

2016 Exempt Org. Return
prepared for:

The Community Foundation of Utah
2257 South 1100 East, Suite 205
Salt Lake City, UT 84106

Larson & Company, PC
9065 South 1300 East
Sandy, UT 84094

November 15, 2017

CONFIDENTIAL

The Community Foundation of Utah
2257 South 1100 East, Suite 205
Salt Lake City, UT 84106

Dear The Community Foundation of Utah:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)
Exempt Organization Business Income Tax Return (Form 990-T)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Richard Scoresby, CPA
Larson & Company, PC

Filing Instructions

The Community Foundation of Utah

Exempt Organization Tax Return

Taxable Year Ended December 31, 2016

Date Due: AS SOON AS POSSIBLE

Remittance: None is required. Your Form 990 for the tax year ended 12/31/16 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Larson & Company, PC
9065 South 1300 East
Sandy, UT 84094

Other: Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Forms 990 / 990-EZ Return Summary

For calendar year 2016, or tax year beginning _____, and ending _____

74-3211770

THE COMMUNITY FOUNDATION OF UTAH

Net Asset / Fund Balance at Beginning of Year 31,098,799

Revenue

Contributions	12,949,611
Program service revenue	122,039
Investment income	250,401
Capital gain / loss	661,964

Fundraising / Gaming:

Gross revenue	_____
Direct expenses	_____
Net income	_____

Other income	173,683
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Total revenue

14,157,698

Expenses

Program services	6,360,162
Management and general	175,399
Fundraising	93,059

Total expenses

6,628,620

Excess / (deficit)

7,529,078

Changes

-443,253

Net Asset / Fund Balance at End of Year

38,184,624

Reconciliation of Revenue

Total revenue per financial statements 13,788,346

Less:

Unrealized gains	-298,276
Donated services	15,030
Recoveries	_____
Other	_____

Plus:

Investment expenses	86,106
Other	_____

Total revenue per return 14,157,698

Reconciliation of Expenses

Total expenses per financial statements 6,557,544

Less:

Donated services	15,030
Prior year adjustments	_____
Losses	_____
Other	_____

Plus:

Investment expenses	86,106
Other	_____

Total expenses per return 6,628,620

Balance Sheet

	Beginning	Ending	Differences
Assets	31,336,845	48,438,713	
Liabilities	238,046	10,254,089	
Net assets	31,098,799	38,184,624	7,085,825

Miscellaneous Information

Amended return _____

Return / extended due date 05/15/17

Failure to file penalty _____

Form 990-T Return Summary

For calendar year 2016, or tax year beginning _____, and ending _____

74-3211770

THE COMMUNITY FOUNDATION OF UTAH

Income

Gross profit			
Capital gain / loss			
Unrelated debt-financed income	164,925		
All other income	12,356		
Total income		177,281	

Deductions

Officer compensation			
Salaries			
All other deductions			
Net operating loss			
Specific deduction	1,000		
Total deductions		1,000	

Unrelated business taxable income

176,281

Taxes / Credits / Payments

Regular tax	52,000		
Proxy tax			
Alternative minimum tax			
Tax		52,000	

Foreign tax credit

Other credits

General business credits

Prior year minimum tax credit

Total nonrefundable credits

Other taxes

Total tax

52,000

Estimated tax payments

Paid with extension

Tax withheld

Other credits / payments

Estimated tax penalty

1,599

Overpayment applied to next year's tax

Payments / penalty / application

-1,599

Net tax due

53,599

Additions to Tax

Interest on late payments

1,060

Failure to file penalty

Failure to pay penalty

1,560

Total additions

2,620

Balance due

56,219

Refund

Next Year's Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total	

Miscellaneous Information

Amended return

Return / extended due date 05/15/17

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2016, or fiscal year beginning, 2016, and ending, 20

▶ **Do not send to the IRS. Keep for your records.**▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.****2016**

Name of exempt organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

Name and title of officer

**ALEXANDRA EATON
EXECUTIVE DIRECTOR****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>14,157,698</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **LARSON & COMPANY, PC** to enter my PIN **10655** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **11/15/17****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

87196315355

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **RICHARD SCORESBY, CPA**Date ▶ **11/15/17****ERO Must Retain This Form — See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2016)

Form **990**
Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016
Open to Public Inspection▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.**A For the 2016 calendar year, or tax year beginning**, and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE COMMUNITY FOUNDATION OF UTAH		D Employer identification number 74-3211770
	Doing business as		E Telephone number 801-559-3005
	Number and street (or P.O. box if mail is not delivered to street address) 2257 SOUTH 1100 EAST, SUITE 205		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code SALT LAKE CITY UT 84106		G Gross receipts\$ 23,832,377
F Name and address of principal officer: JERAMY LUND 2257 SOUTH 1100 EAST, SUITE 205 SALT LAKE CITY UT 84106			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.UTAHCF.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2007
			M State of legal domicile: UT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	179,861
b Net unrelated business taxable income from Form 990-T, line 34	7b	176,281	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	14,106,020	12,949,611
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	98,082	122,039
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	395,191	912,365
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,599,293	14,157,698
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,310,847	5,789,137
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	297,173	346,181
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 93,059		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	706,917	493,302
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	11,314,937	6,628,620	
19 Revenue less expenses. Subtract line 18 from line 12	3,284,356	7,529,078	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	31,336,845	48,438,713
	22 Net assets or fund balances. Subtract line 21 from line 20	238,046	10,254,089
		31,098,799	38,184,624

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		Date	
	ALEXANDRA EATON Type or print name and title		EXECUTIVE DIRECTOR	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN self-employed
	RICHARD SCORESBY, CPA	RICHARD SCORESBY, CPA	11/15/17	P00573067
	Firm's name ▶ LARSON & COMPANY, PC	Firm's EIN ▶ 87-0516083		
	Firm's address ▶ 9065 SOUTH 1300 EAST SANDY, UT 84094		Phone no. 801-313-1900	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 \$ **6,360,162** including grants of \$ **5,789,137**) (Revenue \$ **122,039**)

SEE SCHEDULE O

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

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

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

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

4e Total program service expenses **6,360,162**

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>		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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
20b			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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?		
24b			
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?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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
25b			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
29			
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
30			
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			
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
32			
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
33			
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>	X	
34			
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>		
35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			
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
37			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	
38			

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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		X
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ UT**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JERAMY LUND	1.00									
CHAIR	0.00	X		X			0	0	0	
(2) BRENT ANDREWSEN	0.50									
VICE-CHAIR	0.00	X		X			0	0	0	
(3) TRISH COUGHLIN	0.50									
SECRETARY/TREASURER	0.00	X		X			0	0	0	
(4) ELIZABETH TASHJIAN, PHD	0.50									
INVESTMENT COM CHAIR	0.00	X		X			0	0	0	
(5) GREG WARNOCK	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(6) MARY HALL	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(7) SCOTT HUNTSMAN	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(8) KYM MCCLELLAND	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(9) BRENT THOMSON	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(10) DEVIN THORPE	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(11) ALEXANDRA EATON	40.00									
EXECUTIVE DIRECTOR	0.00			X			87,551	0	10,211	

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	335,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,614,611				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		12,949,611				
Program Service Revenue		Busn. Code					
	2a CONTRACTS FOR SERVICES		63,000	63,000			
	b SERVICE FEES & DUES		59,039	59,039			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		122,039					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		250,401		6,178	244,223	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	167,505				
		(ii) Personal					
	b Less: rental exps.						
	c Rental inc. or (loss)	167,505					
	d Net rental income or (loss)		167,505		167,505		
	7a Gross amount from sales of assets other than inventory	(i) Securities	10,336,643				
		(ii) Other					
	b Less: cost or other basis & sales exps.	9,674,679					
	c Gain or (loss)	661,964					
	d Net gain or (loss)		661,964			661,964	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Busn. Code					
11a INCOME FROM LLCS		900099	6,178		6,178		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			6,178				
12 Total revenue. See instructions			14,157,698	122,039	179,861	906,187	

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	5,781,637	5,781,637		
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	7,500	7,500		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	97,762	43,775	32,099	21,888
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	206,002	113,109	48,027	44,866
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,554		5,554	
9 Other employee benefits	14,196		14,196	
10 Payroll taxes	22,667	12,211	5,349	5,107
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	48,596		48,596	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	84,992	84,992		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	7,284	5,828	728	728
13 Office expenses	10,610	8,057	1,492	1,061
14 Information technology	7,198	5,758	720	720
15 Royalties				
16 Occupancy	30,321	24,257	3,032	3,032
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	39,348	39,348		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	3,126	2,500	313	313
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MLCCF ADMIN FEES	125,527	100,421	12,553	12,553
b CULTIVATION PROGRAM	114,923	114,923		
c PAY FOR SUCCESS	4,987	4,987		
d MEMBERSHIP DUES	4,611	3,689	461	461
e All other expenses	11,779	7,170	2,279	2,330
25 Total functional expenses. Add lines 1 through 24e	6,628,620	6,360,162	175,399	93,059
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 SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	2,551,442	1	10,377,874
	2 Savings and temporary cash investments		2	7,580,474
	3 Pledges and grants receivable, net		3	4,050,000
	4 Accounts receivable, net	157,771	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	1,899,886	7	976,000
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	11,500
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10,476	10c
	11 Investments—publicly traded securities	23,690,281	11	22,312,142
	12 Investments—other securities. See Part IV, line 11	2,805,064	12	2,898,508
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	221,925	15	232,215
16 Total assets. Add lines 1 through 15 (must equal line 34)	31,336,845	16	48,438,713	
Liabilities	17 Accounts payable and accrued expenses	15,323	17	11,537
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	222,723	25	10,242,552
	26 Total liabilities. Add lines 17 through 25	238,046	26	10,254,089
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	31,097,799	27	38,184,624
	28 Temporarily restricted net assets	1,000	28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	31,098,799	33	38,184,624	
34 Total liabilities and net assets/fund balances	31,336,845	34	48,438,713	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,157,698
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,628,620
3	Revenue less expenses. Subtract line 2 from line 1	3	7,529,078
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,098,799
5	Net unrealized gains (losses) on investments	5	-298,276
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-144,977
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	38,184,624

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

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

Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,425,891	15,856,846	16,425,964	14,106,020	12,949,611	66,764,332
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7,425,891	15,856,846	16,425,964	14,106,020	12,949,611	66,764,332
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,083,599
6 Public support. Subtract line 5 from line 4.						62,680,733

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	7,425,891	15,856,846	16,425,964	14,106,020	12,949,611	66,764,332
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	87,324	409,478	882,679	395,191	244,223	2,018,895
9 Net income from unrelated business activities, whether or not the business is regularly carried on					176,281	176,281
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	78,608	80,365	90,438	98,082		347,493
11 Total support. Add lines 7 through 10						69,307,001
12 Gross receipts from related activities, etc. (see instructions)					12	122,039
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	90.44%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	96.31%
16a 33 1/3% support test—2016. 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 ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2015. 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 ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2016. 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 ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2015. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2016. 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—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
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.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
3a		
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.		
3b		

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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

\$ 347,493

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2016

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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) (2016)

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	LORRAINE JONES TRUST 298 SOUTH 300 EAST WILLARD UT 84340	\$ 1,238,401	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MAE ROSE JONES TRUST 1185 25TH STREET OGDEN UT 84401	\$ 1,232,220	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DENNIS W. GAY 215 S STATE ST. SUITE 1200 SALT LAKE CITY UT 84111	\$ 954,763	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	DOCTOROW FAMILY 1238 LAKE STREET SALT LAKE CITY UT 84105	\$ 662,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	IHCB 36 SOUTH STATE STREET SALT LAKE CITY UT 84111	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	JANE MARQUARDT 42 KNIGHTSBRIDGE LANE SALT LAKE CITY UT 84103	\$ 468,349	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	SALT LAKE CITY CORPORATION 451 S STATE ST SALT LAKE CITY UT 84111	\$ 300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement with Yes/No checkboxes.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, acreage, and various monitoring questions with Yes/No checkboxes.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures with Yes/No checkboxes and dollar amounts.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	88,650	226,766	202,976	170,654	127,335
b Contributions	27,251	5,276	25,943	300	27,424
c Net investment earnings, gains, and losses	5,351	-1,316	-2,153	32,022	15,895
d Grants or scholarships					
e Other expenditures for facilities and programs	6,832				
f Administrative expenses					
g End of year balance	114,420	88,650	226,766	202,976	170,654

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
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.)

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other OTHER INVESTMENTS	2,898,508	
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,898,508	

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) AGENCY FUNDS	10,242,552	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	10,242,552	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	13,788,346
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-298,276
b	Donated services and use of facilities	2b	15,030
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-283,246
3	Subtract line 2e from line 1	3	14,071,592
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	86,106
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	86,106
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	14,157,698

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

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

1	Total expenses and losses per audited financial statements	1	6,557,544
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	15,030
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	15,030
3	Subtract line 2e from line 1	3	6,542,514
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	86,106
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	86,106
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,628,620

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 X - FIN 48 FOOTNOTE

THE COMMUNITY FOUNDATION ADOPTED THE PROVISIONS OF FASB ASC 74-10-25, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ON SEPTEMBER 1, 2009. ASC 740-10-25 PROVIDES THAT A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS. INCOME TAX POSITIONS MUST MEET A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD AT THE EFFECTIVE DATE TO BE RECOGNIZED UPON THE ADOPTION OF ASC 740-10-25 AND IN SUBSEQUENT PERIODS.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016
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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)	THE OTHER SIDE ACADEMY 667 EAST 100 SOUTH SALT LAKE CITY UT 84102	47-4495796		699,000				
(2)	CORPORATION OF THE PRESIDENT OF THE 50 EAST NORTH TEMPLE, ROOM 1521 SALT LAKE CITY UT 84150	23-7300405		450,674				
(3)	UNIVERSITY OF CONNECTICUT FOUNDATIO 2390 ALUMNI DR., UNIT 3206 STORRS CT 06269	06-6070722		201,000				
(4)	POSITIVE IQ FOUNDATION 9950 SOUTH 300 WEST SANDY UT 84070	47-1997809		180,000				
(5)	THE CATSKILL MOUNTAIN FOUNDATION IN PO BOX 924 HUNTER NY 12442	13-3992139		178,000				
(6)	CONGREGATION KOL AMI 2425 HERITAGE WAY SALT LAKE CITY UT 84109	87-0293863		169,348				
(7)	WATCHTOWER BIBLE & TRACT SOCIETY, I 900 RED MILLS ROAD WALKKILL NY 12589	11-1753577		149,000				
(8)	UNIVERSITY OF UTAH 332 S 1400 E, SUITE 150 SALT LAKE CITY UT 84112-0300	87-6000525		120,675				
(9)	UTAH STATE UNIVERSITY 1540 OLD MAIN HILL LOGAN UT 84322	87-6000528		116,885				

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(1)	SEATTLE OPERA PO BOX 9248 SEATTLE WA 98109-0248	91-0760426		110,000				
(2)	WEBER STATE UNIVERSITY UNIVERSITY DEVELOPMENT OGDEN UT 84408	87-6000535		100,500				
(3)	UNITUS LABS 220 2ND AVE SOUTH, SUITE 201 SEATTLE WA 98104	87-0621367		100,000				
(4)	SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DR. TAMPA FL 33607	36-2191608		100,000				
(5)	BOX ELDER SCHOOL DISTRICT FOUNDATIO 960 SOUTH MAIN STREET BRIGHAM CITY UT 84302-3162	94-2851578		100,000				
(6)	WESTERN RESOURCE ADVOCATES 2260 BASELINE ROAD, SUITE 200 BOULDER CO 80302	84-1113831		90,000				
(7)	UNIVERSITY OF WYOMING AMERICAN HERI 1000 E. UNIVERSITY AVE, DEPT. 3924 LARAMIE WY 82071	83-0201971		75,000				
(8)	UTAH STATE UNIVERSITY FOUNDATION 1490 OLD MAIN HILL LOGAN UT 84322	87-0627128		50,000				
(9)	UTAH PRIDE CENTER P.O. BOX 1078 SALT LAKE CITY UT 84110	87-0504077		41,547				

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(1)	SALT LAKE ART CENTER 20 SOUTH WEST TEMPLE SALT LAKE CITY UT 84101	87-0221537		39,000				
(2)	J.E. COSGRIFF MEMORIAL CATHOLIC SCH 2335 REDONDO AVE SALT LAKE CITY UT 84108	87-6112484		37,000				
(3)	THE MESA C/O STEVEN BLACK LEHI UT 84043	87-0509262		35,000				
(4)	OGDEN SCHOOL FOUNDATION 1950 MONROE BOULEVARD, ROOM #107 OGDEN UT 84401	94-2685413		34,850				
(5)	JUDGE MEMORIAL CATHOLIC HIGH SCHOOL 650 SOUTH 1100 EAST SALT LAKE CITY UT 84102	87-0215468		30,546				
(6)	HOPE FUNDS FOR CANCER RESEARCH 174 BELLEVUE AVE SUITE 208 NEWPORT RI 02840	20-5799367		30,000				
(7)	INTERNATIONAL RESCUE COMMITTEE INC. P.O. BOX 3988 SALT LAKE CITY UT 84110	13-5660870		30,000				
(8)	UPAYA SOCIAL VENTURES PO BOX 9603 SEATTLE WA 98109	80-0713334		28,000				
(9)	PLAN-B THEATER COMPANY 138 WEST 300 SOUTH SALT LAKE CITY UT 84101	87-0542630		27,500				

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(1)	TEAM PO BOX 1986 GRAPEVINE TX 76099	36-2169146		27,000				
(2)	YOUNG WOMENS CHRISTIAN ASSN OF UTAH 322 EAST 300 SOUTH SALT LAKE CITY UT 84111	87-0212467		26,216				
(3)	JEWISH FAMILY SERVICE 1111 EAST BRICKYARD RD. SUITE 218 SALT LAKE CITY UT 84106	87-0227089		25,750				
(4)	WASATCH COMMUNITY GARDENS 824 SOUTH 400 WEST, STE 127 SALT LAKE CITY UT 84101	74-2550359		25,360				
(5)	FICTION COLLECTIVE TWO 1409 E FEDERAL WAY SALT LAKE CITY UT 84102	13-2957841		25,000				
(6)	CHEYENNE FRONTIER DAYS OLD WEST MUS 4610 CAREY AVE CHEYENNE WY 82003	83-0239830		25,000				
(7)	RIVERDALE MENTAL HEALTH ASSOCIATION 5676 RIVERDALE AVENUE, SUITE 202 BRONX NY 10471	13-1930700		25,000				
(8)	AND JUSTICE FOR ALL 205 NORTH 400 WEST SALT LAKE CITY UT 84103	87-0659915		22,043				
(9)	AMIGOS OF HONDURAS 1310 W. 233 N. SUITE 200 CENTERVILLE UT 84014	72-1590055		22,000				

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(1)	COMMUNITY FOUNDATION OF UTAH 2257 SOUTH 1100 EAST, SUITE 205 SALT LAKE CITY UT 84106	74-3211770		20,447				
(2)	ART ACCESS 230 SOUTH 500 WEST, SUITE 125 SALT LAKE CITY UT 84101	87-0413445		20,100				
(3)	NATIONAL CENTER FOR LESBIAN RIGHTS 870 MARKET ST, STE 370 SAN FRANCISCO CA 94102	94-3086885		20,000				
(4)	PERSPECTIVES ENSEMBLE, INC. 870 WEST 181ST ST. #22 NEW YORK NY 10033	13-4128819		18,000				
(5)	HEALTHY ENVIRONMENT ALLIANCE OF UTA 824 SOUTH 400 WEST, SUITE B-111 SALT LAKE CITY UT 84101	84-1409393		16,220				
(6)	THE CENTER FOR WOMEN AND CHILDREN 1433 EAST 840 NORTH OREM UT 84097	87-0405229	I	15,000				
(7)	PITCH HER PRODUCTIONS, INC 1675 YORK AVENUE, APT 11J NEW YORK NY 10128	47-2294609		15,000				
(8)	SEARCH AND CARE, INC. 1844 SECOND AVE NEW YORK NY 10128	23-7444790		15,000				
(9)	HUMANITIES IN FOCUS 255 S. CENTRAL CAMPUS DRIVE SALT LAKE CITY UT 84112	87-6000525		15,000				

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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)	WESTERN FOLKLIFE CENTER 501 RAILROAD STREET ELKO NV 89801	87-0447025		15,000				
(2)	KAYENTA ARTS FOUNDATION 800 N. KAYENTA PARKWAY IVINS UT 84738	90-0642659		15,000				
(3)	BAD DOG ARTS 824 SOUTH 400 WEST, SUITE B129 SALT LAKE CITY UT 84101	87-0568289		15,000				
(4)	UTE CONFERENCE INC 3550 SOUTH MAIN STREET SALT LAKE CITY UT 84115	87-0271884		14,000				
(5)	SPY HOP PRODUCTIONS INC 669 SOUTH WEST TEMPLE, SUITE 202 SALT LAKE CITY UT 84101	87-0642304		13,600				
(6)	CANCER WELLNESS HOUSE, INC. 59 SOUTH 1100 EAST SALT LAKE CITY UT 84102	87-0568405		13,000				
(7)	UNITED WAY OF SALT LAKE 257 EAST 200 SOUTH, SUITE 300 SALT LAKE CITY UT 84111	87-0227091		12,500				
(8)	UNITED JEWISH FEDERATION OF UTAH 2 N MEDICAL DR SALT LAKE CITY UT 84113	87-0282380		12,030				
(9)	WRITERS AT WORK PO BOX 711191 SALT LAKE CITY UT 84171	74-2379346		12,000				

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(1)	HOLY TRINITY GREEK ORTHODOX CHURCH 279 SOUTH 300 WEST SALT LAKE CITY UT 84101	87-0214888		11,763				
(2)	BRIGHAM YOUNG UNIVERSITY LDS PHILANTHROPIES PROVO UT 84604	87-0217280		11,750				
(3)	MINDS MATTER OF SAN FRANCISCO PO BOX 2511 SAN FRANCISCO CA 94126	27-3077640		11,000				
(4)	VOLUNTEERS OF AMERICA OF UTAH INC 435 WEST BEARCAT DRIVE SALT LAKE CITY UT 84115	94-3008720		10,600				
(5)	UTAH ANIMAL ADVOCACY FOUNDATION P.O. BOX 651097 SALT LAKE CITY UT 84165	42-1578128		10,561				
(6)	ST. JUDE CHILDREN'S RESEARCH HOSPIT 501 ST. JUDE PLACE MEMPHIS TN 38105	62-0646012		10,500				
(7)	FRIENDS OF GREAT SALT LAKE 150 SOUTH 600 EAST STE 2B SALT LAKE CITY UT 84102	87-0527602		10,450				
(8)	HUMANE SOCIETY OF UTAH PO BOX 573659 SALT LAKE CITY UT 84157	87-0256350		10,380				
(9)	ACLU OF UTAH FOUNDATION 355 N 300 WEST SALT LAKE CITY UT 84103	87-0439810		10,300				

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Employer identification number
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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)	SHRINERS HOSPITALS FOR CHILDREN - S 1275 E. FAIRFAX ROAD AT VIRGINIA ST SALT LAKE CITY UT 84103	36-2193608		10,060				
(2)	EARLY MUSIC FOUNDATION 10 WEST 68TH STREET NEW YORK NY 10023	51-0185930		10,000				
(3)	WESTMINSTER COLLEGE 1840 SOUTH 1300 EAST SALT LAKE CITY UT 84105	87-0212470		10,000				
(4)	GLOBAL GREENGRANTS FUND 2840 WILDERNESS PLACE, SUITE A BOULDER CO 80301	84-1612422		10,000				
(5)	BLOOMINGDALE SCHOOL OF MUSIC INC 323 WEST 108TH STREET NEW YORK NY 10025	13-2562192		10,000				
(6)	THE INN BETWEEN 340 GOSHEN STREET SALT LAKE CITY UT 84104	47-2329595		10,000				
(7)	YOUNG PEOPLE'S CHORUS OF NEW YORK C 37 WEST 65TH STREET, SECOND FLOOR NEW YORK NY 10023	11-3372980		10,000				
(8)	THEATER BREAKING THROUGH BARRIERS 400 W. 43RD ST., APT. 43R NEW YORK NY 10036	13-3193376		10,000				
(9)	WONDERWORK 411 FIFTH AVE., SUITE 702 NEW YORK NY 10016	27-4159217		10,000				

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016
**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number
74-3211770

Part I General Information on Grants and Assistance

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(1)	DANCE THEATRE OF HARLEM, INC 466 WEST 152ND ST NEW YORK NY 10031	13-2642091		10,000				
(2)	THE ORCHESTRA OF THE BRONX 5 MINERVA PLACE, 2J BRONX NY 10468	13-3940188		10,000				
(3)	CLASSICAL THEATRE OF HARLEM, INC. 566 WEST 159TH ST. #44 NEW YORK NY 10032	13-4046782		10,000				
(4)	SLAVIC GOSPEL ASSOCIATION 6151 COMMONWEALTH DRIVE LOVES PARK IL 61111	36-2428314		10,000				
(5)	BALLETCOLLECTIVE INC 850 AMSTERDAM AVE. 14F NEW YORK NY 10025	45-3021279		10,000				
(6)	FOUR CORNERS SCHOOL OF OUTDOOR EDUC P.O. BOX 1029 MONTICELLO UT 84535	39-1509336		10,000				
(7)	COMMUNITY ANIMAL WELFARE SOCIETY P.O. BOX 160554 CLEARFIELD UT 84016	87-0515959		10,000				
(8)	ARTISTS OF UTAH P.O. BOX 526292 SALT LAKE CITY UT 84152	87-0685214		10,000				
(9)	JORDAN RIVER COMMISSION P.O. BOX 91095 SALT LAKE CITY UT 84109	27-3718105		10,000				

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(1)	I J & JEANNE WAGNER JEWISH COMMUNIT 2 N MEDICAL DR SALT LAKE CITY UT 84113	87-0238425		9,750				
(2)	RACHEL COVEY FOUNDATION 1141 E. WATKINS LANE ALPINE UT 84004	46-1791738		9,672				
(3)	PLANNED PARENTHOOD ASSOCIATION OF U 654 SOUTH 900 EAST SALT LAKE CITY UT 84102	87-0288909		9,429				
(4)	LEHMAN COLLEGE ART GALLERY INC 250 BEDFORD PARK BLVD W BRONX NY 10468	13-3391212		9,000				
(5)	UTAH AIDS FOUNDATION 1408 SOUTH 1100 EAST SALT LAKE CITY UT 84105	87-0455172		8,600				
(6)	FIT TO RECOVER 789 WEST 1390 SOUTH SALT LAKE CITY UT 84104	47-0998466		8,426				
(7)	SALT LAKE EDUCATION FOUNDATION 440 EAST 100 SOUTH STE 118 SALT LAKE CITY UT 84111	74-2563849		8,250				
(8)	KUER ECCLES BROADCAST CENTER SALT LAKE CITY UT 84112	87-6000525		8,100				
(9)	RAPE RECOVERY CENTER 2035 SOUTH 1300 EAST SALT LAKE CITY UT 84105	87-0308785		8,010				

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Schedule I (Form 990) (2016)

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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(1)	NORTHWESTERN UNIVERSITY 1201 DAVIS STREET EVANSTON IL 60208	36-2167817		8,000				
(2)	QUINTET OF THE AMERICAS INC 15 CIRCLE RD DOUGLASTON NY 11363	13-3143311		8,000				
(3)	NEW YORK GILBERT & SULLIVAN PLAYERS 302 WEST 91ST ST. NEW YORK NY 10024	13-2862043		8,000				
(4)	UTAH SHAKESPEARE FESTIVAL FOUNDATIO 351 WEST CENTER STREET CEDAR CITY UT 84720	27-0971826		7,772				
(5)	OUTREACH RESOURCE CENTER 2760 ADAMS AVENUE OGDEN UT 84403	26-2809342		7,500				
(6)	GREEN URBAN LUNCH BOX 340 EAST 400 SOUTH, SUITE 50 SALT LAKE CITY UT 84111	45-4320152		7,500				
(7)	HIGH COUNTRY JUNIOR VOLLEYBALL CLUB 4294 W. ELK RIM RD. SOUTH JORDAN UT 84009	87-0668199		7,500				
(8)	WEBER SCHOOL DISTRICT FOUNDATION 5320 S ADAMS AVE OGDEN UT 84405	87-6164318		7,500				
(9)	FRIENDS OF SUMA (SOUTHERN UTAH MUSE SUMA AT SUU CEDAR CITY UT 84720	87-6000481		7,300				

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Schedule I (Form 990) (2016)

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(1)	LEVINE SCHOOL OF MUSIC 2801 UPTON ST NW WASHINGTON DC 20008	52-1063325		7,135				
(2)	PORTLAND STATE UNIVERSITY COLLEGE PO BOX 751 PORTLAND OR 97201	93-0619733	O	7,135				
(3)	AMERICAN MODERN ENSEMBLE 400 WEST 43RD STREET, SUITE 39S NEW YORK NY 10036	20-3563472		7,000				
(4)	UTAH PUBLIC RADIO 8505 OLD MAIN HILL LOGAN UT 84322	87-6000528		7,000				
(5)	UTAH COMMUNITY ACTION 1307 SOUTH 900 WEST SALT LAKE CITY UT 84104	87-0269683		6,750				
(6)	KUED 101 SOUTH WASATCH DRIVE SALT LAKE CITY UT 84112	87-6000525		6,500				
(7)	CHURCH OF SCIENTOLOGY OF SALT LAKE 1931 SOUTH 1100 EAST SALT LAKE CITY UT 84106	95-2697641		6,300				
(8)	RED ROCK CENTER FOR INDEPENDENCE 168 NORTH 100 EAST, SUITE 101 ST. GEORGE UT 84770	84-1419008		6,250				
(9)	THE CHILDREN'S CENTER 350 SOUTH 400 EAST SALT LAKE CITY UT 84111	87-6114073		6,025				

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Schedule I (Form 990) (2016)

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(1)	ASCENSION MUSIC CHORUS AND ORCHESTR 12 WEST 11TH STREET NEW YORK NY 10011	13-3668472		6,000				
(2)	CHERISH FAMILIES 13504 SOUTH 7530 WEST HERRIMAN UT 84096	38-3924073		6,000				
(3)	UNIVERSITY OF UTAH SCHOOL OF MUSIC 1375 E. PRESIDENTS CIRCLE, RM. 204 SALT LAKE CITY UT 84112	87-6000525		6,000				
(4)	ALZHEIMER'S AND DEMENTIA SOCIETY 168 NORTH 100 EAST #104 ST. GEORGE UT 84770	45-5072504		6,000				
(5)	SALT LAKE ACTING COMPANY 168 WEST 500 NORTH SALT LAKE CITY UT 84103	51-0196527		6,000				
(6)	PIONEER THEATRE COMPANY 300 SOUTH 1400 EAST SALT LAKE CITY UT 84112	87-6000525		6,000				
(7)	ST THOMAS AQUINAS CATHOLIC CHURCH 725 SOUTH 250 EAST HYDE PARK UT 84318	87-0376673		6,000				
(8)	YELLOW DOG WATERSHED PRESERVE P O BOX 5 BIG BAY MI 49808	38-3251163		6,000				
(9)	FRIENDS OF UTAH AVALANCHE FORECAST PO BOX 521353 SALT LAKE CITY UT 84152	87-0481453		6,000				

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Schedule I (Form 990) (2016)

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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(1)	SALT LAKE COMMUNITY COLLEGE PO BOX 30808 SALT LAKE CITY UT 84130	87-6000448		5,750				
(2)	UTAH FOOD BANK 3150 SOUTH 900 WEST SALT LAKE CITY UT 84119	87-0212453		5,705				
(3)	ST. ANNE'S SHELTER/LANTERN HOUSE 269 W. 3300 S. OGDEN UT 84401	87-0368808		5,500				
(4)	UTAH COALITION OF LA RAZA 429 SOUTH 800 EAST SALT LAKE CITY UT 84102	87-0490171		5,500				
(5)	HIGH COUNTRY NEWS DEVELOPMENT DEPARTMENT PAONIA CO 81428	23-7015336		5,500				
(6)	HUNTSMAN CANCER FOUNDATION 500 HUNTSMAN WAY SALT LAKE CITY UT 84108	87-0541293		5,415				
(7)	HOLY ANGELS CHURCH 370 CAMPUS DRIVE ARCADIA CA 91007	95-2875879		5,400				
(8)	MALIHEH FREE CLINIC 415 EAST 3900 SOUTH SALT LAKE CITY UT 84107	20-2313461		5,275				
(9)	SALT LAKE SCHOOL FOR THE PERFORMING 2291 SOUTH 2000 EAST SALT LAKE CITY UT 84106	76-0817473		5,250				

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Schedule I (Form 990) (2016)

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(1)	GRASSROOTS SHAKESPEARE COMPANY 876 S MAIN ST OREM UT 84058	45-1913269		5,250				
(2)	RONALD MCDONALD HOUSE CHARITIES OF 935 EAST TEMPLE SALT LAKE CITY UT 84102	74-2386043		5,140				
(3)	HOPE CLINIC INC 65 EAST 6850 SOUTH MIDVALE UT 84047	27-1095505		5,100				
(4)	WASATCH PUBLIC MEDIA PO BOX 510730 SALT LAKE CITY UT 84151	80-0166208		5,060				
(5)								
(6)								
(7)								
(8)								
(9)								

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Schedule I (Form 990) (2016)

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

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Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770**FORM 990 - ORGANIZATION'S MISSION**

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

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

THE COMMUNITY FOUNDATION OF UTAH IS CATALYST FOR GENERATIONAL PHILANTHROPY THAT IS EFFECTIVE, SUSTAINABLE, AND INNOVATIVE. WE ACT AS STEWARD FOR COMMUNITY FUNDS THAT FOCUS ON THE PEOPLE, PLACES, CAUSES, AND RESOURCES IN UTAH. IN 2016, THE COMMUNITY FOUNDATION OF UTAH DISTRIBUTED 659 GRANTS, TOTALING OVER \$4 MILLION, TO AREAS AS DIVERSE AS OUR FUND HOLDERS - FROM ARTS & CULTURE TO ANIMAL WELFARE, TO EDUCATION AND ENVIRONMENT. THE COMMUNITY FOUNDATION OF UTAH 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 A CAPACITY-BUILDING PROGRAM FOR RURAL NONPROFIT LEADERS ACROSS UTAH. IIS PROVIDES AN INTENSE AND IMMERSIVE PROGRAM INCLUDING TRAINING ON BOARD GOVERNANCE, ORGANIZATIONAL FINANCE, MARKETING, LEADING CHANGE, AND ADVOCACY.

Name of the organization

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

LOVE UT GIVE TUESDAY (LUGT) – LUGT IS AN ANNUAL 24-HOUR DAY OF GIVING TO SUPPORT UTAH'S NONPROFIT SECTOR. MORE THAN \$5 MILLION HAS BEEN GIVEN THROUGH TWENTY THOUSAND DONORS SINCE 2012.

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, \$347,000 HAS BEEN AWARDED TO ORGANIZATIONS THROUGH THE PROGRAM.

COMMUNITY LEADERSHIP

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

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

Name of the organization

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH**74-3211770**

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

COMMUNITY IMPACT FUNDS

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

HOUSING AND HOMELESS PREVENTION FUND (HPF) – HPF SUPPORTS HOUSING AND HOMELESS SERVICE PROVIDERS BASED ON COLLECTIVE IMPACT OUTCOMES ADOPTED BY SALT LAKE CITY AND SALT LAKE COUNTY.

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

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

WOMEN'S GIVING CIRCLES (WGC) – THE UTAH WOMEN'S GIVING CIRCLE AND THREE CORNERS WOMEN'S GIVING CIRCLE LEVERAGE MODEST, INDIVIDUAL DONATIONS INTO A POWERFUL INVESTMENTS FOR PROGRAMS THAT EMPOWER WOMEN AND GIRLS IN UTAH.

Name of the organization

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Employer identification number

74-3211770

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

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
BOARD MEMBERS AND THE EXECUTIVE DIRECTOR 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 EXECUTIVE DIRECTOR. THE BOARD APPROVES SALARY
AMOUNTS. THE EXECUTIVE COMMITTEE, WITH THE INPUT OF ALL DIRECTORS, CONDUCTS
AN ANNUAL REVIEW AND THEN MAKES ANY RECOMMENDATIONS FOR CHANGES TO SALARY
TO THE ENTIRE BOARD.

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

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016**Open to Public
Inspection**

Employer identification number

74-3211770**THE COMMUNITY FOUNDATION OF UTAH****Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

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

[The page contains a series of horizontal dotted lines for providing supplemental information.]

Filing Instructions

The Community Foundation of Utah

Exempt Organization Business Tax Return

Taxable Year Ended December 31, 2016

Date Due: AS SOON AS POSSIBLE

Remittance: Your Form 990-T for the tax year ended 12/31/16 shows a balance due of \$56,219. No remittance is to be filed with Form 990-T, but a payment in the amount of \$56,219 should be made by a method of Electronic Funds Transfer (EFT) on or before the above date. If using the ACH Debit Remittance Method, contact the EFTPS Financial Agent of the U.S. Treasury and direct the Agent to initiate a withdrawal from your account. If using the ACH Credit Remittance Method, contact your financial institution to initiate this tax payment.

Mail To: Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

If a private delivery service is used, mail to:
OSPC
1973 Rulon White Blvd.
Ogden, UT 84201-1000

Signature: The return should be signed and dated on Page 2 by an officer representing the organization.

Other: Initial and date the copy of the return, and retain it for your records.

Form **990-T**

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

OMB No. 1545-0687

2016

Department of the Treasury
Internal Revenue Service

For calendar year 2016 or other tax year beginning _____, and ending _____
 ▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
 ▶ 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>A <input checked="" type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(C) (3)</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year 48,438,713</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)</p> <p>THE COMMUNITY FOUNDATION OF UTAH</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 2257 SOUTH 1100 EAST, SUITE 205</p> <p>City or town, state or province, country, and ZIP or foreign postal code SALT LAKE CITY UT 84106</p> <p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p>D Employer identification number (Employees' trust, see instructions.)</p> <p>74-3211770</p> <p>E Unrelated business activity codes (See instructions.)</p> <p>531120 900099</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

H Describe the organization's primary unrelated business activity.
▶ **SEE STATEMENT 1**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation.
▶

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement) SEE STMT 2	5	6,178	6,178
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7	164,925	164,925
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule) SEE STMT 3	12	6,178	6,178
13	Total. Combine lines 3 through 12	13	177,281	177,281

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages	15		
16	Repairs and maintenance	16		
17	Bad debts	17		
18	Interest (attach schedule)	18		
19	Taxes and licenses	19		
20	Charitable contributions (See instructions for limitation rules)	20		
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		0
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25		
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		
28	Other deductions (attach schedule)	28		
29	Total deductions. Add lines 14 through 28	29		
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		177,281
31	Net operating loss deduction (limited to the amount on line 30)	31		
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		177,281
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33		1,000
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		176,281

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Rows include Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), Tax on Non-Compliant Facility Income (39), and Total (40).

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Rows include Foreign tax credit (41a-41e), Subtract line 41e from line 40 (42), Other taxes (43), Total tax (44), Payments (45a-45g), Total payments (46), Estimated tax penalty (47), Tax due (48), Overpayment (49), and Refunded (50).

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

Table with 3 columns: Question, Yes, No. Rows include interest in foreign country (51), foreign trust (52), and tax-exempt interest (53).

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. EXECUTIVE DIRECTOR

Paid Preparer Use Only: Print/Type preparer's name: RICHARD SCORESBY, CPA; Preparer's signature: RICHARD SCORESBY, CPA; Date: 11/15/17; Check if self-employed; PTIN: P00573067; Firm's name: LARSON & COMPANY, PC; Firm's EIN: 87-0516083; Firm's address: 9065 SOUTH 1300 EAST SANDY, UT 84094; Phone no.: 801-313-1900

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

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

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

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

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

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) 333 SOUTH STATE LLC		167,505		
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 32,675,467	33,187,712	98.46%	164,925	
(2)		%		
(3)		%		
(4)		%		
SEE STATEMENT 4 SEE STATEMENT 5			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals ►			164,925	
Total dividends-received deductions included in column 8 ►				

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

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

Nonexempt Controlled Organizations

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

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

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

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

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

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

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

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

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

Form **2220****Underpayment of Estimated Tax by Corporations**

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return.

2016▶ Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

Name

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

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

Part I Required Annual Payment

1 Total tax (see instructions)	1	52,000
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
c Credit for federal tax paid on fuels (see instructions)	2c	
d Total. Add lines 2a through 2c	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation doesn't owe the penalty	3	52,000
4 Enter the tax shown on the corporation's 2015 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	52,000

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 doesn't owe a penalty. See instructions.

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

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in column (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	04/15/16	06/15/16	09/15/16	12/15/16
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	13,000	13,000	13,000	13,000
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions.				
Complete lines 12 through 18 of one column before going to the next column.				
12 Enter amount, if any, from line 18 of the preceding column				
13 Add lines 11 and 12				
14 Add amounts on lines 16 and 17 of the preceding column		13,000	26,000	39,000
15 Subtract line 14 from line 13. If zero or less, enter -0-	0	0	0	0
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-		13,000	26,000	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	13,000	13,000	13,000	13,000
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column				

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** (2016)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C Corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19	SEE WORKSHEET		
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2016 and before 7/1/2016	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{366}$ x 4% (0.04)	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2016 and before 10/1/2016	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{366}$ x 4% (0.04)	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2016 and before 1/1/2017	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{366}$ x 4% (0.04)	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2016 and before 4/1/2017	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 4% (0.04)	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2017 and before 7/1/2017	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x %	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2017 and before 10/1/2017	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x %	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2017 and before 1/1/2018	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x %	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2017 and before 3/16/2018	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x %	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns			38	\$ 1,599

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

Form 2220 Worksheet

Form **2220****2016**

For calendar year 2016, 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>04/15/16</u>	<u>06/15/16</u>	<u>09/15/16</u>	<u>12/15/16</u>
Amount of underpayment	<u>13,000</u>	<u>13,000</u>	<u>13,000</u>	<u>13,000</u>

Prior year overpayment applied _____

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment	_____	_____	_____	_____	_____
Amount of payment	_____	_____	_____	_____	_____

QTR	FROM	TO	UNDERPAYMENT	#DAYS	RATE	PENALTY
1	4/15/16	5/15/17	13,000	395	4.00	563
2	6/15/16	5/15/17	13,000	334	4.00	476
3	9/15/16	5/15/17	13,000	242	4.00	345
4	12/15/16	5/15/17	13,000	151	4.00	215
TOTAL PENALTY						1,599

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

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

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

<u>Name of Partnership or S-Corp</u>	<u>Gross Income</u>	<u>Direct Deductions (Part. only)</u>	<u>Net Income</u>
INCOME FROM LLCS	\$ 6,178	\$	\$ 6,178
TOTAL	\$ 6,178	\$ 0	\$ 6,178

Statement 3 - Form 990-T, Part I, Line 12 - Other Income

<u>Description</u>	<u>Amount</u>
TOTAL	\$ 6,178
	\$ 6,178

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

<u>Description</u>	<u>Deduction</u>
333 SOUTH STATE LLC	
SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH	392,105,598
DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	12
AVERAGE ACQUISITION DEBT	32,675,467

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

<u>Description</u>	<u>Deduction</u>
333 SOUTH STATE LLC	
ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD	33,618,721
ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	32,756,703
	66,375,424
DIVIDED BY 2	2
AVERAGE ADJUSTED BASIS	33,187,712

Interest and Penalty Worksheets

Form 990-T

2016

For calendar year 2016, or tax year beginning , and ending

Name THE COMMUNITY FOUNDATION OF UTAH

Taxpayer Identification Number 74-3211770

Interest on Late Payments and Failure to File Worksheet

Table with 6 columns: Description, Amount, Balance, No. of Days, Rate, Late Interest. Rows include TAX ON RETURN 5/15, INTEREST 5/16-6/30, INTEREST 7/1-9/30, INTEREST 10/1-11/15, FAILURE TO FILE, 6 MONTHS.

Total interest on late payments 1,060
Total failure to file penalty CALC'D TO MAXIMUM / SUPPRESSED ON RETURN 11,939

Failure to Pay Penalty Worksheet

Table with 5 columns: Description, Amount, Balance, No. of Months, FTP Penalty. Row includes TAX FOR PENALTY 5/15-11/15.

Total failure to pay penalty 1,560

Federal Statements

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 244,223		14			
	6,178	900099				
TOTAL	<u>\$ 250,401</u>					

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
DONOR RELATIONS	\$ 4,299	\$ 4,299	\$	\$
COMMUNITY EVENTS	4,207	1,052	1,052	2,103
FURNISHINGS	2,273	1,819	227	227
DEFERRED EXPENSE	1,000		1,000	
TOTAL	\$ <u>11,779</u>	\$ <u>7,170</u>	\$ <u>2,279</u>	\$ <u>2,330</u>

Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
GOVERNMENT GRANTS OR CONTRIBUTIONS	\$ 335,000
OTHER	<u>12,614,611</u>
TOTAL	<u>\$ 12,949,611</u>

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
BRAD WILLIAM DICKSON	\$ 492,600	\$
DOCTOROW FAMILY	1,337,650	
JOSEPH GRENNY	5,469,739	4,083,599
TODD HEINER	350,000	
ADRIAN N. HOBDEN	1,014,002	
J. DARWIN COLBY TRUST	386,327	
DAVID J. LUDLOW	800,003	
PULOS TRUST	1,007,673	
UTAH JEWISH ENDOWMENT TRUST	618,814	
HAROLD R. CANNON	350,000	
LORRAINE JONES TRUST	1,238,401	
MAE ROSE JONES TRUST	1,232,220	
DENNIS W. GAY	954,763	
THE ALEXIS JAYDEN SHORT IRREVOCABLE	247,004	
THE DARREN DAVID SHORT IRREVOCABLE	247,003	
GEOFFREY WOOLLEY	232,066	
LORRAINE B. WATERHOUSE	203,206	
JANE MARQUARDT	468,349	
TOTAL	<u>\$ 16,649,820</u>	<u>\$ 4,083,599</u>

Federal Statements**Schedule A, Part II, Line 8(e)**

Description	Amount
	\$ 244,223
TOTAL	\$ 244,223

Schedule A, Part II, Line 9(e)

Description	Amount
	\$ 6,178
INCOME FROM LLCS	6,178
333 SOUTH STATE LLC	164,925
LESS: DEDUCTIONS	-1,000
TOTAL	\$ 176,281

Schedule A, Part II, Line 12 - Current year

Description	Amount
CONTRACTS FOR SERVICES	\$ 63,000
SERVICE FEES & DUES	59,039
TOTAL	\$ 122,039

Federal Statements

Prior period adjustments

<u>Description</u>	<u>Amount</u>
PRIOR PERIOD AUDIT ADJUSTMENT	\$ <u>-144,977</u>
TOTAL	\$ <u><u>-144,977</u></u>

Filing Instructions

The Community Foundation of Utah

Exempt Organization Business Tax Return

Taxable Year Ended December 31, 2016

Date Due: AS SOON AS POSSIBLE

Remittance: Your Form 990-T for the tax year ended 12/31/16 shows a balance due of \$45,161. No remittance is to be filed with Form 990-T, but a payment in the amount of \$45,161 should be made by a method of Electronic Funds Transfer (EFT) on or before the above date. If using the ACH Debit Remittance Method, contact the EFTPS Financial Agent of the U.S. Treasury and direct the Agent to initiate a withdrawal from your account. If using the ACH Credit Remittance Method, contact your financial institution to initiate this tax payment.

Mail To: Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

If a private delivery service is used, mail to:
OSPC
1973 Rulon White Blvd.
Ogden, UT 84201-1000

Signature: The return should be signed and dated on Page 2 by an officer representing the organization.

Other: Initial and date the copy of the return, and retain it for your records.

The Community Foundation of Utah
2257 South 1100 East, Suite 205
Salt Lake City, UT 84106

**Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027**

AMENDED

Form 990-T

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

OMB No. 1545-0687

2016

Department of the Treasury Internal Revenue Service

For calendar year 2016 or other tax year beginning and ending Information about Form 990-T and its instructions is available at www.irs.gov/form990t. 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

Header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year 48,438,713; D Employer identification number 74-3211770; E Unrelated business activity codes 531120, 900099; F Group exemption number; G Check organization type 501(c) corporation.

H Describe the organization's primary unrelated business activity: SEE STATEMENT 1. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No.

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

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows 1a-13 showing income items like Gross receipts, Cost of goods sold, and Total income of 172,143.

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows 14-34 showing deductions like Compensation of officers, Charitable contributions, and Unrelated business taxable income of 149,240.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34 ▶ 35c 41,454
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ▶ 36
37 Proxy tax. See instructions ▶ 37
38 Alternative minimum tax 38
39 Tax on Non-Compliant Facility Income. See instructions 39
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies 40 41,454

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a	
b Other credits (see instructions) 41b	
c General business credit. Attach Form 3800 (see instructions) 41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827) 41d	
e Total credits. Add lines 41a through 41d 41e	
42 Subtract line 41e from line 40 42 41,454	
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.) 43	
44 Total tax. Add lines 42 and 43 44 41,454	
45a Payments: A 2015 overpayment credited to 2016 45a	
b 2016 estimated tax payments 45b	
c Tax deposited with Form 8868 45c	
d Foreign organizations: Tax paid or withheld at source (see instructions) 45d	
e Backup withholding (see instructions) 45e	
f Credit for small employer health insurance premiums (Attach Form 8941) 45f	
g Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ▶ 45g	
46 Total payments. Add lines 45a through 45g 46	
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ <input checked="" type="checkbox"/> 47 1,274	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed ▶ 48 42,728	
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶ 49	
50 Enter the amount of line 49 you want: Credited to 2017 estimated tax ▶ Refunded ▶ 50	

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

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶	Yes	No
		X
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		

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.

Signature of officer: _____ Date: _____ Title: **CEO**

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

Paid Preparer Use Only	Print/Type preparer's name RICHARD SCORESBY, CPA	Preparer's signature RICHARD SCORESBY, CPA	Date 12/13/17	Check <input type="checkbox"/> if self-employed	PTIN P00573067
	Firm's name ▶ LARSON & COMPANY, PC	Firm's EIN ▶ 87-0516083			
	Firm's address ▶ 9065 SOUTH 1300 EAST SANDY, UT 84094	Phone no. 801-313-1900			

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

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

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

1. Description of property

(1) **N/A**

(2)

(3)

(4)

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

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

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

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1) 333 SOUTH STATE LLC	167,505			
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 32,675,467	32,979,462	99.08 %	165,964	
(2)		%		
(3)		%		
(4)		%		
SEE STATEMENT 3 SEE STATEMENT 4			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals			165,964	
Total dividends-received deductions included in column 8				

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

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

Nonexempt Controlled Organizations

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

Totals ▶

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

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

Totals ▶

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

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

Totals ▶

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

Totals (carry to Part II, line (5)) ▶

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

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

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

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

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

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

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

<u>Name of Partnership or S-Corp</u>	<u>Gross Income</u>	<u>Direct Deductions (Part. only)</u>	<u>Net Income</u>
UTFC FUND II LLC	\$ 6,222	\$	\$ 6,222
WASATCH VENTURE FUND LLC	-43		-43
TOTAL	\$ 6,179	\$ 0	\$ 6,179

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

<u>Description</u>	<u>Deduction</u>
333 SOUTH STATE LLC	
SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH	392,105,598
DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	12
AVERAGE ACQUISITION DEBT	<u>32,675,467</u>

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

<u>Description</u>	<u>Deduction</u>
333 SOUTH STATE LLC	
ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD	33,618,721
ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	32,340,202
	65,958,923
DIVIDED BY 2	2
AVERAGE ADJUSTED BASIS	<u>32,979,462</u>

Form **2220**

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return.

▶ Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

2016

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

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

Part I Required Annual Payment

1 Total tax (see instructions)	1	41,454
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
c Credit for federal tax paid on fuels (see instructions)	2c	
d Total. Add lines 2a through 2c	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation doesn't owe the penalty	3	41,454
4 Enter the tax shown on the corporation's 2015 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	41,454

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 doesn't owe a penalty. See instructions.

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

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in column (a) through (d) the 15th day of the 4th (<i>Form 990-PF filers:</i> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	04/15/16	06/15/16	09/15/16	12/15/16
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	10,364	10,364	10,364	10,362
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions. <i>Complete lines 12 through 18 of one column before going to the next column.</i>	11				
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				
14 Add amounts on lines 16 and 17 of the preceding column	14		10,364	20,728	31,092
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0	0	0	0
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		10,364	20,728	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	10,364	10,364	10,364	10,362
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

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

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2016)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <i>(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.)</i> See instructions	19	SEE WORKSHEET		
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2016 and before 7/1/2016	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{366}$ x 4% (0.04)	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2016 and before 10/1/2016	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{366}$ x 4% (0.04)	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2016 and before 1/1/2017	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{366}$ x 4% (0.04)	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2016 and before 4/1/2017	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 4% (0.04)	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2017 and before 7/1/2017	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x %	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2017 and before 10/1/2017	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x %	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2017 and before 1/1/2018	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x %	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2017 and before 3/16/2018	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x %	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns			38	\$ 1,274

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

Form 2220 Worksheet

Form **2220**

2016

For calendar year 2016, or tax year beginning , and ending

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

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u>04/15/16</u>	<u>06/15/16</u>	<u>09/15/16</u>	<u>12/15/16</u>
Amount of underpayment	<u>10,364</u>	<u>10,364</u>	<u>10,364</u>	<u>10,362</u>

Prior year overpayment applied _____

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment	_____	_____	_____	_____	_____
Amount of payment	_____	_____	_____	_____	_____

QTR	FROM	TO	UNDERPAYMENT	#DAYS	RATE	PENALTY
1	4/15/16	5/15/17	10,364	395	4.00	449
2	6/15/16	5/15/17	10,364	334	4.00	379
3	9/15/16	5/15/17	10,364	242	4.00	275
4	12/15/16	5/15/17	10,362	151	4.00	171
TOTAL PENALTY						1,274

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