Excess Distributions, (ii) Underdistributions Pre-2019, and (iii) Distributable Amount for 2019. Rows 1-8 detailing allocation details.

**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**

\$ 98,082

Public Inspection Copy

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors****u Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

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 foundationCheck 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 33
- <sup>1</sup>
- /
- <sub>3</sub>
- % 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

**THE COMMUNITY FOUNDATION OF UTAH**

Employer identification number

**74-3211770**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	..... ..... .....	\$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	..... ..... .....	\$ 992,434	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	..... ..... .....	\$ 725,007	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	..... ..... .....	\$ 306,872	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	..... ..... .....	\$ 251,203	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	..... ..... .....	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**THE COMMUNITY FOUNDATION OF UTAH**

Employer identification number

**74-3211770**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 824,000</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input checked="" type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
8	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 770,338</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input checked="" type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
9	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 342,107</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
10	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 1,543,016</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ .....</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
.....	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ .....</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>

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
2	COMMON STOCK	\$ 992,434	
4	COMMON STOCK	\$ 306,872	
7	PARTNERSHIP INTEREST	\$ 824,000	
8	PARTNERSHIP INTEREST	\$ 770,338	



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

2019

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year, and two questions about donor advised funds and grant fund usage.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for 'Held at the End of the Tax Year' with rows 2a-2d, and several numbered questions regarding monitoring and 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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, 2a, and 2b regarding 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 make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

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

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

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

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i) Unrelated organizations, 3a(ii) Related organizations, 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 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.) u 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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and a Total row.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows are numbered (1) through (9) and a Total row.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows are numbered (1) through (9) and a Total row.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, followed by rows (2) through (9) and a Total row.

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

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 17,704,390, reconciling to 13,412,093.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 7,229,487, reconciling to 7,377,458.

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 \$542,333 AT 12/31/19.

PART X - FIN 48 FOOTNOTE

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

Part XIII Supplemental Information (continued)

MANAGEMENT HAS DETERMINED THERE ARE NO UNCERTAIN INCOME TAX POSITIONS.

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

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PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

IMPAIRMENT LOSS \$ -88,847

LOSS FROM K-1 \$ -224

**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

**2019****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Serviceu Go to [www.irs.gov/Form990](http://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 OTHER SIDE ACADEMY 667 EAST 100 SOUTH SALT LAKE CITY UT 84102	47-4495796	501C3	1,113,925				GENERAL SUPPORT
(2)	THE CHURCH OF JESUS CHRIST OF LATT 50 E NORTH TEMPLE, ROOM 1521 SALT LAKE CITY UT 84150	23-7300405	501C3	1,034,615				GENERAL SUPPORT
(3)	JOSEPH DARWIN COLBY MEMORIAL FUND 70 W 200 S SALINA UT 84654	83-2523655	501C3	402,106				GENERAL SUPPORT
(4)	THE CATSKILL MOUNTAIN FOUNDATION IN PO BOX 924 HUNTER NY 12442	13-3992139	501C3	187,725				GENERAL SUPPORT
(5)	UNITUS LABS 220 2ND AVE SOUTH, SUITE 201 SEATTLE WA 98104	87-0621367	501C3	160,000				GENERAL SUPPORT
(6)	ALZHEIMER'S ASSOCIATION UTAH CHAPTE 12894 S PONY EXPRESS RD, SUITE 300 DRAPER UT 84020	13-3039601	501C3	131,057				GENERAL SUPPORT
(7)	HUNTSMAN CANCER FOUNDATION 500 HUNTSMAN WAY SALT LAKE CITY UT 84108	87-0541293	501C3	113,500				GENERAL SUPPORT
(8)	UTAH STATE UNIVERSITY 1540 OLD MAIN HILL SUITE 208 LOGAN UT 84322	87-6000528	501C3	105,945				GENERAL SUPPORT
(9)	INTERPRETER FOUNDATION 152 WESTVIEW DRIVE OREM UT 84058	46-0869962	501C3	105,000				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 158**
- 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) (2019)

**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.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

u Attach to Form 990.

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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)	MAKE A WISH UTAH FOUNDATION OF UTAH 771 E WINCHESTER ST MURRAY UT 84107	74-2392822	501C3	93,437				GENERAL SUPPORT
(2)	UNIVERSITY IMPACT 3507 N UNIVERSITY AVE SUITE 250 PROVO UT 84604	82-1504018	501C3	88,883				GENERAL SUPPORT
(3)	UNIVERSITY OF UTAH 332 S 1400 E, SUITE 150 SALT LAKE CITY UT 84112	87-6000525	501C3	82,596				GENERAL SUPPORT
(4)	UC SAN DIEGO FOUNDATION 9500 GILMAN DRIVE, MC 0083 LA JOLLA CA 92093	95-2872494	501C3	75,000				GENERAL SUPPORT
(5)	BYU, PROVO 1450 N. UNIVERSITY AVE. PROVO UT 84604	87-0217280	501C3	75,000				GENERAL SUPPORT
(6)	ALTA ARTS COUNCIL PO BOX 8142 ALTA UT 84092	84-1393405	501C3	70,419				GENERAL SUPPORT
(7)	UTAH STATE UNIVERSITY FOUNDATION 1590 OLD MAIN HILL LOGAN UT 84322	87-0627128	501C3	50,000				GENERAL SUPPORT
(8)	CAMBRIDGE IN AMERICA PO BOX 9123 JAF BLDG NEW YORK NY 10087	52-6071299	501C3	50,000				GENERAL SUPPORT
(9)	JEWISH FAMILY SERVICE 495 E 4500 S SUITE 100 SALT LAKE CITY UT 84107	87-0227089	501C3	47,525				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)**

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(1)	WESTERN RESOURCE ADVOCATES 2260 BASELINE ROAD, SUITE 200 BOULDER CO 80302	84-1113831	501C3	40,000				GENERAL SUPPORT
(2)	SEATTLE OPERA 363 MERCER ST SEATTLE WA 98109	91-0760426	501C3	35,000				GENERAL SUPPORT
(3)	WASATCH COMMUNITY GARDENS 824 SOUTH 400 WEST, STE 127 SALT LAKE CITY UT 84101	74-2550359	501C3	34,000				GENERAL SUPPORT
(4)	VITAL VOICES GLOBAL PARTNERSHIP 1625 MASSACHUSETTS AVENUE, NW, STE WASHINGTON DC 20036	52-2151557	501C3	34,000				GENERAL SUPPORT
(5)	FRIENDS OF GREAT SALT LAKE 150 SOUTH 600 EAST STE 5D SALT LAKE CITY UT 84102	87-0527602	501C3	30,550				GENERAL SUPPORT
(6)	BYU COUGAR CLUB 336 STUDENT ATHLETE BLDG PROVO UT 84602	87-0217280	501C3	30,250				GENERAL SUPPORT
(7)	BALLETCOLLECTIVE INC 720 FORT WASHINGTON AVE. SUITE 4J NEW YORK NY 10040	45-3021279	501C3	30,000				GENERAL SUPPORT
(8)	HALE CENTRE THEATRE 9900 SOUTH MONROE STREET SANDY UT 84070	84-1420029	501C3	30,000				GENERAL SUPPORT
(9)	MOUNTAIN LIFE EVANGELICAL FREE CHUR 7375 N. SILVER CREEK ROAD PARK CITY UT 84098	87-0552060	501C3	30,000				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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**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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(1)	JOHN VOLKEN ACADEMY 921 CENTRAL AVE KENT WA 98032	91-2061674	501C3	30,000				GENERAL SUPPORT
(2)	VOLUNTEERS OF AMERICA OF UTAH INC 435 WEST BEARCAT DRIVE SALT LAKE CITY UT 84115	94-3008720	501C3	29,000				GENERAL SUPPORT
(3)	I J & JEANNE WAGNER JEWISH COMMUNIT 2 N MEDICAL DR SALT LAKE CITY UT 84113	87-0238425	501C3	28,200				GENERAL SUPPORT
(4)	PLAN-B THEATER COMPANY 138 WEST 300 SOUTH SALT LAKE CITY UT 84101	87-0542630	501C3	26,000				GENERAL SUPPORT
(5)	PERSPECTIVES ENSEMBLE, INC. 870 WEST 181ST ST. #22 NEW YORK NY 10033	13-4128819	501C3	25,875				GENERAL SUPPORT
(6)	TURN COMMUNITY SERVICES, INC PO BOX 1287 SALT LAKE CITY UT 84110	87-0303448	501C3	25,854				GENERAL SUPPORT
(7)	UNITED JEWISH FEDERATION OF UTAH 2 N MEDICAL DR SALT LAKE CITY UT 84113	87-0282380	501C3	25,801				GENERAL SUPPORT
(8)	WESTMINSTER COLLEGE 1840 SOUTH 1300 EAST SALT LAKE CITY UT 84105	87-0212470	501C3	25,100				GENERAL SUPPORT
(9)	FICTION COLLECTIVE TWO PO BOX 870380 TUSCALOOSA AL 35487	13-2957841	501C3	25,000				GENERAL SUPPORT

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(1)	RIVERDALE MENTAL HEALTH ASSOCIATION 5676 RIVERDALE AVENUE, SUITE 202 BRONX NY 10471	13-1930700	501C3	25,000				GENERAL SUPPORT
(2)	HOPE FUNDS FOR CANCER RESEARCH 174 BELLEVUE AVE SUITE 208 NEWPORT RI 02840	20-5799367	501C3	25,000				GENERAL SUPPORT
(3)	SAINT JOSEPH CATHOLIC ELEMENTARY SCHOOL 2980 QUINCY AVE OGDEN UT 84403	87-0299575	501C3	25,000				GENERAL SUPPORT
(4)	UCAIR UTAH CLEAN AIR PARTNERSHIP 195 N 1950 W SALT LAKE CITY UT 84109	46-1224589	501C3	25,000				GENERAL SUPPORT
(5)	HABITAT FOR HUMANITY OF WEBER AND DAVIS 2955 HARRISON BLVD. OGDEN UT 84403	42-1644363	501C3	24,854				GENERAL SUPPORT
(6)	MOUNTAINLANDS COMMUNITY HOUSING ASSOCIATION 1960 SIDEWINDER DR STE 107 PARK CITY UT 84060	87-0514438	501C3	24,854				GENERAL SUPPORT
(7)	WEBER SCHOOL DISTRICT FOUNDATION 5320 S ADAMS AVE OGDEN UT 84405	87-6164318	501C3	22,500				GENERAL SUPPORT
(8)	SHELTER THE HOMELESS 310 S. MAIN STREET, SUITE M2 SALT LAKE CITY UT 84101	74-2548948	501C3	22,162				GENERAL SUPPORT
(9)	CONGREGATION KOL AMI 2425 HERITAGE WAY SALT LAKE CITY UT 84109	87-0293863	501C3	21,376				GENERAL SUPPORT

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**SCHEDULE I  
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(1)	OGDEN SCHOOL FOUNDATION 1950 MONROE BOULEVARD, ROOM #107 OGDEN UT 84401	94-2685413	501C3	20,550				GENERAL SUPPORT
(2)	RACHEL COVEY FOUNDATION 1141 E 600 S ALPINE UT 84004	46-1791738	501C3	20,000				GENERAL SUPPORT
(3)	180 MINISTRIES FOR GIRLS PO BOX 1099 TOOELE UT 84074	84-1185635	501C3	20,000				GENERAL SUPPORT
(4)	GRANITE EDUCATION FOUNDATION INC 2500 S STATE ST., D-108 SALT LAKE CITY UT 84115	94-2951639	501C3	20,000				GENERAL SUPPORT
(5)	HONOR ROLL 4611 S FERDINAND AVE TAMPA FL 33611	83-0811643	501C3	20,000				GENERAL SUPPORT
(6)	THE ALPINE SCHOOL DISTRICT FDN 575 NORTH 100 E AMERICAN FORK UT 84003	74-2368936	501C3	19,000				GENERAL SUPPORT
(7)	MORONI CITY CORPORATION PO BOX 870 MORONI UT 84646	87-6113379	501C3	18,676				GENERAL SUPPORT
(8)	YOUTH GARDEN PROJECT 530 S 400 E STREET MOAB UT 84532	87-0568051	501C3	18,000				GENERAL SUPPORT
(9)	PLANNED PARENTHOOD ASSOCIATION OF U 654 SOUTH 900 EAST SALT LAKE CITY UT 84102	87-0288909	501C3	17,700				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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**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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(1)	SEARCH AND CARE, INC. 1844 SECOND AVE NEW YORK NY 10128	23-7444790	501C3	16,560				GENERAL SUPPORT
(2)	ST. ANNE'S SHELTER/LANTERN HOUSE 269 W. 33RD ST. OGDEN UT 84401	87-0368808	501C3	16,257				GENERAL SUPPORT
(3)	RONALD MCDONALD HOUSE CHARITIES OF 935 EAST SOUTH TEMPLE SALT LAKE CITY UT 84102	74-2386043	501C3	16,215				GENERAL SUPPORT
(4)	LAYTON ROTARY FOUNDATION 378 N. MAIN ST #104 LAYTON UT 84041	27-3627072	501C3	16,045				GENERAL SUPPORT
(5)	BAD DOG ARTS 824 SOUTH 400 WEST, SUITE B129 SALT LAKE CITY UT 84101	87-0568289	501C3	15,525				GENERAL SUPPORT
(6)	HUMANITIES IN FOCUS 255 S. CENTRAL CAMPUS DRIVE SALT LAKE CITY UT 84112	87-6000525	501C3	15,525				GENERAL SUPPORT
(7)	ART ACCESS 230 SOUTH 500 WEST, SUITE 125 SALT LAKE CITY UT 84101	87-0413445	501C3	15,525				GENERAL SUPPORT
(8)	THE CENTER FOR WOMEN AND CHILDREN 1433 E 840 N OREM UT 84097	87-0405229	501C3	15,525				GENERAL SUPPORT
(9)	ACLU OF UTAH FOUNDATION 355 N 300 WEST SALT LAKE CITY UT 84103	87-0439810	501C3	15,200				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)	UTAH DEVELOPMENT ACADEMY 75 S. 600 W. SALT LAKE CITY UT 84101	45-5238431	501C3	15,000				GENERAL SUPPORT
(2)	SWITCHPOINT COMMUNITY RESOURCE CENT 948 N 1300 W ST. GEORGE UT 84770	76-0740457	501C3	15,000				GENERAL SUPPORT
(3)	TIMPANOGOS SYMPHONY ORCHESTRA P.O BOX 1103 AMERICAN FORK UT 84003	27-3742256	501C3	15,000				GENERAL SUPPORT
(4)	CANCER WELLNESS HOUSE, INC. 59 SOUTH 1100 EAST SALT LAKE CITY UT 84102	87-0568405	501C3	14,490				GENERAL SUPPORT
(5)	AMERICAN FOUNDATION FOR SUICIDE PRE 120 WALL STREET 29TH FLOOR NEW YORK NY 10005	13-3393329	501C3	13,046				GENERAL SUPPORT
(6)	KAYENTA ARTS FOUNDATION 881 COYOTE GULCH COURT IVINS UT 84738	90-0642659	501C3	13,000				GENERAL SUPPORT
(7)	EQUALITY UTAH FOUNDATION 175 WEST 200 SOUTH, SUITE 1004 SALT LAKE CITY UT 84101	84-1633004	501C3	12,750				GENERAL SUPPORT
(8)	COURAGE REINS 5870 W. 10400 N. HIGHLAND UT 84003	87-0618601	501C3	12,500				GENERAL SUPPORT
(9)	DOCTORS WITHOUT BORDERS USA INC 40 RECTOR ST, 16TH FLOOR NEW YORK NY 10006	13-3433452	501C3	12,200				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)	GLOBAL GREENGRANTS FUND 2840 WILDERNESS PLACE, SUITE A BOULDER CO 80301	84-1612422	501C3	12,000				GENERAL SUPPORT
(2)	YOUTH FUTURES 2760 ADAMS ST OGDEN UT 84403	45-3245622	501C3	12,000				GENERAL SUPPORT
(3)	ST. JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST. JUDE PLACE MEMPHIS TN 38105	62-0646012	501C3	11,500				GENERAL SUPPORT
(4)	NEIGHBORHOOD HOUSE 1050 WEST 500 SOUTH SALT LAKE CITY UT 84104	87-0212462	501C3	11,500				GENERAL SUPPORT
(5)	UNIVERSITY OF UTAH SCHOOL OF MUSIC 1375 E. PRESIDENTS CIRCLE, RM. 204 SALT LAKE CITY UT 84112	87-6000525	501C3	11,400				GENERAL SUPPORT
(6)	FRIENDS OF UTAH AVALANCHE FORECAST PO BOX 521353 SALT LAKE CITY UT 84152	87-0481453	501C3	11,400				GENERAL SUPPORT
(7)	HIGH COUNTRY JUNIOR VOLLEYBALL CLUB 7105 S. SWAN HILL DR. WEST JORDAN UT 84084	87-0668199	501C3	11,000				GENERAL SUPPORT
(8)	SHRINERS HOSPITALS FOR CHILDREN - S 1275 E. FAIRFAX ROAD AT VIRGINIA ST SALT LAKE CITY UT 84103	36-2193608	501C3	11,000				GENERAL SUPPORT
(9)	MERCY SHIPS P.O BOX 2020 GARDEN VALLEY TX 75771	26-2414132	501C3	11,000				GENERAL SUPPORT

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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)	SPY HOP PRODUCTIONS INC 669 SOUTH WEST TEMPLE, SUITE 202 SALT LAKE CITY UT 84101	87-0642304	501C3	10,700				GENERAL SUPPORT
(2)	WEBER STATE UNIVERSITY 1265 VILLAGE DRIVE, DEPT 4018 OGDEN UT 84408	87-6000535	501C3	10,650				GENERAL SUPPORT
(3)	ROCKY MOUNTAIN INNOCENCE CENTER 358 SOUTH 700 EAST, SUITE B235 SALT LAKE CITY UT 84102	87-0647979	501C3	10,350				GENERAL SUPPORT
(4)	ARTISTS OF UTAH P.O. BOX 526292 SALT LAKE CITY UT 84152	87-0685214	501C3	10,350				GENERAL SUPPORT
(5)	BLOOMINGDALE SCHOOL OF MUSIC INC 323 WEST 108TH STREET NEW YORK NY 10025	13-2562192	501C3	10,350				GENERAL SUPPORT
(6)	CLASSICAL THEATRE OF HARLEM, INC. 8 WEST 126TH ST NEW YORK NY 10027	13-4046782	501C3	10,350				GENERAL SUPPORT
(7)	DANCE THEATRE OF HARLEM, INC 466 WEST 152ND ST NEW YORK NY 10031	13-2642091	501C3	10,350				GENERAL SUPPORT
(8)	EARLY MUSIC FOUNDATION 10 WEST 68TH STREET NEW YORK NY 10023	51-0185930	501C3	10,350				GENERAL SUPPORT
(9)	THE ORCHESTRA OF THE BRONX 5 MINERVA PLACE, 2J BRONX NY 10468	13-3940188	501C3	10,350				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**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2019**

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Inspection**

Department of the Treasury  
Internal Revenue Service

u Attach to Form 990.

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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
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(1)	<b>THEATER BREAKING THROUGH BARRIERS 400 W. 43RD ST., APT. 43R NEW YORK NY 10036</b>	<b>13-3193376</b>	<b>501C3</b>	<b>10,350</b>				<b>GENERAL SUPPORT</b>
(2)	<b>YOUNG PEOPLE'S CHORUS OF NEW YORK C 37 WEST 65TH STREET, SECOND FLOOR NEW YORK NY 10023</b>	<b>11-3372980</b>	<b>501C3</b>	<b>10,350</b>				<b>GENERAL SUPPORT</b>
(3)	<b>TELITHA E. LINDQUIST COLLEGE OF ART 1904 UNIVERSITY CIRCLE OGDEN UT 84408</b>	<b>87-6000535</b>	<b>501C3</b>	<b>10,200</b>				<b>GENERAL SUPPORT</b>
(4)	<b>RAPE RECOVERY CENTER 2035 SOUTH 1300 EAST SALT LAKE CITY UT 84105</b>	<b>87-0308785</b>	<b>501C3</b>	<b>10,175</b>				<b>GENERAL SUPPORT</b>
(5)	<b>RACE SWAMI 2751 S 2700 E SALT LAKE CITY UT 84109</b>	<b>27-4648408</b>	<b>501C3</b>	<b>10,000</b>				<b>GENERAL SUPPORT</b>
(6)	<b>BOY SCOUTS OF AMERICA, UTAH NATIONAL 748 NORTH 1340 WEST OREM UT 84057</b>	<b>87-0212468</b>	<b>501C3</b>	<b>10,000</b>				<b>GENERAL SUPPORT</b>
(7)	<b>CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA ST., SUITE 400 LOS ANGELES CA 90012</b>	<b>95-3510055</b>	<b>501C3</b>	<b>10,000</b>				<b>GENERAL SUPPORT</b>
(8)	<b>YORK COLLEGE 1125 E 8TH ST YORK NE 68467</b>	<b>47-0418641</b>	<b>501C3</b>	<b>10,000</b>				<b>GENERAL SUPPORT</b>
(9)	<b>TABITHA'S WAY 920 EAST STATE ROAD AMERICAN FORK UT 84403</b>	<b>27-3402820</b>	<b>501C3</b>	<b>10,000</b>				<b>GENERAL SUPPORT</b>

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

**Grants and Other Assistance to Organizations,  
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(1)	BYU BALLARD CENTER 360 TNRB PROVO UT 84602	87-0217280	501C3	10,000				GENERAL SUPPORT
(2)	CHILD LIBERATION FOUNDATION 138 E 12300 S SUITE 216 DRAPER UT 84020	82-0714897	501C3	10,000				GENERAL SUPPORT
(3)	DESERT SCHOLARSHIP FOUNDATION 44801 VILLAGE COURT SUITE 201 PALM DESERT CA 92260	81-2886019	501C3	10,000				GENERAL SUPPORT
(4)	GOLDEN HOURS CENTER FOUNDATION 5484 S 575 W OGDEN UT 84405	87-0565215	501C3	10,000				GENERAL SUPPORT
(5)	GREATER WASHINGTON EDUCATIONAL TELE 3939 CAMPBELL AVE ARLINGTON VA 22206	53-0242992	501C3	10,000				GENERAL SUPPORT
(6)	HILLSDALE COLLEGE INC 33 E COLLEGE ST HILLSDALE MI 49242	38-1374230	501C3	10,000				GENERAL SUPPORT
(7)	MOBILE SURGERY INTERNATIONAL INC 3803 E LITTLE COTTONWOOD LN SANDY UT 84092	82-3454780	501C3	10,000				GENERAL SUPPORT
(8)	NEWBORN FOUNDATION 213 E FOURTH ST, SUITE 201 ST, PAUL MN 55101	27-3923894	501C3	10,000				GENERAL SUPPORT
(9)	RISING STAR OUTREACH 3521 N UNIVERSITY AVE, STE 250 PROVO UT 84604	02-0532420	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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**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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(1)	UNITED WE CARE EMPLOYEE RELIEF FUN 233 S WACKER DR, WHQZR 10TH FLOOR CHICAGO IL 60606	36-4327744	501C3	10,000				GENERAL SUPPORT
(2)	USA WRESTLING UTAH 1368 N 200 W MAPLETON UT 84664	87-0469879	501C3	10,000				GENERAL SUPPORT
(3)	UTAH HERITAGE FOUNDATION 375 N. CANYON RD SALT LAKE CITY UT 84103	87-0272392	501C3	10,000				GENERAL SUPPORT
(4)	LEHMAN COLLEGE ART GALLERY INC 250 BEDFORD PARK BLVD W BRONX NY 10468	13-3391212	501C3	9,315				GENERAL SUPPORT
(5)	KUED 101 SOUTH WASATCH DRIVE SALT LAKE CITY UT 84112	87-6000525	501C3	9,300				GENERAL SUPPORT
(6)	NEW YORK GILBERT & SULLIVAN PLAYERS 225 W 99TH ST NEW YORK NY 10025	13-2862043	501C3	8,280				GENERAL SUPPORT
(7)	QUINTET OF THE AMERICAS INC 15 CIRCLE RD DOUGLASTON NY 11363	13-3143311	501C3	8,280				GENERAL SUPPORT
(8)	SALT LAKE COMMUNITY COLLEGE PO BOX 30808 SALT LAKE CITY UT 84130	87-6000448	501C3	8,100				GENERAL SUPPORT
(9)	DIXIE STATE UNIVERSITY 225 S UNIVERSITY AVE ST.GEORGE UT 84770	20-5588266	501C3	8,100				GENERAL SUPPORT

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**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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(1)	SNOW COLLEGE 150 COLLEGE AVE EPHRAIM UT 84627	94-2785555	501C3	8,100				GENERAL SUPPORT
(2)	SOUTHERN UTAH UNIVERSITY 351 W UNIVERSITY BLVD CEDAR CITY UT 84720	87-0564444	501C3	8,100				GENERAL SUPPORT
(3)	JAYHAWKS PROGRAM 445 N. 1300 W. SALT LAKE CITY UT 84116	82-1340357	501C3	8,000				GENERAL SUPPORT
(4)	GIRLS ON THE RUN SOUTHERN UTAH PO BOX 1372 ST. GEORGE UT 84770	47-2246689	501C3	7,800				GENERAL SUPPORT
(5)	YOUNG WOMENS CHRISTIAN ASSN OF UTAH 322 EAST 300 SOUTH SALT LAKE CITY UT 84111	87-0212467	501C3	7,800				GENERAL SUPPORT
(6)	AND JUSTICE FOR ALL 205 NORTH 400 WEST SALT LAKE CITY UT 84103	87-0659915	501C3	7,752				GENERAL SUPPORT
(7)	UTAH FOOD BANK 3150 SOUTH 900 WEST SALT LAKE CITY UT 84119	87-0212453	501C3	7,588				GENERAL SUPPORT
(8)	AMERICAN SNOWSPORTS EDUCATION FDN 133 S VAN GORDON ST STE 200 LAKEWOOD CO 80228	23-7191019	501C3	7,560				GENERAL SUPPORT
(9)	FAMILY SUPPORT CENTER 1760 WEST 4805 SOUTH TAYLORSVILLE UT 84129	87-0359719	501C3	7,500				GENERAL SUPPORT

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(1)	HAYES TOUGH 1414 EAST MURRAY HOLLADAY RD SALT LAKE CITY UT 84117	81-4734127	501C3	7,500				GENERAL SUPPORT
(2)	AMERICAN MODERN ENSEMBLE 400 WEST 43RD STREET, SUITE 39S NEW YORK NY 10036	20-3563472	501C3	7,245				GENERAL SUPPORT
(3)	UTAH PRIDE CENTER P.O. BOX 1078 SALT LAKE CITY UT 84110	87-0504077	501C3	7,175				GENERAL SUPPORT
(4)	EDGEWATER ALLIANCE CHURCH 310 N. RIDGEWOOD AVE EDGEWATER FL 32132	59-1995859	501C3	7,000				GENERAL SUPPORT
(5)	OPERATION UNDERGROUND RAILROAD 755 SOUTH MAIN ST , SUITE 194 CEDAR CITY UT 84720	46-3614979	501C3	7,000				GENERAL SUPPORT
(6)	PEREGRINE FUND 5668 WEST FLYING HAWK LANE BOISE ID 83709	23-1969973	501C3	7,000				GENERAL SUPPORT
(7)	LOWER LIGHTS SCHOOL OF WISDOM P.O BOX 3146 SALT LAKE CITY UT 84110	82-2651124	501C3	6,714				GENERAL SUPPORT
(8)	THE CHILDREN'S CENTER 350 SOUTH 400 EAST SALT LAKE CITY UT 84111	87-6114073	501C3	6,675				GENERAL SUPPORT
(9)	FRIENDS OF ALTA P.O. BOX 8126 ALTA UT 84092	94-2856217	501C3	6,600				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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**SCHEDULE I  
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(1)	HIGH COUNTRY NEWS P.O. BOX 1090 PAONIA CO 81428	23-7015336	501C3	6,500				GENERAL SUPPORT
(2)	UNIVERSITY OF UTAH COLLEGE OF EDUCATION 1721 CAMPUS CENTER DR, SAEC 3202 SALT LAKE CITY UT 84112	87-6000525	501C3	6,500				GENERAL SUPPORT
(3)	ASCENSION MUSIC CHORUS AND ORCHESTRA 12 WEST 11TH STREET NEW YORK NY 10011	13-3668472	501C3	6,210				GENERAL SUPPORT
(4)	SALT LAKE ACTING COMPANY 168 WEST 500 NORTH SALT LAKE CITY UT 84103	51-0196527	501C3	6,210				GENERAL SUPPORT
(5)	NATIONAL JAZZ MUSEUM IN HARLEM 58 W 129TH STREET, GROUND FLOOR NEW YORK NY 10027	13-3853627	501C3	6,210				GENERAL SUPPORT
(6)	REPERTORY DANCE THEATRE P.O. BOX 510427 SALT LAKE CITY UT 84101	87-0332580	501C3	6,175				GENERAL SUPPORT
(7)	BEAR RIVER LAND CONSERVANCY P.O. BOX 4565 LOGAN UT 84323	27-4698179	501C3	6,000				GENERAL SUPPORT
(8)	EYE CARE 4 KIDS 6911 S. STATE STREET SALT LAKE CITY UT 84047	87-0675404	501C3	6,000				GENERAL SUPPORT
(9)	FOR THE LUV OF PAWS II INC 8115 WEST OATMAN HIGHWAY GOLDEN VALLEY AZ 86413	05-0627674	501C3	6,000				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)	PITTSBURGH SYMPHONY 600 PENN AVE PITTSBURGH PA 15222	25-0986052	501C3	6,000				GENERAL SUPPORT
(2)	RED ROCK CENTER FOR INDEPENDENCE 168 N 100 E, SUITE 101 ST. GEORGE UT 84770	84-1419008	501C3	6,000				GENERAL SUPPORT
(3)	CITIZENS COMMITTEE TO SAVE OUR CANYON 3690 E FORT UNION BLVD STE 101 COTTONWOOD HEIGHTS UT 84121	74-2443535	501C3	5,800				GENERAL SUPPORT
(4)	HOLY ANGELS CHURCH 370 CAMPUS DRIVE ARCADIA CA 91007	95-2875879	501C3	5,500				GENERAL SUPPORT
(5)	RIRIE-WOODBURY DANCE COMPANY 138 WEST BROADWAY SALT LAKE CITY UT 84101	87-0294341	501C3	5,425				GENERAL SUPPORT
(6)	NATURAL HISTORY MUSEUM OF UTAH 301 WAKARA WAY SALT LAKE CITY UT 84108	87-6000525	501C3	5,425				GENERAL SUPPORT
(7)	WASATCH PUBLIC MEDIA P.O. BOX 510730 SALT LAKE CITY UT 84151	80-0166208	501C3	5,320				GENERAL SUPPORT
(8)	NEEDS BEYOND MEDICINE P.O. BOX 521618 SALT LAKE CITY UT 84152	27-0436521	501C3	5,250				GENERAL SUPPORT
(9)	SALT LAKE ART CENTER 20 SOUTH WEST TEMPLE SALT LAKE CITY UT 84101	87-0221537	501C3	5,175				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)	BRONX OPERA COMPANY INC 5 MINERVA PLACE, SUITE 2J BRONX NY 10468	27-7170675	501C3	5,175				GENERAL SUPPORT
(2)	DANIEL'S MUSIC FOUNDATION 1595 LEXINGTON AVE 2ND FLOOR NEW YORK NY 10029	32-0156199	501C3	5,175				GENERAL SUPPORT
(3)	IMAGINATION THEATRE, INC 568 NORTH ORANGE BLVD PASADENA CA 91103	26-3918119	501C3	5,175				GENERAL SUPPORT
(4)	THEATER 2020, INC 57 MONTAGUE ST, APT 7-I BROOKLYN NY 11201	11-3193180	501C3	5,175				GENERAL SUPPORT
(5)	GERMAN MISSION FOUNDATION 1465 EAST WATERS LANE SANDY UT 84093	82-0650820	501C3	5,100				GENERAL SUPPORT
(6)								
(7)								
(8)								
(9)								

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

Part III can be duplicated if additional space is needed.

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

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

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

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

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

**NECESSARY.**



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

**Open To Public  
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Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

Employer identification number

**THE COMMUNITY FOUNDATION OF UTAH**

**74-3211770**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	<b>X</b>	<b>24</b>	<b>2,455,779</b>	<b>FMV</b>
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests	<b>X</b>	<b>3</b>	<b>1,744,315</b>	<b>FMV</b>
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <b>u</b> ( )				
26 Other <b>u</b> ( )				
27 Other <b>u</b> ( )				
28 Other <b>u</b> ( )				

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

<b>29</b>		
-----------	--	--

	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?		<b>X</b>
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?		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

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**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service

Name of the organization

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

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public  
Inspection**

Employer identification number

**THE COMMUNITY FOUNDATION OF UTAH****74-3211770****FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

THE COMMUNITY FOUNDATION OF UTAH BELIEVES IN A HOLISTIC APPROACH TO CHARITABLE GIVING THROUGH WORKING WITH NONPROFIT ORGANIZATIONS, BUSINESSES, AND INDIVIDUALS TO IDENTIFY AND SUPPORT SOLUTIONS TO THE MOST PRESSING NEEDS IN OUR COMMUNITY. WE SERVE AS A COMMUNITY CONVENER, PIONEERING INNOVATION AND EMBRACING COLLABORATION TO SUPPORT A THRIVING STATE, NOW AND FOR GENERATIONS TO COME. SINCE ESTABLISHMENT IN 2008, CFU HAS FACILITATED OVER \$60 MILLION IN GRANTS TO NONPROFIT ORGANIZATIONS. IN 2019, CFU DISTRIBUTED OVER \$10.2 MILLION TO OVER 300 ORGANIZATIONS IN 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 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, OR 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.

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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, OVER \$500,000 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 & YOUNG.

UTAH GRANTMAKERS ALLIANCE (UGA) - UGA PROVIDES OPPORTUNITIES FOR PRIVATE FOUNDATIONS AND DONOR ADVISED FUNDHOLDERS TO CONNECT WITH PEERS 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.

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## COMMUNITY IMPACT FUNDS

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HOUSING AND HOMELESS FUND (HHF) - HHF 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.

SILICON SLOPES COMPUTER SCIENCE FUND (CSF) IN RESPONSE TO THE NEEDS OF OUR COMMUNITY, THE COMMUNITY FOUNDATION OF UTAH, IN PARTNERSHIP WITH THE SILICON SLOPES COMMUNITY, CREATED CSF AS A PERPETUAL FUNDING STREAM TO PRODUCE QUANTIFIABLE, LASTING K-12 COMPUTER SCIENCE OUTCOMES FOR EDUCATORS AND LEARNERS ACROSS THE STATE. CSF ENABLES INDIVIDUALS, CORPORATIONS, AND FOUNDATIONS TO CONTRIBUTE DONATIONS OF ANY SIZE AND POOL DIVERSE ASSETS TO INVEST IN A COLLECTIVE STRATEGY THAT BENEFITS STUDENTS, TEACHERS, AND OUR STATE IN THE LONG-TERM.

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

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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.

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

Name of the organization

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THE COMMUNITY FOUNDATION OF UTAH

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DOCUMENTS. INDIVIDUALS MAY ALSO REQUEST ADDITIONAL INFORMATION.

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

IMPAIRMENT LOSS	\$	-88,847
LOSS FROM K-1	\$	-224
TOTAL	\$	-89,071

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

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

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



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

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

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

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

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

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

	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.

**2019**

**uGo to** [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

Name

**THE COMMUNITY FOUNDATION OF UTAH**

Employer identification number

**74-3211770**

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

**Part I Required Annual Payment**

<b>1</b> Total tax (see instructions) .....	<b>1</b>	<b>37,333</b>
<b>2a</b> Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	<b>2a</b>	
<b>b</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 .....	<b>2b</b>	
<b>c</b> Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>	
<b>d Total.</b> Add lines 2a through 2c .....	<b>2d</b>	
<b>3</b> Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	<b>3</b>	<b>37,333</b>
<b>4</b> Enter the tax shown on the corporation's 2018 income tax return. See instructions. <b>Caution:</b> 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 .....	<b>4</b>	<b>28,250</b>
<b>5 Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	<b>5</b>	<b>28,250</b>

**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)	
<b>9</b> 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 .....	<b>9</b>	<b>04/15/19</b>	<b>06/15/19</b>	<b>09/15/19</b>	<b>12/15/19</b>
<b>10</b> 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 .....	<b>10</b>	<b>7,063</b>	<b>7,063</b>	<b>7,063</b>	<b>7,061</b>
<b>11</b> Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	<b>11</b>	<b>6,073</b>		<b>10,500</b>	<b>11,727</b>
<i>Complete lines 12 through 18 of one column before going to the next column.</i>					
<b>12</b> Enter amount, if any, from line 18 of the preceding column .....	<b>12</b>				
<b>13</b> Add lines 11 and 12 .....	<b>13</b>			<b>10,500</b>	<b>11,727</b>
<b>14</b> Add amounts on lines 16 and 17 of the preceding column .....	<b>14</b>		<b>990</b>	<b>8,053</b>	<b>4,616</b>
<b>15</b> Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	<b>6,073</b>	<b>0</b>	<b>2,447</b>	<b>7,111</b>
<b>16</b> If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>		<b>990</b>	<b>0</b>	
<b>17</b> 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 .....	<b>17</b>	<b>990</b>	<b>7,063</b>	<b>4,616</b>	<b>0</b>
<b>18</b> Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	<b>18</b>				

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** (2019)

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> 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	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2019 and before 7/1/2019	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 6% (0.06)	<b>22</b>	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2019 and before 10/1/2019	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 5% (0.05)	<b>24</b>	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2019 and before 1/1/2020	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 5% (0.05)	<b>26</b>	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2019 and before 4/1/2020	<b>27</b>			
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{366}$ x 5% (0.05)	<b>28</b>	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2020 and before 7/1/2020	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{366}$ x *%	<b>30</b>	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2020 and before 10/1/2020	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{366}$ x *%	<b>32</b>	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2020 and before 1/1/2021	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{366}$ x *%	<b>34</b>	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2020 and before 3/16/2021	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x *%	<b>36</b>	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36	<b>37</b>	\$	\$	\$
<b>38</b> 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			<b>38</b>	\$ <b>53</b>

\*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](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

**Form 2220 Worksheet**

Form **2220**

**2019**

For calendar year 2019, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name

Employer Identification Number

**THE COMMUNITY FOUNDATION OF UTAH**

**74-3211770**

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u>04/15/19</u>	<u>06/15/19</u>	<u>09/15/19</u>	<u>12/15/19</u>
Amount of underpayment	<u>990</u>	<u>7,063</u>	<u>4,616</u>	

Prior year overpayment applied 6,073

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment		<u>07/19/19</u>	<u>09/19/19</u>	<u>12/10/19</u>	
Amount of payment		<u>10,500</u>	<u>7,500</u>	<u>4,227</u>	

QTR	FROM	TO	UNDERPAYMENT	#DAYS	RATE	PENALTY
1	4/15/19	6/30/19	990	76	6.00	12
1	6/30/19	7/19/19	990	19	5.00	3
2	6/15/19	6/30/19	7,063	15	6.00	17
2	6/30/19	7/19/19	7,063	19	5.00	18
3	9/15/19	9/19/19	4,616	4	5.00	3
<b>TOTAL PENALTY</b>						<b>53</b>

Form **990-T**

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

**2019**

Department of the Treasury  
Internal Revenue Service

For calendar year 2019 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_  
Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
**Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c) ( <input type="checkbox"/> 3 )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year <b>65,669,769</b></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>Print THE COMMUNITY FOUNDATION OF UTAH</b>                  or  <b>Type 2257 SOUTH 1100 EAST, SUITE 205</b>                  Number, street, and room or suite no. If a P.O. box, see instructions.                  City or town, state or province, country, and ZIP or foreign postal code  <b>SALT LAKE CITY UT 84106</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.) <b>74-3211770</b></p> <p><b>E</b> Unrelated business activity code (See instructions.) <b>531120</b></p>
<p><b>F</b> Group exemption number (See instructions.) <b>u</b></p> <p><b>G</b> Check organization type <b>u</b> <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>		

**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**. If only one, complete 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 a 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
<b>1a</b>	Gross receipts or sales			
<b>b</b>	Less returns and allowances			
<b>c</b> Balance <b>u</b>		<b>1c</b>		
<b>2</b>	Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b>	Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b>	Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b>	Capital loss deduction for trusts	<b>4c</b>		
<b>5</b>	Income (loss) from partnership and S corporation (attach statement) <b>SEE STMT 2</b>	<b>5</b>	-224	-224
<b>6</b>	Rent income (Schedule C)	<b>6</b>		
<b>7</b>	Unrelated debt-financed income (Schedule E)	<b>7</b>	184,683	184,683
<b>8</b>	Interest, annuities, royalties, and rents from controlled organization (Schedule F)	<b>8</b>		
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b>	Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b>	Advertising income (Schedule J)	<b>11</b>		
<b>12</b>	Other income (See instructions; attach schedule)	<b>12</b>		
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	<b>13</b>	184,459	184,459

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)			
<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b>	Salaries and wages	<b>15</b>	
<b>16</b>	Repairs and maintenance	<b>16</b>	
<b>17</b>	Bad debts	<b>17</b>	
<b>18</b>	Interest (attach schedule) (see instructions)	<b>18</b>	
<b>19</b>	Taxes and licenses	<b>19</b>	4,406
<b>20</b>	Depreciation (attach Form 4562)	<b>20</b>	
<b>21</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>	
<b>22</b>	Depletion	<b>22</b>	
<b>23</b>	Contributions to deferred compensation plans	<b>23</b>	
<b>24</b>	Employee benefit programs	<b>24</b>	
<b>25</b>	Excess exempt expenses (Schedule I)	<b>25</b>	
<b>26</b>	Excess readership costs (Schedule J)	<b>26</b>	
<b>27</b>	Other deductions (attach schedule) <b>SEE STATEMENT 3</b>	<b>27</b>	1,275
<b>28</b>	<b>Total deductions.</b> Add lines 14 through 27	<b>28</b>	5,681
<b>29</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	<b>29</b>	178,778
<b>30</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>30</b>	
<b>31</b>	Unrelated business taxable income. Subtract line 30 from line 29	<b>31</b>	178,778



Part III Total Unrelated Business Taxable income

Table with 3 columns: Line number, Description, and Amount. Rows include Total of unrelated business taxable income (178,778), Charitable contributions, and Unrelated business taxable income (177,778).

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Rows include Organizations Taxable as Corporations (37,333), Total tax (37,333), and Total (37,333).

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Rows include Foreign tax credit, Total tax (37,333), Total payments (42,300), and Tax due (0).

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

Table with 3 columns: Line number, Description, and Yes/No. Rows include questions about foreign financial accounts and foreign trusts.

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

Preparer information section including name (Richard Scoresby, CPA), firm name (Larson & Company, PC), address (11240 S River Heights Dr Suite 300), and phone number (801-313-1900).

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

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

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

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

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

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

<b>1. Description of debt-financed property</b>		<b>2. Gross income from or allocable to debt-financed property</b>	<b>3. Deductions directly connected with or allocable to debt-financed property</b>	
			<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)
(1)	<b>330 SOUTH STATE LLC</b>	<b>184,683</b>		
(2)				
(3)				
(4)				
<b>4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</b>	<b>5. Average adjusted basis of or allocable to debt-financed property (attach schedule)</b>	<b>6. Column 4 divided by column 5</b>	<b>7. Gross income reportable (column 2 x column 6)</b>	<b>8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))</b>
(1)	<b>36,000,000</b>	<b>27,637,569</b>	<b>100.00 %</b>	<b>184,683</b>
(2)			%	
(3)			%	
(4)			%	
<b>SEE STATEMENT 4 SEE STATEMENT 5</b>			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Totals</b>			<b>184,683</b>	
<b>Total dividends-received deductions</b> included in column 8 <b>u</b>			<b>u</b>	

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

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 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. Row 1 contains 'N/A'.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 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. Rows 1-4 are empty.

Totals row for Schedule F with instructions: 'Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).'

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

Table with 5 columns: 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). Row 1 contains 'N/A'.

Totals row for Schedule G with instructions: 'Enter here and on page 1, Part I, line 9, column (A).'

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

Table with 7 columns: 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, 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).

Totals row for Schedule I with instructions: 'Enter here and on page 1, Part I, line 10, col. (A).'

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss) (col. 2 minus col. 3), 5. Circulation income, 6. Readership costs, 7. Excess readership costs (column 6 minus column 5, but not more than column 4).

Totals row for Schedule J with instruction: '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) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>u</b>					
<b>Totals, Part II (lines 1-5)</b> .....	<b>u</b>	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 26.

**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) <b>N/A</b>		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			<b>u</b>

**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 ACTIVITIES.

**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	\$ -224	\$	\$ -224
TOTAL	\$ -224	\$ 0	\$ -224

**Statement 3 - Form 990-T, Part II, Line 28 - Other Deductions**

Description	Amount
PROFESSIONAL FEES	\$ 1,275
TOTAL	\$ 1,275

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

Description	Deduction
330 SOUTH STATE LLC	
SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH	432,000,000
DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	12
AVERAGE ACQUISITION DEBT	36,000,000

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

Description	Deduction
330 SOUTH STATE LLC	
ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD	27,778,268
ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	27,496,869
	55,275,137
DIVIDED BY 2	2
AVERAGE ADJUSTED BASIS	27,637,569