

Form **990**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2017**  
**Open to Public Inspection**

**A For the 2017 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

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

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

**D** Employer identification number: **74-3211770**  
**E** Telephone number: **801-559-3005**  
**G** Gross receipts \$: **42,458,500**

**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?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

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

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

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

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>7</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>14</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>173,317</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>163,503</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>12,949,611</b>	<b>24,417,104</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>122,039</b>	<b>104,120</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>912,365</b>	<b>1,349,563</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>173,684</b>	<b>173,317</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>14,157,699</b>	<b>26,044,104</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>5,789,137</b>	<b>12,592,082</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>0</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>346,181</b>	<b>263,461</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>82,023</b>		<b>0</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>493,302</b>	<b>604,360</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>6,628,620</b>	<b>13,459,903</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>7,529,079</b>	<b>12,584,201</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>48,438,713</b>	<b>52,684,147</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>10,254,089</b>	<b>405,005</b>
		<b>38,184,624</b>	<b>52,279,142</b>

**Part II Signature Block**

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

**Sign Here**

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

**Paid Preparer Use Only**

Print/Type preparer's name: **RICHARD SCORESBY, CPA** Preparer's signature: **RICHARD SCORESBY, CPA** Date: **11/15/18** 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**

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

**SEE SCHEDULE O**

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**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 \$ **13,096,653** including grants of \$ **12,592,082** ) (Revenue \$ **104,120** )

**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 **13,096,653**

**Part IV Checklist of Required Schedules**

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

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

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	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>	<b>X</b>	
<b>22</b>	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>		<b>X</b>
<b>23</b>	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>		<b>X</b>
<b>24a</b>	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>		<b>X</b>
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>b</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>		<b>X</b>
<b>26</b>	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>		<b>X</b>
<b>27</b>	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>		<b>X</b>
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b>	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>		<b>X</b>
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>X</b>	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b>	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>		<b>X</b>
<b>33</b>	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>		<b>X</b>
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	<b>X</b>	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</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>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b>	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>		<b>X</b>
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

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

Input box for Schedule O

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (11), 1b (11), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

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

Section C. Disclosure

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

ALEXANDRA EATON 2257 SOUTH 1100 EAST, STE 205 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) BRAD DICKSON	1.00									
SECRETARY	0.00	X		X			0	0	0	
(3) DIANA GEORGE	0.75									
TREASURER	0.00	X		X			0	0	0	
(4) MIKELLE BARBERI-WEIL	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(5) SCOTT HUNTSMAN	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(6) LINDSEY KNEUVEN	0.75									
BOARD MEMBER	0.00	X					0	0	0	
(7) KYM MCCLELLAND	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(8) ADAM SLOVIK	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(9) MARTY TATE	0.75									
BOARD MEMBER	0.00	X					0	0	0	
(10) BRENT THOMSON	0.75									
BOARD MEMBER	0.00	X					0	0	0	
(11) DEVIN THORPE	0.50									
BOARD MEMBER	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(12) BRENT ANDREWS EN	1.00									
VICE-CHAIR	0.00	X		X			0	0	0	
(13) TRISH COUGHLIN	1.00									
SECRETARY/TREASURER	0.00	X		X			0	0	0	
(14) MARY HALL	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(15) SCOTT HUNTSMAN	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(16) ALEXANDRA EATON	40.00									
CEO	1.00			X			91,177	0	10,319	
<b>1b Sub-total</b>							<b>91,177</b>		<b>10,319</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>91,177</b>		<b>10,319</b>	

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	8,095				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	24,409,009				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		21,304,876				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	24,417,104				
<b>Program Service Revenue</b>		<b>Busn. Code</b>					
	<b>2a</b> CONTRACTS FOR SERVICES	900099	70,000	70,000			
	<b>b</b> SERVICE FEES & DUES	900099	34,120	34,120			
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f	<b>u</b>	104,120					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	745,407			745,407	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	(i) Real	174,205				
		(ii) Personal					
	<b>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)	174,205					
	<b>d</b> Net rental income or (loss)	<b>u</b>	174,205			174,205	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	17,018,552				
		(ii) Other					
	<b>b</b> Less: cost or other basis & sales exps.	16,414,396					
	<b>c</b> Gain or (loss)	604,156					
	<b>d</b> Net gain or (loss)	<b>u</b>	604,156			604,156	
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events		<b>u</b>					
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>					
Miscellaneous Revenue		<b>Busn. Code</b>					
<b>11a</b> UTFC FUND II LLC	900099	3,442		3,442			
<b>b</b> QUADDEX LABS, INC.	900099	-540		-540			
<b>c</b> ICIP LLC	900099	-3,790		-3,790			
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d	<b>u</b>	-888					
<b>12 Total revenue.</b> See instructions.	<b>u</b>	26,044,104	104,120	173,317	1,349,563		

**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	12,590,977	12,590,977		
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	1,105	1,105		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	101,496	45,589	33,113	22,794
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	130,507	41,264	54,673	34,570
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,771		4,771	
9 Other employee benefits	7,113		7,113	
10 Payroll taxes	19,574	9,260	5,926	4,388
11 Fees for services (non-employees):				
a Management				
b Legal	37,316	18,326	16,700	2,290
c Accounting	38,335		38,335	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	118,662	118,662		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	181,941	113,496	54,257	14,188
12 Advertising and promotion	2,379	1,903	238	238
13 Office expenses	12,995	9,542	2,154	1,299
14 Information technology	5,709	4,567	571	571
15 Royalties				
16 Occupancy	31,231	24,985	3,123	3,123
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	34,304	34,304		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,991	1,593	199	199
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 <b>CULTIVATION PROGRAM</b>	72,126	72,126		
b <b>UBIT INCOME TAXES</b>	60,396		60,396	
c <b>MEMBERSHIP DUES</b>	7,103	5,683	710	710
d <b>DONOR RELATIONS</b>	2,620	2,620		
e All other expenses	-2,748	651	-1,052	-2,347
25 Total functional expenses. Add lines 1 through 24e	13,459,903	13,096,653	281,227	82,023
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	10,377,874	1	1,652,806
	2	Savings and temporary cash investments	7,580,474	2	7,236,725
	3	Pledges and grants receivable, net	4,050,000	3	529,359
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	976,000	7	10,302,781
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	11,500	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b	Less: accumulated depreciation	10b	10c	
	11	Investments—publicly traded securities	22,312,142	11	29,310,084
	12	Investments—other securities. See Part IV, line 11	2,898,508	12	3,388,334
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	232,215	15	264,058
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	48,438,713	16	52,684,147	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	11,537	17	139,139
	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	265,866
	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	10,242,552	25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	10,254,089	26	405,005
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	38,184,624	27	52,279,142
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	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	<b>Total net assets or fund balances</b>	38,184,624	33	52,279,142	
34	<b>Total liabilities and net assets/fund balances</b>	48,438,713	34	52,684,147	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>26,044,104</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>13,459,903</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>12,584,201</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>38,184,624</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>1,559,879</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	<b>-49,560</b>
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	<b>-2</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>52,279,142</b>

**Part XII Financial Statements and Reporting**

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

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

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

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

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization

**THE COMMUNITY FOUNDATION OF UTAH**

Employer identification number

**74-3211770**

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,856,846	16,425,964	14,106,020	12,949,611	24,417,104	83,755,545
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	15,856,846	16,425,964	14,106,020	12,949,611	24,417,104	83,755,545
<b>5</b> 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)						16,088,008
<b>6</b> Public support. Subtract line 5 from line 4.						67,667,537

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4	15,856,846	16,425,964	14,106,020	12,949,611	24,417,104	83,755,545
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	409,478	882,679	395,191	250,401	745,407	2,683,156
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on				171,143	163,503	334,646
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	80,365	90,438	98,082			268,885
<b>11 Total support.</b> Add lines 7 through 10						87,042,232

**12** Gross receipts from related activities, etc. (see instructions) 12 104,120

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	77.74 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14	15	90.44 %

**16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Percentage, %. Row 15: Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) = 15%. Row 16: Public support percentage from 2016 Schedule A, Part III, line 15 = 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Percentage, %. Row 17: Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) = 17%. Row 18: Investment income percentage from 2016 Schedule A, Part III, line 17 = 18%.

- 19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
	<b>2a</b>		
	<b>2b</b>		
	<b>3a</b>		
	<b>3b</b>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4).	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

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 <b>Total annual distributions.</b> 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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013			
c From 2014 .....			
d From 2015 .....			
e From 2016 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014 .....			
c Excess from 2015 .....			
d Excess from 2016 .....			
e Excess from 2017 .....			

**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**

\$ 268,885

Public Inspection Copy

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

OMB No. 1545-0047

**2017**

Name of the organization

Employer identification number

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization

**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	..... ..... .....	\$ 945,123	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	..... ..... .....	\$ 665,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	..... ..... .....	\$ 9,366,667	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	..... ..... .....	\$ 4,093,636	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	..... ..... .....	\$ 3,700,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	..... ..... .....	\$ 1,280,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	..... ..... .....	\$ 529,159	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE COMMUNITY FOUNDATION OF UTAH</b>	Employer identification number <b>74-3211770</b>
---	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	<b>LLC MEMBERSHIP INTEREST</b>	\$ <b>9,366,667</b>	<b>08/31/17</b>
4	<b>6497 UNITS OF BUSINESS</b>	\$ <b>4,093,636</b>	<b>08/17/17</b>
5	<b>4000 COMMON UNITS OF BUSINESS</b>	\$ <b>3,700,000</b>	<b>04/25/17</b>
6	<b>LAND</b>	\$ <b>1,280,000</b>	<b>10/07/17</b>
7	<b>SECURITIES</b>	\$ <b>515,651</b>	
		\$	



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

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: Description, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values for contributions and grants, and questions about donor advised funds.

Part II Conservation Easements.

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

Form for Part II Conservation Easements, including checkboxes for purposes of easements and a table for 'Held at the End of the Tax Year'.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and 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             | 234,251 |
| d Additions during the year     | 31,615  |
| e Distributions during the year |         |
| f Ending balance                | 265,866 |
- 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	114,420	88,650	226,766	202,976	170,654
b Contributions	8,303	27,251	5,276	25,943	300
c Net investment earnings, gains, and losses	12,362	5,351	-1,316	-2,153	32,022
d Grants or scholarships					
e Other expenditures for facilities and programs	2	6,832	142,076		
f Administrative expenses					
g End of year balance	135,083	114,420	88,650	226,766	202,976

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **u** 100.00 %
  - b Permanent endowment **u** %
  - c Temporarily restricted endowment **u** %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes | No       |
|-----------------------------|-----|----------|
| (i) unrelated organizations |     | <b>X</b> |
| (ii) related organizations  |     | <b>X</b> |
- 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.) **u**

Part VII Investments—Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Includes rows for Financial derivatives, Closely-held equity interests, and OTHER INVESTMENTS with a total of 3,388,334.

Part VIII Investments—Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Includes rows numbered (1) through (9) and a total line.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Includes rows numbered (1) through (9) and a total line.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Includes row 1 for Federal income taxes and rows numbered (1) through (9).

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 [X]

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

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

1	Total revenue, gains, and other support per audited financial statements	1	27,485,319
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,559,879
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-2
e	Add lines 2a through 2d	2e	1,559,877
3	Subtract line 2e from line 1	3	25,925,442
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	118,662
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	118,662
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	26,044,104

**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	13,341,241
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	13,341,241
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	118,662
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	118,662
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	13,459,903

**Part XIII Supplemental Information.**

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

**PART IV, LINE 1B - EXPLANATION FOR UNREPORTED CONTRIBUTIONS OR ASSETS**

THE ORGANIZATION HELD INVESTMENT BALANCES FOR 17 NONPROFIT ENTITIES DURING 2017. THE ASSETS HELD FOR NONPROFITS ARE INVESTED IN FUNDS THAT ARE MANAGED BY THE ORGANIZATION ON AN AGENCY RELATIONSHIP BASIS.

**PART X - FIN 48 FOOTNOTE**

THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF FASB ASC 74-10-25, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. 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

Part XIII Supplemental Information (continued)

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.  
 MANAGEMENT HAS DETERMINED THERE ARE NO UNCERTAIN INCOME TAX POSITIONS. TAX  
 YEARS THAT REMAIN SUBJECT TO EXAMINATION ARE 2014 FORWARD.

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

ROUNDING \$ -2

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE COMMUNITY FOUNDATION OF UTAH**

Employer identification number  
**74-3211770**

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SHARING PLACE, INC 1695 EAST 3300 SOUTH SALT LAKE CITY UT 84106	87-0514353	501C3	5,010				GENERAL SUPPORT
(2)	CANINES WITH A CAUSE FOUNDATION INC 3970 S 2700 E SALT LAKE CITY UT 84124	27-4402344	501C3	5,050				GENERAL SUPPORT
(3)	HOPE CLINIC INC 65 EAST 6850 SOUTH MIDVALE UT 84047	27-1095505	501C3	5,100				GENERAL SUPPORT
(4)	NOBLE HORSE SANCTUARY 4835 S VIEWMONT ST HOLLADAY UT 84117	45-2523898	501C3	5,125				GENERAL SUPPORT
(5)	LISTENERS COMMUNITY RADIO OF UTAH, 1971 W NORTH TEMPLE SALT LAKE CITY UT 84116	87-0322222	501C3	5,200				GENERAL SUPPORT
(6)	AMERICAN RED CROSS UTAH REGION 6616 SOUTH 900 EAST SALT LAKE CITY UT 84121	53-0196605	501C3	5,300				HURRICANE RELIEF
(7)	HOLY ANGELS CHURCH 370 CAMPUS DRIVE ARCADIA CA 91007	95-2875879	501C3	5,400				GENERAL SUPPORT
(8)	VOLUNTEERS OF AMERICA OF UTAH INC 435 WEST BEARCAT DRIVE SALT LAKE CITY UT 84115	94-3008720	501C3	5,450				GENERAL SUPPORT
(9)	ST. ANNE'S SHELTER/LANTERN HOUSE 269 W. 33RD ST. OGDEN UT 84401	87-0368808	501C3	5,500				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 149**
- 3 Enter total number of other organizations listed in the line 1 table **u 0**

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
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OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE COMMUNITY FOUNDATION OF UTAH**

Employer identification number  
**74-3211770**

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CAMP HOBE INC PO BOX 520755 SALT LAKE CITY UT 84152	57-1149391	501C3	5,550				GENERAL SUPPORT
(2)	ROCKY MOUNTAIN INNOCENCE CENTER 358 SOUTH 700 EAST, SUITE B235 SALT LAKE CITY UT 84102	87-0647979	501C3	5,750				GENERAL SUPPORT
(3)	CROSSROADS URBAN CENTER 347 SOUTH 400 EAST SALT LAKE CITY UT 84111	87-0295751	501C3	5,800				GENERAL SUPPORT
(4)	ALZHEIMER'S AND DEMENTIA SOCIETY 168 NORTH 100 EAST #104 ST. GEORGE UT 84770	45-5072504	501C3	6,000				GENERAL SUPPORT
(5)	ASCENSION MUSIC CHORUS AND ORCHESTR 12 WEST 11TH STREET NEW YORK NY 10011	13-3668472	501C3	6,000				GENERAL SUPPORT
(6)	CHERISH FAMILIES 13504 SOUTH 7530 WEST HERRIMAN UT 84096	38-3924073	501C3	6,000				GENERAL SUPPORT
(7)	FRIENDS OF ALTA P.O. BOX 8126 ALTA UT 84092	94-2856217	501C3	6,000				GENERAL SUPPORT
(8)	FRIENDS OF SWITCHPOINT INC. 948 NORTH 1300 WEST #1 ST. GEORGE UT 84770	76-0740457	501C3	6,000				WOMEN ON THE MOVE
(9)	REPERTORY DANCE THEATRE P.O. BOX 510427 SALT LAKE CITY UT 84101	87-0332580	501C3	6,000				GENERAL SUPPORT

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

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- 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.

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(1)	RIRIE-WOODBURY DANCE COMPANY 138 WEST BROADWAY SALT LAKE CITY UT 84101	87-0294341	501C3	6,000				GENERAL SUPPORT
(2)	ST THOMAS AQUINAS CATHOLIC CHURCH 725 SOUTH 250 EAST HYDE PARK UT 84318	87-0376673	501C3	6,000				GENERAL OFFERTORY
(3)	RACE SWAMI PO BOX 2493 SANDY UT 84091	27-4648408	501C3	6,100				GENERAL SUPPORT
(4)	WASATCH PUBLIC MEDIA PO BOX 510730 SALT LAKE CITY UT 84151	80-0166208	501C3	6,200				GENERAL SUPPORT
(5)	SALT LAKE COMMUNITY COLLEGE PO BOX 30808 SALT LAKE CITY UT 84130	87-6000448	501C3	6,250				SCHOLARSHIP
(6)	MALIEH FREE CLINIC 415 EAST 3900 SOUTH SALT LAKE CITY UT 84107	20-2313461	501C3	6,375				GENERAL SUPPORT
(7)	UNIVERSITY OF UTAH SCHOOL OF MUSIC 1375 E. PRESIDENTS CIRCLE, RM. 204 SALT LAKE CITY UT 84112	87-6000525	501C3	6,400				GENERAL SUPPORT
(8)	GIRLS ON THE RUN UTAH P.O. BOX 58337 SALT LAKE CITY UT 84158	20-8672911	501C3	6,500				GENERAL SUPPORT
(9)	BEST FRIENDS ANIMAL SOCIETY 2005 SOUTH 1100 EAST SALT LAKE CITY UT 84106	23-7147797	501C3	6,575				GENERAL SUPPORT

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

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(1)	HUMANE SOCIETY OF UTAH PO BOX 573659 SALT LAKE CITY UT 84157	87-0256350	501C3	6,625				GENERAL SUPPORT
(2)	AMERICAN MODERN ENSEMBLE 400 WEST 43RD STREET, SUITE 39S NEW YORK NY 10036	20-3563472	501C3	7,000				GENERAL SUPPORT
(3)	BRIGHAM YOUNG UNIVERSITY IDAHO 100 KIMBALL BUILDING REXBURG ID 83460-1610	82-0207699	501C3	7,000				GENERAL SUPPORT
(4)	JAYHAWKS PROGRAM 445 N. 1300 W. SALT LAKE CITY UT 84116	82-1340357	501C3	7,000				SALT LAKE CITY YOUTH
(5)	EQUALITY UTAH FOUNDATION 175 WEST 200 SOUTH, SUITE 1004 SALT LAKE CITY UT 84101	84-1633004	501C3	7,394				JAZZ BRUNCH
(6)	MASONIC FOUNDATION OF UTAH 650 EAST SOUTH TEMPLE SALT LAKE CITY UT 84102	87-0261722	501C3	7,578				GENERAL SUPPORT
(7)	AMIGOS OF HONDURAS 1310 W. 233 N. SUITE 200 CENTERVILLE UT 84014	72-1590055	501C3	8,000				GENERAL SUPPORT
(8)	BOULDER OUTDOOR SURVIVAL SCHOOL, IN ATTN: ELI LOOMIS BOULDER UT 84716	82-3344499	501C3	8,000				28-DAY FIELD COURSE
(9)	KUED 101 SOUTH WASATCH DRIVE SALT LAKE CITY UT 84112	87-6000525	501C3	8,000				GENERAL SUPPORT

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

**Grants and Other Assistance to Organizations,  
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(1)	NEW YORK GILBERT & SULLIVAN PLAYERS 302 WEST 91ST ST. NEW YORK NY 10024	13-2862043	501C3	8,000				GENERAL SUPPORT
(2)	QUINTET OF THE AMERICAS INC 15 CIRCLE RD DOUGLASTON NY 11363	13-3143311	501C3	8,000				GENERAL SUPPORT
(3)	SALT LAKE ART CENTER 20 SOUTH WEST TEMPLE SALT LAKE CITY UT 84101	87-0221537	501C3	8,500				GENERAL SUPPORT
(4)	COMUNIDADES UNIDAS 1750 W RESEARCH WAY STE 102 WEST VALLEY CITY UT 84119	13-4257724	501C3	8,846				GENERAL SUPPORT
(5)	UTAH STATE UNIVERSITY 1540 OLD MAIN HILL LOGAN UT 84322	87-6000528	501C3	8,950				SCHOLARSHIP
(6)	LEHMAN COLLEGE ART GALLERY INC 250 BEDFORD PARK BLVD W BRONX NY 10468	13-3391212	501C3	9,000				GENERAL SUPPORT
(7)	LEGACY GLOBAL FOUNDATION, INC. 1423 S HIGLEY RD STE 127 MESA AZ 85206	37-1440662	501C3	9,277				GENERAL SUPPORT
(8)	WESTMINSTER COLLEGE 1840 SOUTH 1300 EAST SALT LAKE CITY UT 84105	87-0212470	501C3	9,500				GENERAL SUPPORT
(9)	ARTISTS OF UTAH P.O. BOX 526292 SALT LAKE CITY UT 84152	87-0685214	501C3	10,000				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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(1)	BLOOMINGDALE SCHOOL OF MUSIC INC 323 WEST 108TH STREET NEW YORK NY 10025	13-2562192	501C3	10,000				GENERAL SUPPORT
(2)	CLASSICAL THEATRE OF HARLEM, INC. 566 WEST 159TH STREET, SUITE #44 NEW YORK NY 10032	13-4046782	501C3	10,000				GENERAL SUPPORT
(3)	DANCE THEATRE OF HARLEM, INC 466 WEST 152ND ST NEW YORK NY 10031	13-2642091	501C3	10,000				GENERAL SUPPORT
(4)	EARLY MUSIC FOUNDATION 10 WEST 68TH STREET NEW YORK NY 10023	51-0185930	501C3	10,000				GENERAL SUPPORT
(5)	FEEDING AMERICA 35 EAST WACKER, SUITE 2000 CHICAGO IL 60601	36-3673599	501C3	10,000				HURRICANE RELIEF
(6)	FOUNDATION FOR THE PROVO-JORDAN RIV 872 WOODRUFF WAY SALT LAKE CITY UT 84108	94-2674996	501C3	10,000				GENERAL SUPPORT
(7)	FRIENDS OF HISTORIC SPRING CITY PO BOX 212 SPRING CITY UT 84662	87-0571188	501C3	10,000				COMMEM. PLAQUE
(8)	GLOBAL GREENGRANTS FUND 2840 WILDERNESS PLACE, SUITE A BOULDER CO 80301	84-1612422	501C3	10,000				GENERAL SUPPORT
(9)	MINDS MATTER OF SAN FRANCISCO PO BOX 2511 SAN FRANCISCO CA 94126	27-3077640	501C3	10,000				GENERAL SUPPORT

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

**Grants and Other Assistance to Organizations,  
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(1)	MISSION FIJI PO BOX 8662 MIDVALE UT 84047	46-4743142	501C3	10,000				GENERAL SUPPORT
(2)	RACHEL COVEY FOUNDATION 1141 E. WATKINS LANE ALPINE UT 84004	46-1791738	501C3	10,000				GENERAL SUPPORT
(3)	RAPE RECOVERY CENTER 2035 SOUTH 1300 EAST SALT LAKE CITY UT 84105	87-0308785	501C3	10,000				GENERAL SUPPORT
(4)	THE ORCHESTRA OF THE BRONX 5 MINERVA PLACE, 2J BRONX NY 10468	13-3940188	501C3	10,000				GENERAL SUPPORT
(5)	THE THIN BLUE LINE BENEVOLENCE FUND 8186 WINDING ROSS WAY ELLCOTT CITY MD 21043-0000	81-5150816	501C3	10,000				GENERAL SUPPORT
(6)	THEATER BREAKING THROUGH BARRIERS 400 W. 43RD ST., APT. 43R NEW YORK NY 10036	13-3193376	501C3	10,000				GENERAL SUPPORT
(7)	WEPARTNER INC. P.O. BOX 245 ALGONQUIN IL 60102	20-8787553	501C3	10,000				WELLSPRING EGYPT
(8)	YOUNG PEOPLE'S CHORUS OF NEW YORK C 37 WEST 65TH STREET, SECOND FLOOR NEW YORK NY 10023	11-3372980	501C3	10,000				GENERAL SUPPORT
(9)	HOUSTON FOOD BANK 535 PORTWALL STREET HOUSTON TX 77029	74-2181456	501C3	10,100				HURRICANE RELIEF

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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(1)	AMERICAN CIVIL LIBERTIES UNION FOUNDATION 125 BROAD ST, 18TH FLOOR NEW YORK NY 10004	13-6213516	501C3	10,250				GENERAL SUPPORT
(2)	HABITAT FOR HUMANITY OF WEBER AND D 2955 HARRISON BLVD. OGDEN UT 84403	42-1644363	501C3	11,000				GENERAL SUPPORT
(3)	INTERMOUNTAIN HEALTHCARE FOUNDATION 36 S STATE ST., SUITE 2200 SALT LAKE CITY UT 84111	80-0225150	501C3	11,000				GENERAL SUPPORT
(4)	SALT LAKE ACTING COMPANY 168 WEST 500 NORTH SALT LAKE CITY UT 84103	51-0196527	501C3	11,000				GENERAL SUPPORT
(5)	JUDGE MEMORIAL CATHOLIC HIGH SCHOOL 650 SOUTH 1100 EAST SALT LAKE CITY UT 84102	87-0215468	501C3	11,539				GENERAL SUPPORT
(6)	EWING M. KAUFFMAN FOUNDATION 4801 ROCKHILL ROAD KANSAS CITY MO 64110	43-6064859	501C3	11,791				GENERAL SUPPORT
(7)	ACLU OF UTAH FOUNDATION 355 N 300 WEST SALT LAKE CITY UT 84103	87-0439810	501C3	11,975				GENERAL SUPPORT
(8)	JOHN F. KENNEDY CENTER FOR THE PERFORMING ARTS THE KENNEDY CENTER CIRCLES OFFICE ARLINGTON VA 22210	53-0245017	501C3	12,000				GENERAL SUPPORT
(9)	WRITERS AT WORK PO BOX 711191 SALT LAKE CITY UT 84171	74-2379346	501C3	12,000				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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(1)	HOLY FAMILY SURGERY CENTER 569 BROOKWOOD VILLAGE, SUITE 901 BIRMINGHAM AL 35209	47-4546833	501C3	12,500				GENERAL SUPPORT
(2)	UNITED WAY OF SALT LAKE 257 EAST 200 SOUTH, SUITE 300 SALT LAKE CITY UT 84111	87-0227091	501C3	12,500				POWER OF YOUR PURSE
(3)	SPY HOP PRODUCTIONS INC 669 SOUTH WEST TEMPLE, SUITE 202 SALT LAKE CITY UT 84101	87-0642304	501C3	12,750				GENERAL SUPPORT
(4)	TABITHA'S WAY 140 NORTH MAIN STREET SPANISH FORK UT 84660	27-3402820	501C3	13,000				GENERAL SUPPORT
(5)	BRIGHAM YOUNG UNIVERSITY LDS PHILANTHROPIES PROVO UT 84604	87-0217280	501C3	13,500				THE GENERAL FUND
(6)	HIGH COUNTRY JUNIOR VOLLEYBALL CLUB 7105 S. SWAN HILL DR. WEST JORDAN UT 84084	87-0668199	501C3	13,600				GENERAL SUPPORT
(7)	UTAH DEVELOPMENT ACADEMY 75 S. 600 W. SALT LAKE CITY UT 84101	45-5238431	501C3	13,600				GENERAL SUPPORT
(8)	LEGACY PREPARATORY ACADEMY 1375 W CENTER ST NORTH SALT LAKE UT 84054	59-3810621	501C3	13,666				GENERAL SUPPORT
(9)	KEYS TO CANAAN 3036 NASH PLACE, SE WASHINGTON DC 20020	33-1081920	501C3	14,500				GENERAL SUPPORT

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

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

u Attach to Form 990.

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Name of the organization

**THE COMMUNITY FOUNDATION OF UTAH**

Employer identification number

**74-3211770**

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	PLANNED PARENTHOOD ASSOCIATION OF UTAH 654 SOUTH 900 EAST SALT LAKE CITY UT 84102	87-0288909	501C3	14,650				GENERAL SUPPORT
(2)	BAD DOG ARTS 824 SOUTH 400 WEST, SUITE B129 SALT LAKE CITY UT 84101	87-0568289	501C3	15,000				GENERAL SUPPORT
(3)	PITCH HER PRODUCTIONS, INC 401 E 89TH ST APT 10C NEW YORK NY 10128	47-2294609	501C3	15,000				GENERAL SUPPORT
(4)	SEARCH AND CARE, INC. 1844 SECOND AVE NEW YORK NY 10128	23-7444790	501C3	15,000				GENERAL SUPPORT
(5)	THE CENTER FOR WOMEN AND CHILDREN IN UTAH 1433 EAST 840 NORTH OREM UT 84097	87-0405229	501C3	15,000				GENERAL SUPPORT
(6)	UNIVERSITY OF UTAH COLLEGE OF HUMAN LANGUAGES & COMMUNICATIONS BLDG SALT LAKE CITY UT 84112	87-6000525	501C3	15,000				GENERAL SUPPORT
(7)	HEALTHY ENVIRONMENT ALLIANCE OF UTAH 824 SOUTH 400 WEST, SUITE B-111 SALT LAKE CITY UT 84101	84-1409393	501C3	15,046				GENERAL SUPPORT
(8)	CAMP KOSTOPULOS 4180 E EMIGRATION CANYON RD SALT LAKE CITY UT 84108	87-6125177	501C3	16,048				GENERAL SUPPORT
(9)	UTAH FOOD BANK 3150 SOUTH 900 WEST SALT LAKE CITY UT 84119	87-0212453	501C3	16,850				SOUPER BOWL DAY

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table u
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**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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Department of the Treasury  
Internal Revenue Service

Name of the organization

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Employer identification number  
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- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 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)	GRANTMAKERS CONCERNED WITH WITH IMM P.O. BOX 1100 SEBASTOPOL CA 95473-1100	20-2559651	501C3	17,000				GENERAL SUPPORT
(2)	UNITED JEWISH FEDERATION OF UTAH 2 N MEDICAL DR SALT LAKE CITY UT 84113	87-0282380	501C3	17,218				HONOR MARTY GELMAN
(3)	UNIVERSITY OF UTAH - ENGLISH DEPART 255 S. CENTRAL CAMPUS DR., RM 3500 SALT LAKE CITY UT 84112	87-6000525	501C3	18,000				GENERAL SUPPORT
(4)	YOUTH FUTURES 2760 ADAMS ST OGDEN UT 84403	45-3245622	501C3	18,050				GENERAL SUPPORT
(5)	CANCER WELLNESS HOUSE, INC. 59 SOUTH 1100 EAST SALT LAKE CITY UT 84102	87-0568405	501C3	18,295				GENERAL SUPPORT
(6)	BALLETCOLLECTIVE INC 850 AMSTERDAM AVE. 14F NEW YORK NY 10025	45-3021279	501C3	20,000				GENERAL SUPPORT
(7)	MOUNTAINLANDS COMMUNITY HOUSING ASS 1960 SIDEWINDER DR STE 107 PARK CITY UT 84060	87-0514438	501C3	20,000				GENERAL SUPPORT
(8)	NATIONAL CENTER FOR LESBIAN RIGHTS 870 MARKET ST, STE 370 SAN FRANCISCO CA 94102	94-3086885	501C3	20,000				GENERAL SUPPORT
(9)	WORLD WIDE ADDICTION RECOVERY WWAR 151 EAST 5600 SOUTH MURRAY UT 84107	81-2187560	501C3	20,000				GENERAL SUPPORT

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



**SCHEDULE I  
(Form 990)**

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

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Employer identification number  
**74-3211770**

**Part I General Information on Grants and Assistance**

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**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)	ART ACCESS 230 SOUTH 500 WEST, SUITE 125 SALT LAKE CITY UT 84101	87-0413445	501C3	21,000				GENERAL SUPPORT
(2)	THE CHILDREN'S CENTER 350 SOUTH 400 EAST SALT LAKE CITY UT 84111	87-6114073	501C3	21,275				GENERAL SUPPORT
(3)	AND JUSTICE FOR ALL 205 NORTH 400 WEST SALT LAKE CITY UT 84103	87-0659915	501C3	22,250				GENERAL SUPPORT
(4)	THE FIRST TEE UTAH 680 W 3300 S SALT LAKE CITY UT 84119	01-0584107	501C3	23,500				ORGANIZATION COSTS
(5)	FICTION COLLECTIVE TWO 1409 E FEDERAL WAY SALT LAKE CITY UT 84102	13-2957841	501C3	25,000				GENERAL SUPPORT
(6)	PERSPECTIVES ENSEMBLE, INC. 870 WEST 181ST ST. #22 NEW YORK NY 10033	13-4128819	501C3	25,000				GENERAL SUPPORT
(7)	RIVERDALE MENTAL HEALTH ASSOCIATION 5676 RIVERDALE AVENUE, SUITE 202 BRONX NY 10471	13-1930700	501C3	25,000				GENERAL SUPPORT
(8)	S.J. QUINNEY COLLEGE OF LAW 383 SOUTH UNIVERSITY STREET SALT LAKE CITY UT 84112	87-6000525	501C3	25,000				STUDENT SCHOLARSHIPS
(9)	YOUNG WOMENS CHRISTIAN ASSN OF UTAH 322 EAST 300 SOUTH SALT LAKE CITY UT 84111	87-0212467	501C3	26,225				GENERAL SUPPORT

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**SCHEDULE I  
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Employer identification number  
**74-3211770**

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(1)	NEIGHBORHOOD HOUSE 1050 WEST 500 SOUTH SALT LAKE CITY UT 84104	87-0212462	501C3	26,500				CAPITAL CAMPAIGN
(2)	WEBER SCHOOL DISTRICT FOUNDATION 5320 S ADAMS AVE OGDEN UT 84405	87-6164318	501C3	26,500				GENERAL SUPPORT
(3)	JEWISH FAMILY SERVICE 1111 EAST BRICKYARD RD. SUITE 218 SALT LAKE CITY UT 84106	87-0227089	501C3	26,800				GENERAL SUPPORT
(4)	WASATCH COMMUNITY GARDENS 824 SOUTH 400 WEST, STE 127 SALT LAKE CITY UT 84101	74-2550359	501C3	27,000				GENERAL SUPPORT
(5)	UNIVERSITY OF UTAH DEPARTMENT OF NE 175 NORTH MEDICAL DRIVE EAST, RM. 5 SALT LAKE CITY UT 84132-2305	87-6000525	501C3	27,034				GENERAL SUPPORT
(6)	CONGREGATION KOL AMI 2425 HERITAGE WAY SALT LAKE CITY UT 84109	87-0293863	501C3	27,740				SCHOLARSHIP
(7)	FAMILY SUPPORT CENTER 1760 WEST 4805 SOUTH TAYLORSVILLE UT 84129	87-0359719	501C3	29,544				GENERAL SUPPORT
(8)	CACHE VALLEY CENTER FOR THE ARTS 43 SOUTH MAIN LOGAN UT 84321	74-2550700	501C3	30,000				GENERAL SUPPORT
(9)	PEACE HOUSE INC PO BOX 682141 PARK CITY UT 84068	87-0500067	501C3	30,000				GENERAL SUPPORT

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**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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(1)	SEEDS FAMILY WORSHIP 960 EASTLAND DR TWIN FALLS ID 83301	45-5459229	501C3	30,000				GENERAL SUPPORT
(2)	WESTERN RESOURCE ADVOCATES 2260 BASELINE ROAD, SUITE 200 BOULDER CO 80302	84-1113831	501C3	30,000				GENERAL SUPPORT
(3)	FRIENDS OF GREAT SALT LAKE 150 SOUTH 600 EAST STE 2B SALT LAKE CITY UT 84102	87-0527602	501C3	30,550				GENERAL SUPPORT
(4)	PLAN-B THEATER COMPANY 138 WEST 300 SOUTH SALT LAKE CITY UT 84101	87-0542630	501C3	32,250				GENERAL SUPPORT
(5)	HOPE FUNDS FOR CANCER RESEARCH 174 BELLEVUE AVE SUITE 208 NEWPORT RI 02840	20-5799367	501C3	33,435				GENERAL SUPPORT
(6)	VITAL VOICES GLOBAL PARTNERSHIP 1625 MASSACHUSETTS AVENUE, NW, STE WASHINGTON DC 20036	52-2151557	501C3	35,000				GENERAL SUPPORT
(7)	ADVANCED INTEGRATIVE MEDICINE & SUR 2302 MARTIN ST. SUITE 400 IRVINE CA 92612	81-2254340	501C3	36,000				GENERAL SUPPORT
(8)	UPAYA SOCIAL VENTURES PO BOX 9603 SEATTLE WA 98109	80-0713334	501C3	38,500				GENERAL SUPPORT
(9)	J.E. COSGRIFF MEMORIAL CATHOLIC SCH 2335 REDONDO AVE SALT LAKE CITY UT 84108	87-6112484	501C3	40,000				ELECTRONIC UPGRADES

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**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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Employer identification number  
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(1)	OGDEN SCHOOL FOUNDATION 1950 MONROE BOULEVARD, ROOM #107 OGDEN UT 84401	94-2685413	501C3	40,350				GENERAL SUPPORT
(2)	WEBER STATE UNIVERSITY UNIVERSITY DEVELOPMENT OGDEN UT 84408	87-6000535	501C3	41,250				LGBT RESOURCE CENTER
(3)	BIG CANYON RANCH INC. 175 BIG CANYON LANE WANSHIP UT 84017	87-0686898	501C3	50,000				NEW BUILDING
(4)	HALE CENTRE THEATRE 3333 SOUTH DECKER LAKE DR WEST VALLEY CITY UT 84119	84-1420029	501C3	50,000				SANDY THTRE FACILITY
(5)	UTAH STATE UNIVERSITY FOUNDATION 1490 OLD MAIN HILL LOGAN UT 84322	87-0627128	501C3	50,000				MAVERIK STADIUM
(6)	UTAH PRIDE CENTER P.O. BOX 1078 SALT LAKE CITY UT 84110	87-0504077	501C3	55,600				GENERAL SUPPORT
(7)	KUER ECCLES BROADCAST CENTER SALT LAKE CITY UT 84112	87-6000525	501C3	56,500				GENERAL SUPPORT
(8)	I J & JEANNE WAGNER JEWISH COMMUNIT 2 N MEDICAL DR SALT LAKE CITY UT 84113	87-0238425	501C3	62,050				SHALOM - RESTRICTED
(9)	UNIVERSITY OF UTAH 332 S 1400 E, SUITE 150 SALT LAKE CITY UT 84112-0300	87-6000525	501C3	99,717				GENERAL SUPPORT

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(Form 990)**

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**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)	MOUNTAIN LIFE EVANGELICAL FREE CHUR 7375 N. SILVER CREEK ROAD PARK CITY UT 84098	87-0552060	501C3	100,000				REACH HIGHER BLDNG
(2)	WOMEN'S RESOURCE CENTER 200 S. CENTRAL CAMPUS DR, RM. 411 SALT LAKE CITY UT 84112	87-6000525	501C3	100,000				STUDENT CRISIS PRGM
(3)	SEATTLE OPERA 1020 JOHN STREET SEATTLE WA 98109	91-0760426	501C3	110,314				GENERAL SUPPORT
(4)	WATCHTOWER BIBLE & TRACT SOCIETY, I 900 RED MILLS ROAD WALLKILL NY 12589	11-1753577	501C3	111,401				GENERAL SUPPORT
(5)	THE CANCIERGE FOUNDATION 1955 LAKEWOOD DRIVE HOLLADAY UT 84117	82-1633809	501C3	119,857				GENERAL SUPPORT
(6)	THE OTHER SIDE ACADEMY 667 EAST 100 SOUTH SALT LAKE CITY UT 84102	47-4495796	501C3	125,500				GENERAL SUPPORT
(7)	THE CATSKILL MOUNTAIN FOUNDATION IN PO BOX 924 HUNTER NY 12442	13-3992139	501C3	178,000				GENERAL SUPPORT
(8)	WASATCH HOMELESS HEALTH CARE, INC 409 WEST 400 SOUTH SALT LAKE CITY UT 84101	87-0569356	501C3	196,487				GENERAL SUPPORT
(9)	THE HEALTHY MIND FOUNDATION 201 W. 5TH AVE. SUITE 4 SALT LAKE CITY UT 84107	81-4663358	501C3	218,500				GENERAL SUPPORT

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

**Grants and Other Assistance to Organizations,  
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Employer identification number

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**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)	SALT LAKE COUNTY, HEALTH DEPARTMENT 2100 SOUTH STATE ST., STE. N3200 SALT LAKE CITY UT 84190-2000	87-6000316	501C3	270,418				EVIDENCE2SUCCESS
(2)	POSITIVE IQ FOUNDATION 9950 SOUTH 300 WEST SANDY UT 84070	47-1997809	501C3	450,000				GENERAL SUPPORT
(3)	SCHWAB CHARITABLE 1958 SUMMIT PARK DR. SUITE 200 ORLANDO FL 32810	31-1640316	501C3	1,513,075				GENERAL SUPPORT
(4)	THE CHURCH OF JESUS CHRIST OF THE L 50 EAST NORTH TEMPLE, ROOM 1521 SALT LAKE CITY UT 84150	23-7300405	501C3	2,179,216				GENERAL SUPPORT
(5)	SHELTER THE HOMELESS 310 S. MAIN STREET, SUITE M2 SALT LAKE CITY UT 84101	74-2548948	501C3	4,045,556				GENERAL SUPPORT
(6)								
(7)								
(8)								
(9)								

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

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

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

Part III can be duplicated if additional space is needed.

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

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

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

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

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

NECESSARY.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

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**U Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
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Name of the organization

Employer identification number

**THE COMMUNITY FOUNDATION OF UTAH**

**74-3211770**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	<b>X</b>	<b>31</b>	<b>2,281,284</b>	<b>FMV</b>
10 Securities — Closely held stock	<b>X</b>	<b>3</b>	<b>232,807</b>	<b>FMV</b>
11 Securities — Partnership, LLC, or trust interests	<b>X</b>	<b>4</b>	<b>17,510,785</b>	<b>FMV</b>
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential	<b>X</b>	<b>1</b>	<b>1,280,000</b>	<b>FMV</b>
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <b>u</b> ( )				
26 Other <b>u</b> ( )				
27 Other <b>u</b> ( )				
28 Other <b>u</b> ( )				

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

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

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



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

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

Name of the organization

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

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2017****Open to Public  
Inspection**

Employer identification number

**THE COMMUNITY FOUNDATION OF UTAH****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 (CFU) IS A 501(C)(3) NONPROFIT ORGANIZATION COMMITTED TO ENRICHING OUR COMMUNITY BY GIVING WELL, TEACHING OTHERS TO GIVE WELL, AND UNITING PHILANTHROPY TO IMPROVE THE QUALITY OF LIFE IN UTAH. CFU SERVES AS UTAH'S CATALYST FOR PHILANTHROPY THROUGH INNOVATIVE, SUSTAINABLE, AND IMPACTFUL GRANTMAKING AND WORKS WITH NONPROFIT ORGANIZATIONS, BUSINESSES, AND INDIVIDUALS TO TARGET THE MOST PRESSING NEEDS IN OUR COMMUNITY. SINCE ESTABLISHMENT IN 2008, CFU HAS FACILITATED OVER \$46 MILLION IN GRANTS TO UTAH'S NONPROFIT SECTOR. IN 2017, CFU DISTRIBUTED 869 GRANTS, TOTALING OVER \$10 MILLION, TO AREAS AS DIVERSE AS OUR FUND HOLDERS - FROM ARTS & CULTURE TO ANIMAL WELFARE, TO EDUCATION AND ENVIRONMENT. CFU IS ALSO ACTIVELY ENGAGED IN NUMEROUS INITIATIVES TO STRENGTHEN OUR SOCIAL SECTOR. THESE OPPORTUNITIES INCLUDE GRANT AND EDUCATION PROGRAMS, COMMUNITY LEADERSHIP, AND COMMUNITY IMPACT FUNDS.

PROGRAMS

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

Name of the organization

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

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

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

SOCIAL INVESTORS FORUM (SIF) - SIF IS A VENUE FOR ORGANIZATIONS TO PITCH INNOVATIVE IDEAS FOR SOLVING SOCIAL PROBLEMS TO A PANEL OF INVESTORS. SINCE 2014, \$384,500 HAS BEEN AWARDED TO ORGANIZATIONS THROUGH THE PROGRAM.

EY SOCIAL ENTREPRENEUR AWARD (EOY) - THROUGH THE ANNUAL AWARD PROGRAM, EOY HONORS LEADERS AND ORGANIZATIONS THAT HAVE DEVELOPED INNOVATIVE WAYS TO SOLVE COMPLEX SOCIAL PROBLEMS, HAD MEASURABLE IMPACT, AND HAVE CREATED

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SIGNIFICANT SOCIAL VALUE. THE PROGRAM IS A COLLABORATION WITH ERNST & YOUNG.

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

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

COMMUNITY IMPACT FUNDS

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

HOUSING AND HOMELESS PILLAR (HHP) - HHP PROVIDES GRANT FUNDING FOR PROGRAMS THAT ADDRESS HOMELESSNESS AND HELP INDIVIDUALS GAIN ACCESS TO HOUSING AND OTHER LIFE-CHANGING RESOURCES, BASED ON COLLECTIVE IMPACT OUTCOMES ADOPTED BY SALT LAKE CITY AND SALT LAKE COUNTY. THIS INITIATIVE LEVERAGES THE TALENT AND EXPERTISE OF THE HOUSING AND HOMELESSNESS PILLAR ADVISORY COMMITTEE TO REVIEW AND PRIORITIZE PROGRAMS FOR FUNDING.

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

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

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

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

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FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
THE EXECUTIVE COMMITTEE REVIEWS COMPETITIVE SALARY INFORMATION AND  
RECOMMENDS A SALARY FOR THE 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)**

**Related Organizations and Unrelated Partnerships**

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

u Attach to Form 990.

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

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

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

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

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

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

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

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

**Part VII**

**Supplemental Information.**

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

Public Inspection Copy

Form **2220**

**Underpayment of Estimated Tax by Corporations**

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service

**u** Attach to the corporation's tax return.

**2017**

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

Name

Employer identification number

**THE COMMUNITY FOUNDATION OF UTAH**

**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**

<b>1</b> Total tax (see instructions) .....	<b>1</b>	<b>47,016</b>
<b>2a</b> Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	<b>2a</b>	
<b>b</b> Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	<b>2b</b>	
<b>c</b> Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>	
<b>d Total.</b> Add lines 2a through 2c .....	<b>2d</b>	
<b>3</b> Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation doesn't owe the penalty .....	<b>3</b>	<b>47,016</b>
<b>4</b> Enter the tax shown on the corporation's 2016 income tax return. See instructions. <b>Caution: If the tax is zero or</b> the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....	<b>4</b>	<b>41,454</b>
<b>5 Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	<b>5</b>	<b>41,454</b>

**Part II Reasons for Filing**—Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it 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)	
<b>9</b> Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	<b>9</b>	<b>04/15/17</b>	<b>06/15/17</b>	<b>09/15/17</b>	<b>12/15/17</b>
<b>10</b> Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	<b>10</b>	<b>10,364</b>	<b>10,364</b>	<b>10,364</b>	<b>10,362</b>
<b>11</b> Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions. .... <i>Complete lines 12 through 18 of one column before going to the next column.</i>	<b>11</b>				
<b>12</b> Enter amount, if any, from line 18 of the preceding column .....	<b>12</b>				
<b>13</b> Add lines 11 and 12 .....	<b>13</b>				
<b>14</b> Add amounts on lines 16 and 17 of the preceding column .....	<b>14</b>		<b>10,364</b>	<b>20,728</b>	<b>31,092</b>
<b>15</b> Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>16</b> If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>		<b>10,364</b>	<b>20,728</b>	
<b>17</b> Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	<b>17</b>	<b>10,364</b>	<b>10,364</b>	<b>10,364</b>	<b>10,362</b>
<b>18</b> Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	<b>18</b>				

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

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2017)

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C Corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	<b>19</b>			
	<b>SEE WORKSHEET</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2017 and before 7/1/2017	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365} \times 4\% (0.04)$	<b>22</b>	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2017 and before 10/1/2017	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365} \times 4\% (0.04)$	<b>24</b>	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2017 and before 1/1/2018	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365} \times 4\% (0.04)$	<b>26</b>	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2017 and before 4/1/2018	<b>27</b>			
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365} \times 4\% (0.04)$	<b>28</b>	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2018 and before 7/1/2018	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365} \times \%$	<b>30</b>	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2018 and before 10/1/2018	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365} \times \%$	<b>32</b>	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2018 and before 1/1/2019	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365} \times \%$	<b>34</b>	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2018 and before 3/16/2019	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365} \times \%$	<b>36</b>	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36	<b>37</b>	\$	\$	\$
<b>38</b> Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns			<b>38</b>	\$ <b>1,326</b>

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

**Form 2220 Worksheet**

Form **2220**

**2017**

For calendar year 2017, 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>04/15/17</u>	<u>06/15/17</u>	<u>09/15/17</u>	<u>12/15/17</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	_____	_____	_____	_____	<u>09/07/18</u>
Amount of payment	_____	_____	_____	_____	<u>53,646</u>

QTR	FROM	TO	UNDERPAYMENT	#DAYS	RATE	PENALTY
1	4/15/17	3/31/18	10,364	350	4.00	398
1	3/31/18	5/15/18	10,364	45	5.00	64
2	6/15/17	3/31/18	10,364	289	4.00	328
2	3/31/18	5/15/18	10,364	45	5.00	64
3	9/15/17	3/31/18	10,364	197	4.00	224
3	3/31/18	5/15/18	10,364	45	5.00	64
4	12/15/17	3/31/18	10,362	106	4.00	120
4	3/31/18	5/15/18	10,362	45	5.00	64
<b>TOTAL PENALTY</b>						<b>1,326</b>

Form **990-T**

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

OMB No. 1545-0687

**2017**

Department of the Treasury  
Internal Revenue Service

For calendar year 2017 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_  
**Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**  
**Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c) ( <input type="checkbox"/> 3 )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year <b>52,684,147</b></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>THE COMMUNITY FOUNDATION OF UTAH</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. <b>2257 SOUTH 1100 EAST, SUITE 205</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code <b>SALT LAKE CITY UT 84106</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.) <b>74-3211770</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.) <b>531120   900099</b></p>
<p><b>F</b> Group exemption number (See instructions.) <b>u</b></p> <p><b>G</b> Check organization type <b>u</b> <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>		

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

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

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales			
<b>b</b>	Less returns and allowances			
<b>c</b> Balance <b>u</b>		<b>1c</b>		
<b>2</b>	Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b>	Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b>	Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b>	Capital loss deduction for trusts	<b>4c</b>		
<b>5</b>	Income (loss) from partnerships and S corporations (attach statement) <b>SEE STMT 2</b>	<b>5</b>	-888	-888
<b>6</b>	Rent income (Schedule C)	<b>6</b>		
<b>7</b>	Unrelated debt-financed income (Schedule E)	<b>7</b>	174,205	174,205
<b>8</b>	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	<b>8</b>		
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b>	Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b>	Advertising income (Schedule J)	<b>11</b>		
<b>12</b>	Other income (See instructions; attach schedule)	<b>12</b>		
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	<b>13</b>	173,317	173,317

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.)			
<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b>	Salaries and wages	<b>15</b>	
<b>16</b>	Repairs and maintenance	<b>16</b>	
<b>17</b>	Bad debts	<b>17</b>	
<b>18</b>	Interest (attach schedule)	<b>18</b>	
<b>19</b>	Taxes and licenses	<b>19</b>	8,814
<b>20</b>	Charitable contributions (See instructions for limitation rules)	<b>20</b>	
<b>21</b>	Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	0
<b>23</b>	Depletion	<b>23</b>	
<b>24</b>	Contributions to deferred compensation plans	<b>24</b>	
<b>25</b>	Employee benefit programs	<b>25</b>	
<b>26</b>	Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b>	Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b>	Other deductions (attach schedule)	<b>28</b>	
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28	<b>29</b>	8,814
<b>30</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	164,503
<b>31</b>	Net operating loss deduction (limited to the amount on line 30)	<b>31</b>	
<b>32</b>	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	164,503
<b>33</b>	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>	1,000
<b>34</b>	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	163,503

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> <b>See instructions</b> and:		
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) ..... \$ (2) Additional 3% tax (not more than \$100,000) ..... \$		
<b>c</b> Income tax on the amount on line 34	<b>35c</b>	<b>47,016</b>
<b>36 Trusts Taxable at Trust Rates.</b> 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)	<b>36</b>	
<b>37 Proxy tax.</b> See instructions	<b>37</b>	
<b>38 Alternative minimum tax</b>	<b>38</b>	
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions	<b>39</b>	
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies	<b>40</b>	<b>47,016</b>

**Part IV Tax and Payments**

<b>41a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>41a</b>	
<b>b</b> Other credits (see instructions)	<b>41b</b>	
<b>c</b> General business credit. Attach Form 3800 (see instructions)	<b>41c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>41d</b>	
<b>e Total credits.</b> Add lines 41a through 41d	<b>41e</b>	
<b>42</b> Subtract line 41e from line 40	<b>42</b>	<b>47,016</b>
<b>43</b> 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 (alt. sch.)	<b>43</b>	
<b>44 Total tax.</b> Add lines 42 and 43	<b>44</b>	<b>47,016</b>
<b>45a</b> Payments: A 2016 overpayment credited to 2017	<b>45a</b>	
<b>b</b> 2017 estimated tax payments	<b>45b</b>	<b>53,646</b>
<b>c</b> Tax deposited with Form 8868	<b>45c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>45d</b>	
<b>e</b> Backup withholding (see instructions)	<b>45e</b>	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>45f</b>	
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total <b>u</b>	<b>45g</b>	
<b>46 Total payments.</b> Add lines 45a through 45g	<b>46</b>	<b>53,646</b>
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	<b>47</b>	<b>1,326</b>
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed <b>u</b>	<b>48</b>	
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid <b>u</b>	<b>49</b>	<b>5,304</b>
<b>50</b> Enter the amount of line 49 you want: Credited to 2018 estimated tax <b>u</b> <b>5,304</b> Refunded <b>u</b>	<b>50</b>	

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

<b>51</b> At any time during the 2017 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 <b>u</b> .....	Yes	No
		<b>X</b>
<b>52</b> 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. ....		<b>X</b>
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year <b>u</b> \$		

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.

**Sign Here** **u** \_\_\_\_\_ **u** **CEO** \_\_\_\_\_  
Signature of officer Date Title

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RICHARD SCORESBY, CPA</b>	Preparer's signature <b>RICHARD SCORESBY, CPA</b>	Date <b>11/15/18</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00573067</b>
	Firm's name } <b>LARSON &amp; COMPANY, PC</b>	Firm's EIN } <b>87-0516083</b>			
	Firm's address } <b>9065 SOUTH 1300 EAST SANDY, UT 84094</b>	Phone no. <b>801-313-1900</b>			



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

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

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

(see instructions)

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

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

<b>1. Description of debt-financed property</b>		<b>2. Gross income from or allocable to debt-financed property</b>	<b>3. Deductions directly connected with or allocable to debt-financed property</b>	
			<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)
(1) <b>333 SOUTH STATE LLC</b>		<b>174,205</b>		
(2)				
(3)				
(4)				
<b>4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</b>	<b>5. Average adjusted basis of or allocable to debt-financed property (attach schedule)</b>	<b>6. Column 4 divided by column 5</b>	<b>7. Gross income reportable (column 2 x column 6)</b>	<b>8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))</b>
(1) <b>31,910,511</b>	<b>31,700,198</b>	<b>100.00 %</b>	<b>174,205</b>	
(2)		%		
(3)		%		
(4)		%		
<b>SEE STATEMENT 3 SEE STATEMENT 4</b>			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Totals</b> <b>u</b>			<b>174,205</b>	
<b>Total dividends-received deductions</b> included in column 8 <b>u</b>				

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

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

**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) <b>N/A</b>						
(2)						
(3)						
(4)						

<b>Totals (carry to Part II, line (5))</b> ...		<b>u</b>				
--	--	----------	--	--	--	--

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>u</b>					
<b>Totals, Part II (lines 1-5)</b> .....	<b>u</b>	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).			Enter here and on page 1, Part II, line 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) <b>N/A</b>		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			<b>u</b>

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

Description

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

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

Name of Partnership or S-Corp	Gross Income	Direct Deductions (Part. only)	Net Income
UTFC FUND II LLC	\$ 3,442	\$	\$ 3,442
QUADEX LABS, INC.	-540		-540
ICIP LLC	-3,790		-3,790
TOTAL	\$ -888	\$ 0	\$ -888

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

Description	Deduction
333 SOUTH STATE LLC	
SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH	382,926,126
DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	12
AVERAGE ACQUISITION DEBT	<u>31,910,511</u>

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

Description	Deduction
333 SOUTH STATE LLC	
ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD	32,340,202
ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	<u>31,060,194</u>
	63,400,396
DIVIDED BY 2	<u>2</u>
AVERAGE ADJUSTED BASIS	<u>31,700,198</u>

**Federal Statements**

Public Inspection Copy

Prior period adjustments

<u>Description</u>	<u>Amount</u>
PRIOR PERIOD AUDIT ADJUSTMENT	\$ -49,560
TOTAL	<u>\$ -49,560</u>